Long Term Care Mutual Aid Plan Refresher Training

June 2024



Virginia Healthcare Emergency Management Program













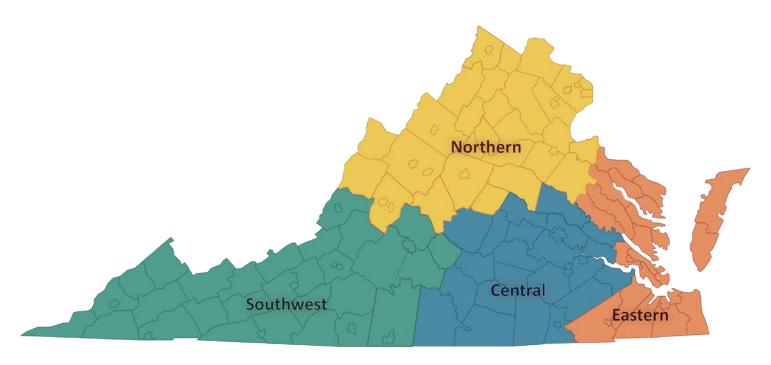
Welcome/Introductions

• Add panelists'/presenters' names/titles

Agenda

- Review of Major Historical Events
- Virginia Long-Term Care Mutual Aid Plan (LTC MAP) Overview
- Evacuation Planning
- Incident Command System
- Q&A

Virginia Regional Healthcare Coalitions



Map outlined by: www.coopercenter.org/demographics

The Virginia Department of Health (VDH) in partnership with the Virginia Hospital & Healthcare Association (VHHA) support hospitals and healthcare facilities.

- Development of the Virginia Healthcare Emergency Management Program.
- 4 Regional Healthcare Coalitions.
- Responsible for the development of preparedness and response activities of healthcare partners.

Review of Major Historical Events



Hurricane Irma – The Rehab Center at Hollywood Hills (2017)

- 152-bed facility lost power and air conditioning following a hurricane in 2017.
- The temperature increased to 100-110 degrees.
- Twelve (12) fatalities were ruled homicides.
- Facility license revoked.



Hurricane Ida – Louisiana SNFs (2021)

- Seven (7) facilities under a single ownership group.
- "The nursing homes failed to execute an evacuation plan that upheld residents' human dignity" Louisiana State Health Department.
- Seven (7) residents died after being placed on mattresses sitting in stormwater and left in their own waste in an unsuitable warehouse used as an evacuation site.
- Facility licenses revoked.



Virginia Long Term Care – Mutual Aid Plan History

History/Background

- The LTC MAP originated as a Northern Virginia project.
- Site Visits conducted by a contractor.
- Generator and facility surge information was collected and placed into the Virginia Healthcare Alerting & Status System (VHASS).
- Upon state expansion, a MOU was created with the cooperation of VHCA, LeadingAge Virginia, DMAS, VDH, VHHA, and implemented in early 2018.







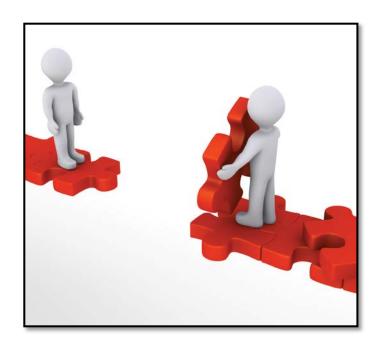




Mutual Aid

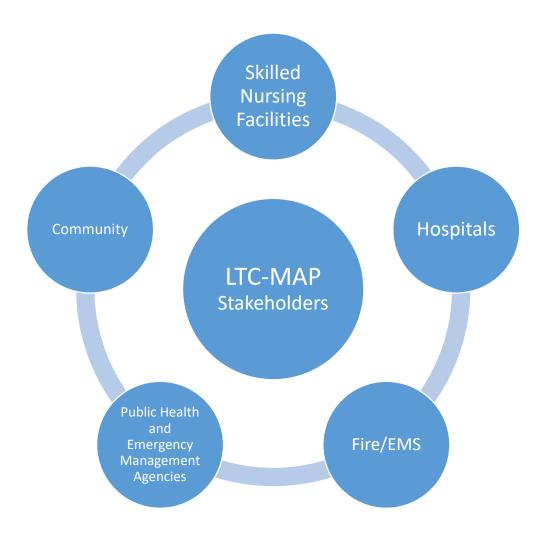
In emergency management, mutual aid is common. Mutual Aid agreements allow agencies to provide assistance across jurisdictional boundaries:

