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VIRGINIA LONG TERM CARE MUTUAL AID PLAN

Integrating State Agencies, Associations, Coalitions And Providers For Evacuation, Surge and Resources & Assets

Presenter: Scott Aronson
SVP, Security Risk + Emergency Management

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Mutual Aid Plan (MAP)

- Overview of MAP - Why
- Evacuation vs. Shelter-in-Place
- Surge Capacity Plan
- Resources & Assets
- Memorandum of Understanding (MOU)

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Establishment of the EP Program

CMS E-Tag 0001

Assess & Manage Your Current Program

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Why? Hazard Vulnerability Assessment (HVA)

- Derecho – Wind Storm (12')
- Flooding
- Hurricanes (Camille 69', Fran 96', Floyd 99', Gaston 04', Irene 11', Sandy 12')
- Winter Storms (Jonas 16' – January – up to 39")
- Thunderstorms / Lightning
- Tornadoes (August 6, 93' - Petersburg)

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Bath County, VA – Evacuation (1/8/2014)

- 57 nursing home residents were evacuated due to building flooding and damages
  - + Water pipe break - sprinkler system (25-minute flow)
  - + 6-8” of water throughout areas of the building

* Source: Interviews and Virginia Department of Health – April 2014 AAR

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Bath County, VA – Evacuation (1/8/2014)

- Residents were initially transported to a local school site for temporary sheltering
  - + Stop-over Point
- Second transfer of the residents to other receiving facilities (lots of phone calls)
- 7 hours and 20 transportation vehicles
- Return to Building: 1 week

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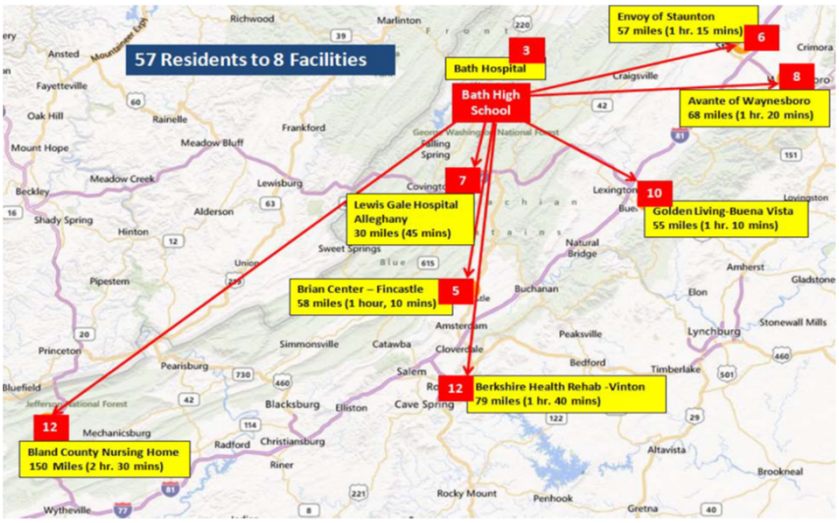
Final Transfer Locations



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What Happen When…Fast Acting

- Camp Fire (CA)
  - + November 2018

Feather River Hospital

Cypress Meadows Post Acute NH

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What is the Purpose of Mutual Aid

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Similar to Emergency Responders…

Mutual Aid allows long term care to assist each other with:

- **Provision of** resources and assets
- Assist with **transportation of**…
  (supplies, equipment, residents, staff)
- Provide **staffing** support
  (whether evacuating or isolated)
- Place and support the **care of residents**
  (continuity of care in evacuation / surge locations)

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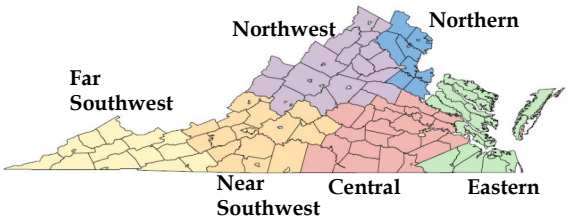
Everything Starts Locally



Independent City ➔ County ➔ Healthcare Preparedness Region/Coalition ➔ State ➔ Interstate

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Scenario-based Focus

- 1 - Single facility/isolated incident
- 2 - Single facility/local or area-wide incident
- 3 - Multiple facilities/regional or statewide event

Key in any Situation:

Continuity in Process for Managing the Event

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Plan Index

Commonwealth of Virginia
Long Term Care
Mutual Aid Plan (LTC-MAP)
for Evacuation and Resource/Asset Support

