Planning for Healthcare Facility Evacuations:

Developing County-wide Nursing Home and Patient Tracking Mutual Aid Agreements

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Objectives

• Outline planning process
• Describe plan components
• Identify role(s) of Steering Committee Members and integration with Health and Medical Area Command
• Define plan implementation
Developing the Plan

- King County and Pierce County entered into the planning process together through the RCPG
- Hired Russell Phillips and Associates to develop the plan
- Conducted surveys of all participating LTC agencies
  - Patient categories of care
  - Bed and surge capacity numbers
  - Transportation assets
- Developed Mutual Aid Plan and collected signatures
Developing the Plan

• Purpose:
  – To create a voluntary plan to serve as the foundation for the coordination of long term care facility evacuation(s)

• Facilitates ability for long term care providers to place patients in like beds and share resources

• Plan provides mutual aid for over 50 large nursing homes
  – Does not cover adult family homes or smaller organizations at this time
• Plan Scope
  – To place and support care of patients evacuated from a Disaster Struck Facility
  – To provide supplies as needed to a Disaster Struck Facility
  – To assist with transportation of evacuated patients
  – To provide staffing support as needed to Disaster Struck Facility, whether evacuating or facility is directly impacted by the disaster
  – To provide stop over points and transportation to evacuated patients or to provide supplies from member facilities geographically removed from the region-wide disaster area
Developing the Plan

- Memorandum of Understanding
  - The Memorandum of Understanding (MOU) is the Agreement among Region 6 – King County long term care facilities that commit the healthcare facilities to voluntarily provide support to accept evacuated patients and/or provide assistance to Member Facilities with needed supplies, equipment, staffing and transportation.
Developing the Plan

• Mutual Aid Plan
  – All members required to accept 10% of their total beds
  – Required to attend annual meeting and participate in regional long term care drills and exercises
  – If evacuating, members must use the forms identified in the plan for tracking residents, medical records and equipment
Components of the Plan

• The plan outlines:
  – Alert and notification process
  – Resources available in the region
  – Patient care categories available by facility
  – Steps that each facility (Disaster Struck and Patient Accepting) should follow in an event that requires an evacuation
Components of the Plan

• Table of Contents
  – Actions of Disaster Struck Facility and Patient Accepting Facilities
  – Plan Activation and Communications
  – Transportation
  – Medical Records and Patient Information
  – Staff, Pharmaceuticals, Supplies and Equipment
  – Mutual Aid Plan
Components of the Plan

• Actions of Disaster Struck Facility
  – Implement census reduction strategies
  – Identify stop over points (if necessary)
  – Send staff to receiving facilities as soon as possible
  – Utilize Resident Tracking Forms
  – Send medications and patient record/chart
  – Notify family and primary care physician of resident
Components of the Plan

• Actions of Patient Accepting Facility
  – Must have internal plan to appropriately receive and care for incoming patients
  – Once admitted, a patient falls under the care of the Patient Accepting Facility’s admitting physician
  – Provide all beds, linens, food, supplies and equipment as necessary
Components of the Plan

• Actions of Patient Accepting Facility
  – Notify Disaster Struck Facility of arrival of patients and any of their staff who accompany patients
  – At the end of the disaster, return all patients, with their medical records and equipment, to the facility of origin
Components of the Plan

• Transportation
  – Coordinated by EMS in the local jurisdiction
  – Attachment A in plan identifies available transportation assets that reside at various LTC facilities
  – Liaison officer at Disaster Struck Facility, with EMS Transportation Officer/MSO, work with Health and Medical Area Command to place patients
Components of the Plan

• Transportation
  – Transportation officer at disaster struck facility will:
    • Communicate to receiving facilities
    • Coordinate pick up and arrange for any special need accommodations for transport (bariatric, critical care transport/ventilator, behavioral issues, etc)
    • Arrange discharge orders for any patients able to go home
Components of the Plan

• Transportation
  - Special transportation concerns are outlined in the plan (facilities that care for vented patients, etc)
  - Tracking forms must be used
Components of the Plan

• Medical Records and Patient Information
  – When a patient leaves a facility, the following must go with them:
    • Patient/Resident Evacuation Tracking Form
    • Patient Medical Record (which at the end of a disaster is returned to original facility, along with the patient)
    • Patient Medical Record and Equipment Tracking Sheet
    • Stickers on medical record and equipment stating facility name, address, and phone number of evacuating facility
Components of the Plan