- Police
- Fire
- EMS
- Utilities



LTC MAP Stakeholders

- Virginia Skilled Nursing Facilities
- Hospitals
- Government and Private EMS Agencies
- State, regional, and local Emergency Management and Health Departments
- Community



LTC MAP Scenarios

The LTC MAP is intended for use in the following scenarios:

- Single Facility/Isolated Incident (e.g., Fire, Loss of Emergency Power)
- Single Facility/Local or Area-wide Incident (e.g., Flooding, Ice Storm)
- Multiple Facility/Statewide or Regional Incident (e.g., Derecho, Hurricane, Tornado)







LTC MAP Overview

- Place and support care of residents from the Disaster Struck Facility (DSF).
- Provide equipment, supplies, and pharmaceuticals, as necessary to a DSF.
- Assist with the transportation of evacuated residents.
- Provide support, as necessary, to a DSF or a **Resident Accepting Facility (RAF)** whether evacuating, surging, sheltering residents, or Sheltering-in-Place.

Disaster Struck Facility (DSF) -

A facility impacted by an emergency or disaster.

Resident Accepting Facility (RAF) –

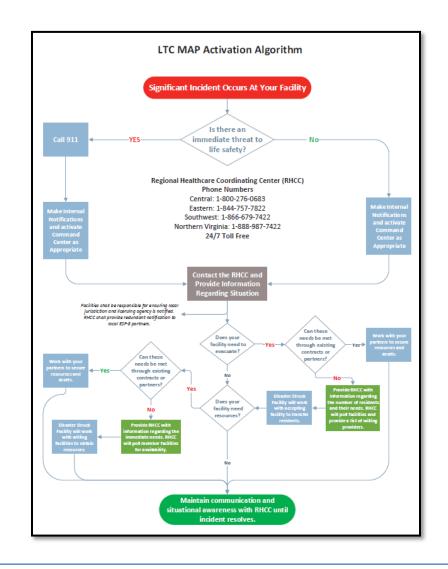
A facility providing resource or evacuation support to a DSF during an emergency or disaster situation.

Responsibilities of Plan Members

- Accept additional residents up to 110% of licensed capacity.
- Activate internal Emergency Operations Plan (EOP) and internal Command Center.
- Update the Long-Term Care status board and the Event Log and/or SitRep in the Virginia Healthcare Alerting & Status System (VHASS).
- Update VHASS organization profile and user accounts annually.
- Participate in regional training and exercises.
- Send the Active Medical Record/Chart with each evacuating resident.
- Accept responsibility for providing current critical information via VHASS and updating information annually at a minimum.

Plan Activation and Communication

- Activation Algorithm
- Communication
 - RHCC Notification/Activation
 - VHASS
 - Region-Specific Communication/Redundant Communication
 - Media/Public Communications



Staff, Pharmaceuticals, Supplies and Equipment Section

- Provides a framework for borrower and lending facilities to share resources.
- Resources may be needed by:
 - A DSF that is not evacuating, but is overtaxed by a disaster and needs support.
 - A RAF that requires additional resources to handle an influx of residents.
 - A Stop Over Point to which a DSF has evacuated to.

- Actions of a Disaster Struck Facility (DSF)
 - Follow LTC MAP Activation Algorithm
 - Notify Resident Accepting Facility
 - Conduct Resident Tracking
 - Document Current Medications
 - Deploy Staff, Equipment, Supplies, and Pharmaceuticals
 - Post/share updates, information, or resources needed in the VHASS event log
 - Coordinate Resident Transportation
 - Notification of Family/Primary Care Physician
 - Manage Stop Over Points

- Actions of a Resident Accepting Facility (RAF)
 - Update the VHASS Long-Term Care Status Board
 - Activate Command Center
 - Monitor VHASS Event Log
 - Conduct Influx/Surge Planning
 - Prepare for Residents' Arrival
 - Documentation of Medical Information
 - Resident Care Responsibility
 - Resident Placement
 - Post/share updates, information, or resources needed in the VHASS event log
 - Respond to any Notifications
 - Sheltering vs. Admission
 - Return Residents to DSF