1. ALGORITHMS

2. OVERVIEW
- PLAN OBJECTIVE
- SCOPE & RESPONSIBILITIES OF PLAN MEMBERS

3. ACTIONS OF:
- DISASTER STRUCK FACILITY (DSF)/BORROWER
- RESIDENT ACCEPTING FACILITY (RAF)/LENDER

4. PLAN ACTIVATION & COMMUNICATIONS

5. TRANSPORTATION OF RESIDENTS

6. MEDICAL RECORDS AND RESIDENT INFORMATION
- MEDICAL RECORDS & MEDICATIONS (Going With Resident)
- MEDICATION TRANSFER PROTOCOLS
- RESIDENT IDENTIFICATION & TRACKING

7. STAFF, PHARMACEUTICALS, SUPPLIES, AND EQUIPMENT (In Need of and Transportation of)

8. APPENDIX - MEMORANDUM OF UNDERSTANDING (MOU)
- INCLUDING DEFINITION OF TERMS / GLOSSARY

9. APPENDIX - FACILITY OVERVIEW (ALPHABETICAL)
- ADDRESS & PHONE NUMBERS
- BEDS & SURGE CAPACITY NUMBERS
- STOP OVER POINTS
- VEHICLES
- EVACUATION SITES (HEALTHCARE FACILITIES)

10. APPENDIX - LTC RESIDENT CARE CATEGORIES

11. APPENDIX - CONTACTS
- RHCC & STATE EOC PHONE NUMBERS WHEN ACTIVE
- FACILITY EMERGENCY CONTACTS
- LOCAL AND REGIONAL PLANNING CONTACTS

12. APPENDIX - TRANSPORTATION SURVEY & TOOL
- AGGREGATE SURVEY RESULTS
- TRANSPORTATION EVACUATION SURVEY TOOL

13. APPENDIX - FORMS
- RESIDENT EMERGENCY EVACUATION FORM
- RESIDENT/MR/STAFF/EQUIPMENT TRACKING SHEET
- INFLUX OF RESIDENTS LOG
- CONTROLLED SUBSTANCES RECEIVING LOG
- LTC TRACKING BOARD
- RESOURCE REQUEST FORM

14. APPENDIX - EQUIPMENT & VENDORS

15. APPENDIX - INFLUX / SURGE GUIDELINE
- INFLUX GUIDELINE
- VDH WAIVER

16. APPENDIX - STOP OVER POINT AGREEMENT SAMPLE

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Collaboration

LeadingAge Virginia

VHCA vcal

VIRGINIA HOSPITAL & HEALTHCARE ASSOCIATION

VIRGINIA'S MEDICAID PROGRAM DMAS INNOVATION • QUALITY • VALUE

VDH VIRGINIA DEPARTMENT OF HEALTH

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Evacuation Decision Tree (should I stay or should I go)

DISASTER OCCURS:
Follow Immediate Response Procedure and Call Emergency Agencies

DECISION NEEDED:
Shelter-in-place or Evacuate?

ASSESSMENTS OF CRITICAL ISSUES

- Structure & Utilities
- Supplies
- Security of Residents
- Exterior Environment

- Time to disaster (impending / immediate)
- Duration & Scope
- Weather (occurring now / extended storm projected)
- Exterior Environment

- Evacuation Destination (is that area impacted
- Staffing Needs / Capabilities
- Transportation
- Resident Needs

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Early Communication

- Regional Healthcare Coordination Center (RHCC)
- Plan Together / Work Together

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Full Building Evacuation Methodology

- Establish roles and responsibilities to manage the disaster (Incident Command System)
- Prepare Residents within units/areas
- Move to an internal Holding (Staging) Area
- Transport to a Stop-Over Point/Alternate Care Location, receiving facilities, or discharge to home
- **Communication Plan** that addresses resident, families, staff & providers and sharing medical information (electronic or paper-based)

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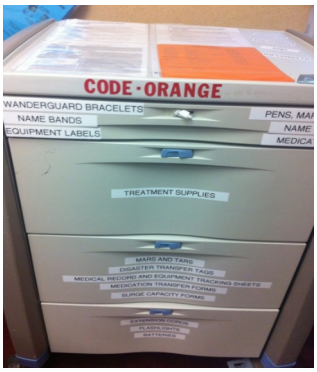
Go-Kits

- Trash bags or other waterproof containers for any printed resident chart info and basic personal belongings
- Additional PPE
- Evacuation/Tracking Forms
  - Residents Emergency Evacuation Forms
  - Resident / Medical Record / Staff / Equipment Tracking sheet
  - Influx of Resident forms
  - Controlled Substance Receiving Log
- Wrist bands with blank labels (all residents)
- Permanent markers & other writing materials
- Other materials as directed by your Emergency Preparedness Plan



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Evacuation - Escalating Complexity (COVID)

- Urgent Evacuation
  - Resident wears facemask and cover with clean sheet (staff wear facemask at minimum)
- Controlled Evacuation
  - Staff preparing resident for transport – all recommended PPE (gloves, gown, respiratory protection, eye protection)
  - During transport (resident masked) – basic PPE (facemask) and preparation to support residents needs (dislodged facemask, etc.)
  - Arrival at receiving facility – receiving personnel use standard facility PPE protocols for suspected or confirmed COVID-19