• Medical Records and Patient Information
  – Necessary medications: package with personal items and send with patient
    • Label with patient name and medical identification number
  – In some cases, a licensed healthcare professional may accompany a patient
  – All patients must have wristband or some form of identification
Components of the Plan

- **Staff, Pharmaceuticals, Supplies and Equipment**
  - May be needed by:
    - A disaster struck facility who is not evacuating, but in need of resources
    - A patient accepting facility
    - A stop-over point to which a disaster struck facility has evacuated
Components of the Plan

• Staff, Pharmaceuticals, Supplies and Equipment
  – Process for requesting staff assistance are outlined in plan, including considerations for collecting documentation/credentials
  – Supervision of staff is assigned by borrowing facility senior administrator or designee
  – Demobilization procedures are outlined in the plan
Components of the Plan

- Staff, Pharmaceuticals, Supplies and Equipment
  - Joint Commission standards for disaster privileging are outlined in the plan
  - Process for requesting pharmaceuticals, supplies and equipment outlined in plan, including:
    - How to request
    - Transport
    - Safety/security
    - Documentation
Coordination Tools

- Algorithms
  - Outline process for requesting resources to avoid evacuation
  - Outline process for alerts/notifications and actions if evacuation is necessary
  - Identify actions to activate assistance outside local region
Coordination Tools

• Patient Categories of Care
  – Beds and surge capacity numbers
  – Stop over points
  – Transportation resources
  – Evacuation sites
Coordination Tools

• Forms
  – Resident Evacuation Tracking Form
  – Patient/Medical Record and Equipment Tracking Sheet
  – Controlled Substance Receiving Log
  – Influx of Patients Log
Plan Activation

• Disaster struck facility
  – Call 911
  – Activate internal Command Center
  – Assess need to evacuate vs. need for additional resources to stay in place
  – Notify Health and Medical Area Command
  – Notify DSHS
Plan Activation

- **Patient Accepting Facility**
  - Report number of available beds
  - Verify if a transportation vehicle is available to assist the Disaster Struck Facility
  - Verify supplies, equipment and staff that may be available to support another facility — to avoid evacuation

- **Communications Plans**
  - Outlined process for single facility evacuations and multiple facility evacuations
Steering Committee

• Provide guidance to Coalition staff on LTC planning and tool implementation

• Advocate on behalf of the Mutual Aid Plan and subsequent planning activities
  – Maintaining contact information
  – WATrac training

• Serve in Health and Medical Area Command as a Coordinating Team during a facility evacuation
Health and Medical Area Command Structure (ESF 8)

Coordination relationships

Lines of authority
Steering Committee

• Area Command Structure Provides:
  – Direction and control of health and medical decisions, resources and services
  – Access to medical staff and resources in a coordinated manner
  – Timely, useful, credible information to decision makers, partners, and the public
  – Ability to create additional system capacity utilizing system-wide expertise
Steering Committee

• Long Term Care Branch Objectives:
  – Establish and maintain contact with Disaster Struck Facilities
  – Make connections with available Patient Accepting Facilities
  – Track Patient movement between evacuating and receiving facilities
Steering Committee

- Long Term Care Branch Actions
  - Manage communications with facilities
  - Notify DSHS of situation
  - Collect and collate available beds, resources and status of LTC facilities
  - Coordinate with Logistics on resource requests to support the event
Implementation

• Activation of the plan occurs when the Public Health Duty Officer is notified by a Disaster Struck Facility

• WATrac Alert is sent to LTC Mutual Aid Plan group

• Operations Section of Health and Medical Area Command activated to support the event

• Long Term Care Branch activated and staffed by Steering Committee members
  – LTC Branch can work in HMAC or remotely
Implementation

• LTC Branch
  – Primary objective upon activation is to collect and collate data
  – Phones are primary method of communication
  – WATrac is utilized for virtual communication
  – All forms and tools are stored in Knowledgebase in WATrac
Plan was exercised in March 2010 with Long Term Care partners, emergency management agencies and EMS organizations.

Data collected in surveys to support plan (transportation assets, categories of care, etc) migrated into WATrac.

Steering Committee members exercised their role in March 2011.
Questions?

King County Healthcare Coalition Website

http://www.kingcounty.gov/healthservices/health/preparedness/hccoalition/healthcare.aspx#longterm

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