Appendices

- A. Activation Algorithm
- B. Resident / Medical Record / Staff / Equipment Tracking Sheet
- C. Resident Emergency Evacuation Form
- D. Nurse / Physician Decision-Making Guidelines
- E. Influx of Residents Log
- F. Controlled Substances Receiving Log
- G. LTC Tracking Board
- H. Resource Request Form
- I. Joint Commission Emergency Credentialing Standards

LTC MAP Summary

- Participation in the LTC MAP is voluntary.
- Planning allows LTC facilities to voluntarily assist each other in times of emergency, and:
 - Reduces impact on community emergency services.
 - Reduces impact on hospitals, local fire and rescue, and LTC facility staff.
 - Reduces impact on residents and their families.

Disasters will happen, so having a framework for requesting help before a disaster strikes is easier and more efficient than asking for help after!

LTC MAP MOU

- Original MOU created/signed in 2018 and expired on December 31, 2022.
- An extension was created in 2022 to renew the MOU for an additional five years.
- Voluntary participation.
- Only facilities sign MOU.
- Defines relationship among facilities for:
 - Borrowing staff
 - Borrowing supplies and equipment
 - Transfer/Evacuation of Residents
 - DMAS Reimbursement Policies

Current Status of LTC MAP Participation

- Continue to promote LTC-MAP and update MOUs as needed due to name changes or facilities who have not yet signed on.
- Utilize LTC MAP for training and real-world events.
- Provide training and education based on lessons learned from cross-regional LTC-Map exercises conducted in Spring 2022.
- Phased approach for updating LTC-MAP to be ready for facility signatures by December 2027.

Evacuation Planning - Slow-Out Evacuations

- Virginia Long-Term Care Mutual Aid Plan | page 10
 - This plan supports using close proximity open beds and having the LTC-MAP member facilities surge to 110% of licensed beds only as necessary.
 - Note: If the evacuation is a "slow-out" situation whereby all parties are aware that the facility will not be re-opening in the near term (flooding, facility damage, etc.), then the RHCC should be supporting the Disaster Struck Facility (DSF) to find open beds within the region and potentially outside the region, or state for long-term resident placement if required.
 - Agreements should be updated annually.
 - This is the member facility's responsibility.

Evacuation Planning – Fast-Out Evacuations

• Virginia Long-Term Care Mutual Aid Plan | page 10

- Residents will be moved to a Stop Over Point or may bypass the Stop Over Point and move directly to the RAF utilizing their surge capacity plan to exceed licensed bed capacity to "shelter" the residents for a short period of time until they can return to the DSF or be moved into open beds (typically a 72-hour window).
- Note: The LTC MAP member facilities should have a written agreement with Stop Over Points (Senior Centers, Continuing Care Retirement Communities, etc.).
- Agreements should be updated annually.
- This is the member facility's responsibility.



Evacuation Planning - Intent of a Stop Over Point

- Nearby/suitable location for a fast-out evacuation.
- Used for various scenarios that may require temporary, short-term shelter.
- Residents must be quickly removed from the building and require temporary shelter until a suitable destination is identified (e.g., an open SNF bed).
- Residents are evacuated from the facility, but the facility is expected to reopen in a matter of hours.



Evacuation Planning – Documenting Stop Over Point Agreements

- Signed Agreement
 - Primary and Secondary Points of Contact
 - 24/7 Contact Information for Facility
- Add to your facility's VHASS profile



Evacuation Planning – Documenting Stop Over Point Agreements







Staff

Space



Evacuation Planning - Stop Over Point

• Staff

- The plan should designate staff roles at the site.
- Send a staff member to the site to gain access and ensure it is still suitable before transporting residents.
- Designate staff responsible for site setup.
- How many staff members should accompany each group of residents?
- Facility POC for issues like overflowing toilets, access to change temperature of the AC, etc.

• Communication

- How can the RHCC contact you?
- How will you provide updates to VHASS?
- How can families contact you?
- How can staff remain in contact with one another?

Evacuation Planning - Stop Over Point

Space

- Conduct an annual site visit/walkthrough.
- Document your proposed site layout and include it in your plan.
- Identify a Command Post.