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Categories of Care – Surge or Evacuation

- Primary sites should be pre-selected
  - + Resident Categories of Care
- Address highest acuity residents first
- Need to identify one facility at least fifty miles away as an evacuation site

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LTC Patient Care Categories
- Virginia Long Term Care Mutual Aid Plan
- Region = "Northern"

	A - Ambulatory Only (Assisted Living) - New	B - Bariatric Residents (350 - <500lbs) - Updated	C - Bariatric Residents (500 - 700lbs) - New	D - Bilevel Positive Airway Pressure (BiPAP)	E - Chemotherapy (IV)	F - Chemotherapy (Oral)	G - Continuous Positive Airway Pressure (CPAP)	H - Danger to Self or Others (to hospital)	I - Defibrillator - Wearable Cardioverter Defibrillator (WCD / i.e., LifeVest) - New	J - Dementia – Secured Unit	K - Developmental Disabilities	L - Diabetes - Insulin Pump	M - Dialysis - Hemo (to hospital)	N - Dialysis - Peritoneal (CAPD)	O - Dialysis - Peritoneal (CCPD - Cycler)	P - Dressings (specialized supplies)	Q - Hickman Catheters	R - Hospice	S - Isolation	T - IV Care: Peripheral	U - Ortho	V - Ostomy (i.e. colostomy, ileostomy)	W - Oxygen Dependent	X - Pediatric	Y - PICC Line, Central Line	Z - Post Traumatic Brain Injury	AA - Psychiatric (Non-secured)	BB - Psychiatric (Secured) - New	CC - Rehab (PT/OT/Speech)	DD - Rehab (Respiratory)	EE - Restraints	FF - Smoking	GG - Suctioning	HH - Total Parenteral Nutrition (TPN)	II - Trach Care	JJ - Tube Feeders	KK - Ventilator Care	LL - Wandering Residents
Heritage Hall Nursing & Rehab Center (Leesburg)		Y		Y			Y			Y		Y	Y			Y	Y	Y		Y		Y	Y		Y			Y						Y		
Hermitage In Northern Virginia (Alexandria)		Y					Y							Y		Y		Y	Y			Y						Y	Y			Y			Y	
Iliff Nursing & Rehab Center (Dunn Loring)		Y		Y		Y	Y				Y		Y			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			Y		Y	Y	Y
Johnson Center At Falcon's Landing (Sterling)						Y	Y						Y			Y	Y	Y	Y	Y	Y	Y	Y		Y			Y				Y			Y	
Leewood Healthcare Center (Annandale)				Y						Y	Y		Y			Y		Y	Y	Y	Y	Y	Y		Y		Y		Y				Y	Y	Y	
Loudoun Nursing And Rehabilitation Center (Leesburg)		Y				Y					Y		Y			Y	Y	Y		Y	Y	Y	Y		Y		Y		Y				Y		Y	
Manassas Health & Rehab Center (Manassas)		Y		Y			Y			Y	Y	Y	Y			Y	Y	Y	Y	Y	Y	Y	Y		Y			Y				Y	Y	Y	Y	
Manor Care Health Services (Arlington)		Y		Y			Y						Y			Y	Y	Y	Y	Y	Y	Y	Y		Y			Y	Y			Y	Y	Y	Y	
Manor Care Health Services - Alexandria (Alexandria)				Y		Y	Y				Y		Y			Y	Y	Y	Y	Y	Y	Y	Y		Y	Y		Y	Y		Y	Y	Y	Y	Y	
Manor Care Health Services - Fair Oaks (Fairfax)		Y		Y		Y	Y			Y			Y				Y	Y	Y	Y	Y	Y	Y		Y			Y			Y	Y	Y	Y	Y	
Mount Vernon Nursing And Rehab Center (Alexandria)				Y	Y	Y	Y					Y	Y			Y	Y	Y	Y	Y	Y	Y	Y		Y			Y				Y			Y	
Oak Springs Of Warrenton (Warrenton)		Y		Y		Y	Y	Y					Y			Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y		Y				Y			Y	
Potomac Falls Health & Rehabilitation Center (Sterling)		Y				Y	Y				Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y		Y			Y	Y	Y	Y	
Powhatan Nursing Home (Falls Church)				Y			Y					Y	Y			Y	Y	Y	Y	Y	Y	Y	Y		Y	Y			Y		Y	Y	Y	Y	Y	
Regency Care of Arlington (Arlington)				Y		Y	Y			Y	Y		Y			Y	Y	Y	Y	Y	Y	Y			Y				Y		Y	Y		Y	Y	
The Jefferson (Arlington)				Y			Y						Y			Y		Y	Y	Y	Y	Y			Y				Y			Y		Y	Y	
The Virginian (Fairfax)				Y		Y	Y			Y		Y	Y			Y		Y	Y	Y	Y	Y			Y				Y		Y	Y				
The Washington House (Alexandria)	Y															Y		Y	Y				Y						Y		Y	Y				
Westminster At Lake Ridge (Lake Ridge)							Y										Y	Y	Y	Y	Y	Y	Y		Y	Y	Y		Y			Y			Y	
Woodbine Rehabilitation And Healthcare Center (Alexandria)		Y		Y		Y	Y			Y		Y	Y			Y		Y	Y	Y	Y	Y			Y	Y			Y		Y	Y	Y	Y	Y	Y
Woodmont Center (Fredericksburg)		Y		Y		Y	Y				Y	Y	Y			Y	Y	Y	Y	Y	Y	Y			Y		Y		Y		Y	Y	Y	Y		

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Special Category Breakdown

II - Wandering Residents		✓		✓	✓	✓	✓	✓
HH - Ventilator Care								✓
GG - Tube Feeders				✓	✓	✓	✓	✓
FF - Trach Care				✓				✓
EE - Total Parenteral Nutrition (TPN)								
DD - Suctioning						✓	✓	✓

H - Developmental Disabilities					✓			✓
G - Dementia – Secured Unit		✓	✓			✓		

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Transportation Evacuation Assessment

- By Type of Transport
- Communicate the Needs with Key Partners
- Saves $$$$$

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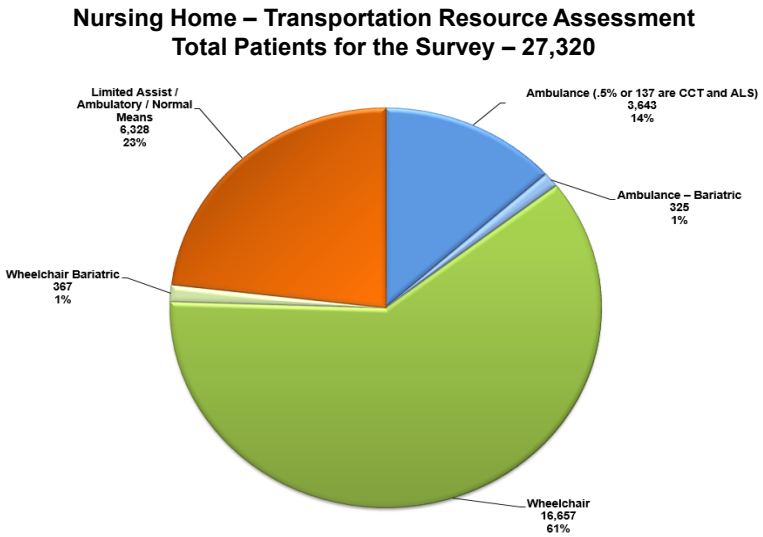
What the Data Says



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Surge Capacity (2015/16 Assessments)

- Internal Surge
  - Horizontal: Fire, Infrastructure Damage
  - Secondary Purpose: Staff Sleeping
- External Surge
  - Long-term Care Evacuations (receiving residents)
  - Secondary Purpose: Community Events (e.g., sheltering request – not applicable in many areas)

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WELCOME
CAMP

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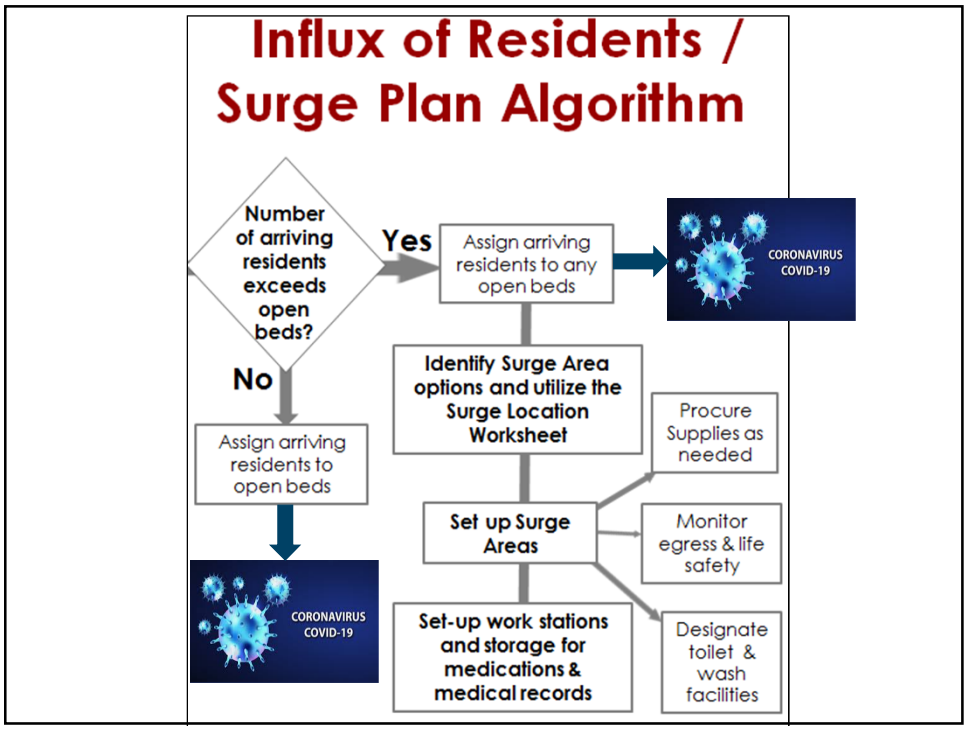
Influx of Residents / Surge Plan Algorithm
Number of arriving residents exceeds open beds?
Yes
Assign arriving residents to any open beds
CORONAVIRUS COVID-19
No
Assign arriving residents to open beds
CORONAVIRUS COVID-19
Identify Surge Area options and utilize the Surge Location Worksheet
Procure Supplies as needed
Set up Surge Areas
Monitor egress & life safety
Set-up work stations and storage for medications & medical records
Designate toilet & wash facilities