• Stuff

- Clinical
- Non-clinical (e.g., office supplies)

Evacuation Planning - Stop Over Point

• Demobilization of a Stop Over Point

- Work with the facility to develop a checklist ahead of time.
- Take photos before and after facility use.
- Do a site walkthrough with a facility representative after demobilization.
- Document the condition of the site before and after you use it.
- Have a facility representative sign off on the checklist.
- Make necessary notifications when all residents and staff have vacated the stopover point.



Evacuation Planning – Facility Responsibilities

- Notify the RHCC.
- Have a staff person arrive at the receiving facility ahead of everyone else.
- Ensure the provision of appropriate clinical care.
- Transport staff, pharmaceuticals, supplies, and equipment in coordination with the RHCC and, possibly, Local Emergency Management.
- Manage the activation, set-up, operation, and demobilization of the site.



Evacuation Planning – Planning Basics

- Authority and Chain of Command
- Internal and External Notification and Communication
- Equipment and supply needs while staff and residents evacuate and wait for transportation to the Stop Over Point:
 - Med Sleds
 - Stretchers
 - Chairs
 - Temporary Beds
 - Lighting
 - Shelters
 - Wheelchairs

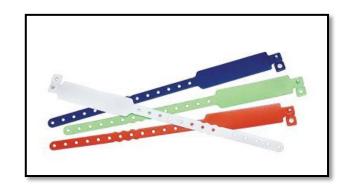




Evacuation Planning - Tracking Residents

- Resident Tracking
 - Facilities should create an LTC MAP Go Kit.
 - Wristbands and Sharpie.
 - Pen and Paper Make a List!
 - Photos
 - Take a photo of each resident, with their wristband information visible, as they are loaded into a vehicle.
 - Put a sign on the vehicle indicating the destination and take a photo of the vehicle.
 - Have someone take photos of residents as they arrive at the Stop Over Point.





Evacuation Planning - Resource Requests

• Effective resource requests are specific

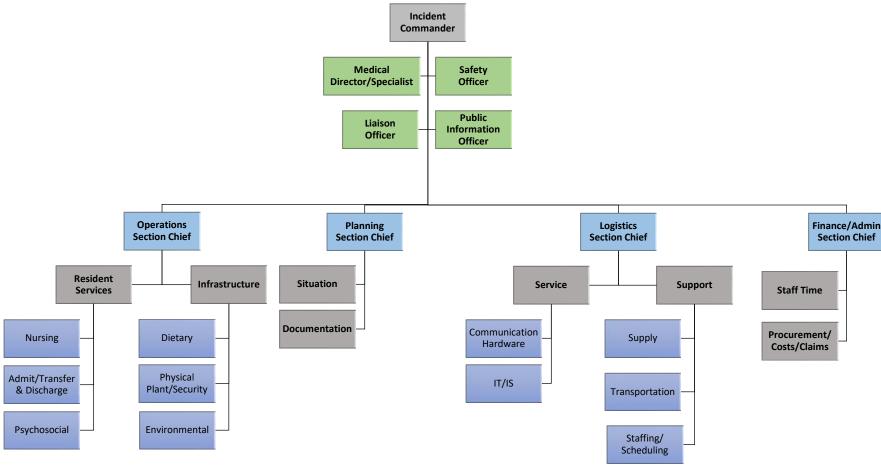
• CSALTT

- Capability- What do you need it to do?
- Size Size description.
- Amount- How many do you need?
- Location- Where do you need it?
- Time- When do you need it? How long do you need it?
- Type- Specific Model/Brand?





Incident Command System (ICS)



Recap

Long-Term Care Mutual Aid Plan (LTC MAP)

• Valuable statewide plan and MOU that promotes facilities helping facilities.

Virginia Healthcare Alerting & Status System (VHASS)

• The statewide web-based system for healthcare emergency coordination.

Regional Healthcare Coordinator Center (RHCC)

- The regional 24/7 coordination center for healthcare sector disaster support.
 - Central Virginia Healthcare Coalition (CVHC)
 - Eastern Virginia Healthcare Coalition (EVHC)
 - Northern Virginia Emergency Response System (NVERS)
 - Southwest Virginia Healthcare Coalition (SVHC)

Additional Resources

Technical Assistance

• Contact healthcare coalition staff for guidance or recommendations.

ASPR TRACIE

• https://asprtracie.hhs.gov/technical-resources/57/healthcare-facility-evacuation-sheltering/o#special-populations-long-term-care-and-assisted-living-related-resources

Questions?