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Surge Capacity – Planning Tool

ATTACHMENT D - COMMAND CENTER / SURGE CAPACITY TOOL

Surge Area Building / Floor / Wing	Ability to Set-up 1 = 0-2 Hours 2 = 2-4 Hours 3 = Extended	Surge Priority High Medium Low	Total Additional Residents	Additional Staffing Required (Licensed)	Additional Staffing Required (CNA)	Additional Beds Needed	* Equipment & Supplies Necessary	Secured Area (Locked)	Set-up Instructions & Notes
Mount Vernon Dining/Activity Room 1st Floor	1	High	12	1	1	12	**Privacy Screen** = 6 **Tap Bells** =12 **Other** =	No	**Resident Room Surge** (note room #'s/capacity) = N/A **Emergency Power** =Yes **Bathroom** = Nearby **Piped Oxygen** = None **Piped Sx** = None **Piped Air** = None **Notes** = Remove all tables, chairs and furniture and replace with beds/cots/mattresses along front entrance side of room to set up 12 beds
Assisted Living Unit (currently closed) 60 beds	3	Medium	60	3	6	60	**Privacy Screen** = 30 **Tap Bells** =0 **Other** =	No	**Resident Room Surge** (note room #'s/capacity) = N/A **Emergency Power** = Yes **Bathroom** = Yes **Piped Oxygen** = None **Piped Sx** = None **Piped Air** = None **Notes** = The space would need items currently being stored to be cleared out as well as clean rooms. Beds, cots or mattress would be required for each room. Review that the unit has an intact call bell system.
		TOTAL	72	4	7	72			
					Total Beds in Storage (from Attach B)	3			
					Gap	69			

The total capacity of the facility (including arriving evacuated residents) should not exceed the maximum occupancy permitted by the facility's local building permit unless temporarily waived by the local Authority Having Jurisdiction.
Factor shelter / surge area priority based on location, set-up disruption, emergency power, nurse call availability, grade level (at or above) and access to toilet/wash facilities.

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Surge Area Building / Floor / Wing	Ability to Set-up 1 = 0-2 Hours 2 = 2-4 Hours 3 = Extended	Surge Priority High Medium Low	Total Additional Residents
Mount Vernon Dining/Activity Room 1st Floor	1	High	12
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Additional Staffing Required (Licensed)	Additional Staffing Required (CNA)	Additional Beds Needed	* Equipment & Supplies Necessary
1	1	12	**Privacy Screen** = 6 **Tap Bells** =12 **Other** =
3	6	60	**Privacy Screen** = 30 **Tap Bells** =0 **Other** =
4	**7**	**72**	

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Secured Area (Locked)	Set-up Instructions & Notes
No	**Resident Room Surge** (note room #'s/capacity) = N/A **Emergency Power** =Yes **Bathroom** = Nearby **Piped Oxygen** = None **Piped Sx** = None **Piped Air** = None **Notes** = Remove all tables, chairs and funiture and replace with beds/cots/mattresses along front entrance side of room to set up 12 beds
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Resources & Assets

- Plan to Shelter-in-Place
- Staffing to do so?
- Additional PPE/Equipment?
- Using the resources of the local emergency responders, VDH and other providers (hospitals and LTC)
- Coordination with the RHCC

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Memorandum of Understanding (MOU)

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2018 DMAS/Medicaid Memo

- Reimbursement to a Disaster Struck Facility (DSF) for its Medicaid residents who must be temporarily evacuated to another facility (Resident Accepting Facility - RAF) may continue for up to 30 calendar days following the disaster event.
  - The DSF does not "discharge" its residents and the RAF does not "admit" the residents transitioning from the DSF.
  - The DSF is still considered the provider of record and will continue to bill Medicaid for each day of care.
  - Reimbursement will be the same as if the individual was residing in the DSF.
  - The DSF is then responsible for reimbursing the RAF that accepts its residents during the disaster period.

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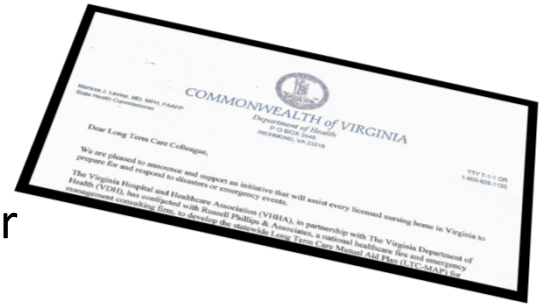
2018: Deploy MAP

Mailed LTC MOU and Support Letter


COMMONWEALTH of VIRGINIA

Department of Health

Dear Long Term Care Colleague,

We are pleased to announce and support an initiative that will assist every licensed nursing home in Virginia to prepare for and respond to disasters or emergency events.

The Virginia Hospital and Healthcare Association (VHHA), in partnership with The Virginia Department of Health (VDH), has contracted with Bonnell Phillips & Associates, a national healthcare fire and emergency management consulting firm, to develop the statewide Long Term Care Mutual Aid Plan (LTC-MAP).

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Thank You!

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Utilizing The Virginia Healthcare Alerting & Status System

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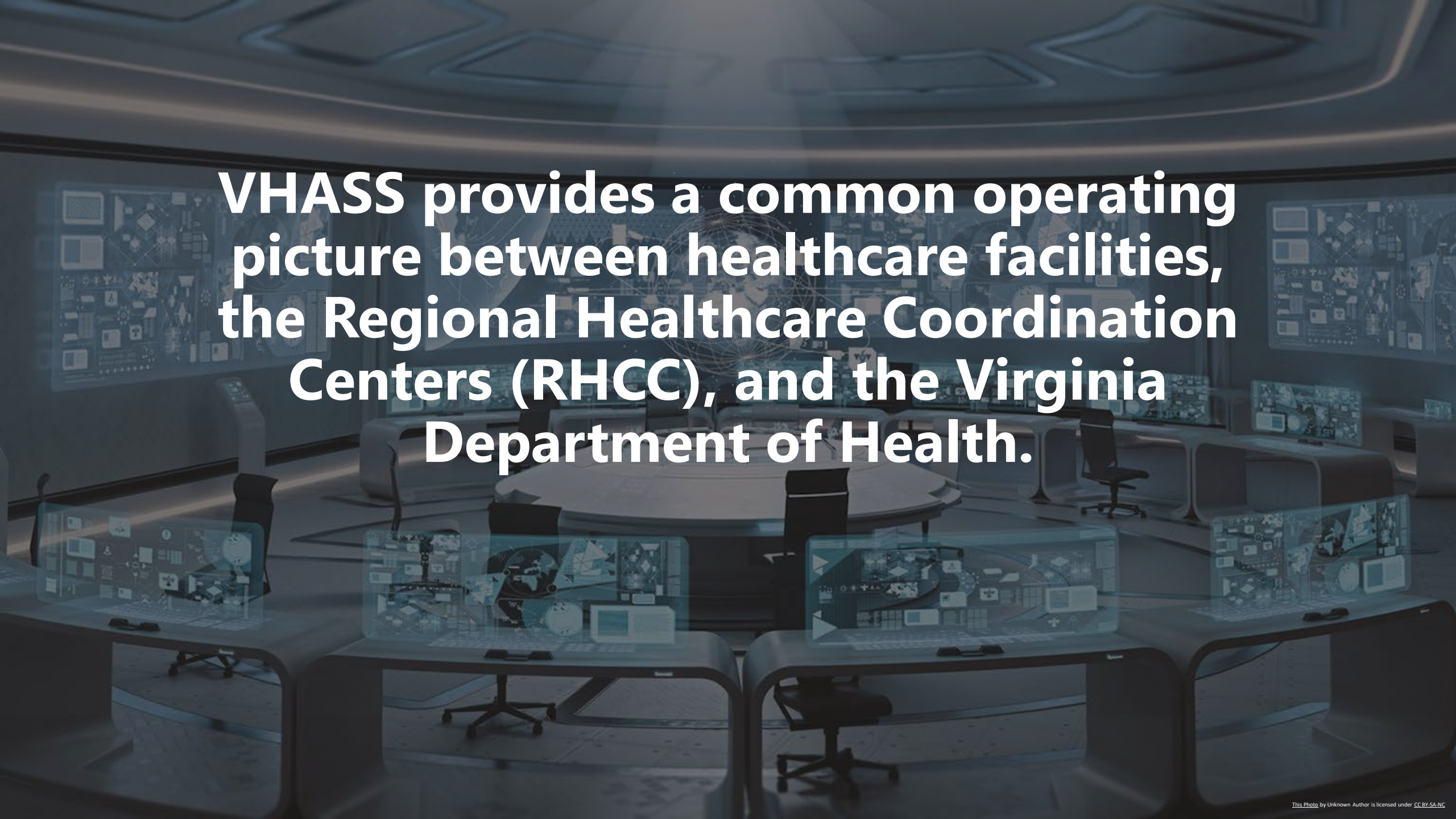

VHASS provides a common operating picture between healthcare facilities, the Regional Healthcare Coordination Centers (RHCC), and the Virginia Department of Health.

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Virginia Healthcare Emergency Management Program

VHEMP is a partnership of:

Virginia Hospital & Healthcare Association

VDH Virginia Department of Health

ABOUT US | REGIONAL INFO | RESOURCES | EVENTS | CONTACT US | ADMIN

VHASS – Virginia Healthcare Alerting & Status System

The Virginia Healthcare Alerting and Status System (VHASS) enhances the distribution of critical emergency management information needed by Virginia hospitals and healthcare providers. Because of the sensitive nature of this information, access to this site is open to authorized users only.

www.VHASS.org

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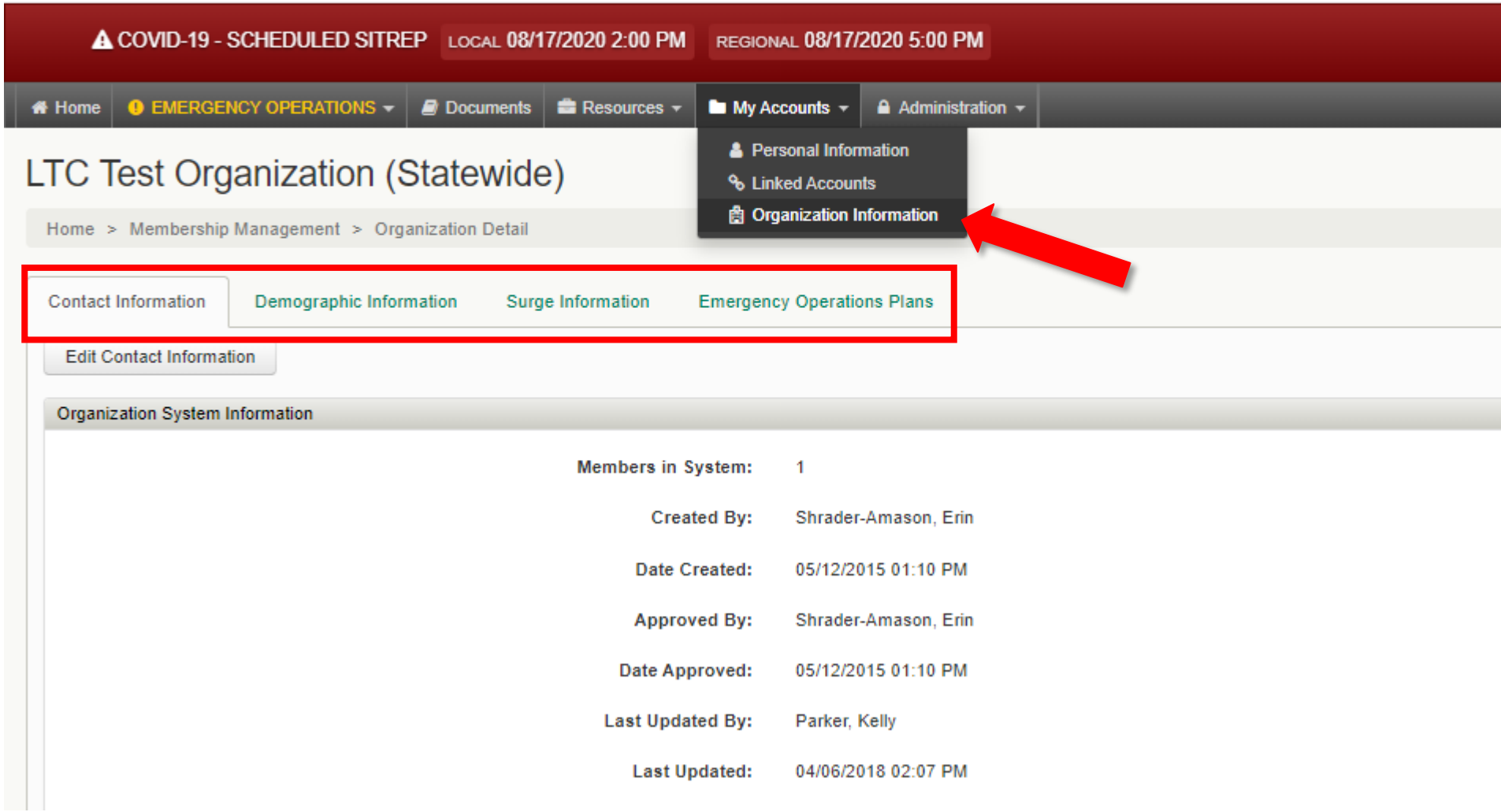
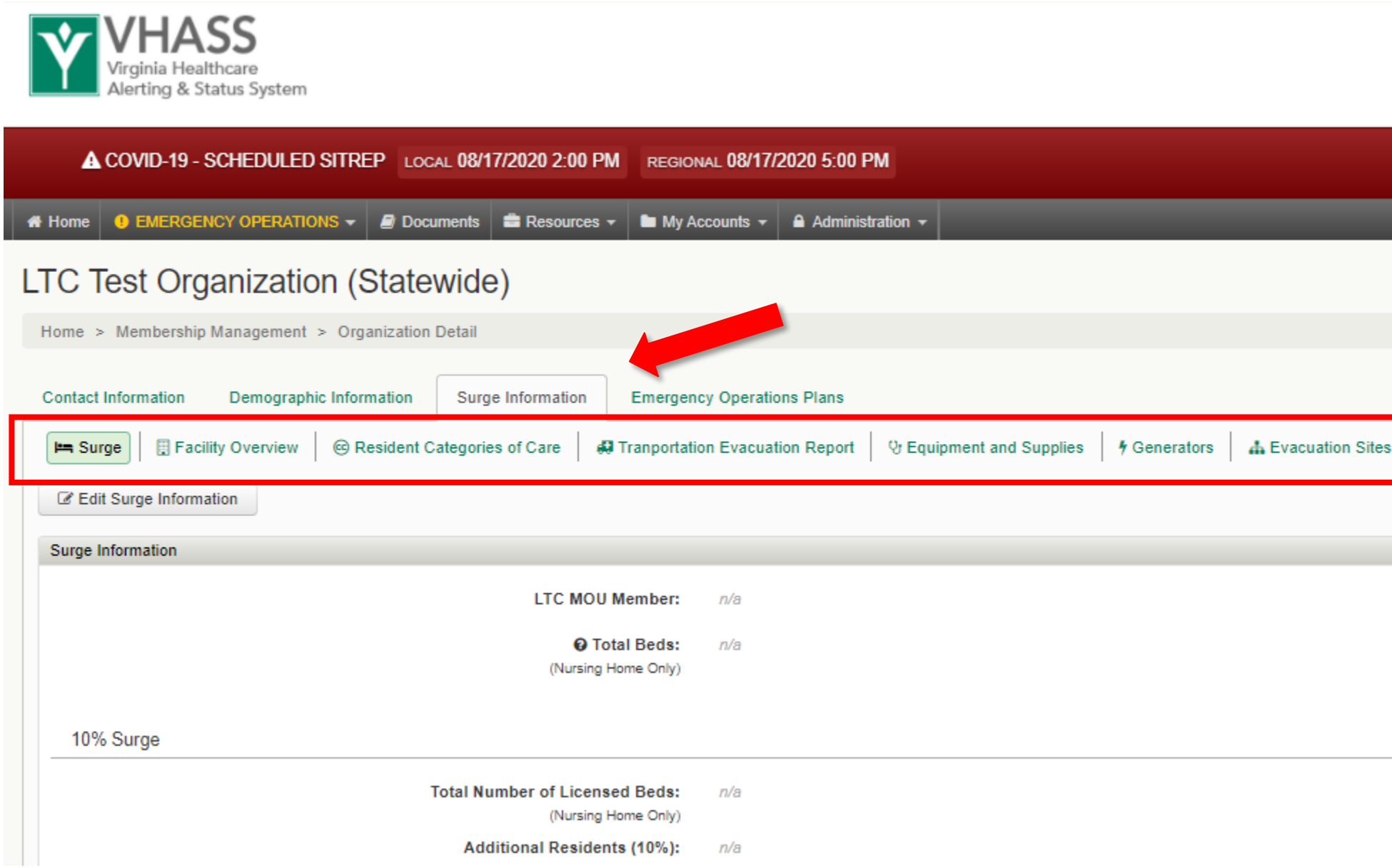
! Important Updates for Hurricane Response and COVID-19

- Updating VHASS Organization Account
  - Contact information, surge information, generator information, evacuation zone, etc.
- Updating VHASS Member Account
  - Ensure all necessary staff have up to date accounts
- Updating your organizations VHASS LTC Status Board
  - Continue to update the status board daily with an increased emphasis on number of COVID positive and pending residents, bed availability, and evacuation support needed, and available transportation

Updating your Organization's Account



Updating your Organization's Account



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