Elder and Long Term Care Committee

Wednesday, November 9, 2005
10:45 AM – 11:45 AM
Reed Hall (102 HOB)

Meeting Packet

Allan Bense
Speaker

Hugh Gibson, III
Chair

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Speaker Allan G. Bense

Elder & Long-Term Care Committee

Start Date and Time:	Wednesday, November 09, 2005 10:45 am
End Date and Time:	Wednesday, November 09, 2005 11:45 am
Location:	Reed Hall (102 HOB)
Duration:	1.00 hrs

Presentation: Emergency Preparedness for Long-Term Care Facilities.

Presentation: Emergency Management for the Frail and Elderly.

NOTICE FINALIZED on 10/28/2005 10:21 by MANNING.KAREN

House of Representatives

Elder and Long Term Care Committee

AGENDA

November 9, 2005
10:45 AM – 11:45 AM
Reed Hall (102 HOB)

I. Opening Remarks by the Chair

II. Emergency Preparedness for Long-term Care Facilities

LuMarie Polivka-West, Florida Health Care Association

Carol Berkowitz, Florida Association of Homes for the Aging

Molly McKinstry, Agency for Health Care Administration

III. Emergency Management for the Frail and Elderly

Rep. Gayle Harrell

IV. Closing Remarks by the Chair

V. Adjournment

Emergency Preparedness for Long-term Care Facilities

"The Imperfect Storms... Lessons Learned from Florida's Eight Hurricanes "

LuMarie Polivka-West, MSP
Florida Health Care Association

MEAN SEASONS

- Florida had been spared many times over the past decade. That emboldened people to pour into Florida. But we made up for lost time, with an unprecedented eight hurricanes in one year.

- What have we learned?

Excerpts from the experiences

- **Charley jogged to the right on Friday the 13th and slid into Charlotte Harbor. It was a tight storm with only a 10-mile eye, but it tore diagonally across the peninsula and exited still a hurricane near Daytona…thousands evacuated to Orlando and the eastern coast in the path of the storm**
- **Frances stalled just offshore, "weakened and morphed from a buzz saw to a lumbering mass of wind. Just after midnight Sept. 5, it moved through the St. Lucie Inlet."**

- **Ivan's storm surge changed the landscape of Pensacola. Large chunks of beach washed away, and roads and homes with them. A big piece of a bridge fell away, cutting off Interstate 10 and forcing a long detour on the main artery connecting America's southern states. Staff found it very difficult to get to/from work.**
- **Then Hurricane Jeanne hit the already weakened east coast area on September 28th….**

Then the 2005 experiences – Katrina, Rita, Dennis and Wilma

- Underscored the importance of preparation with fuel for generators, supplies, medicines, plans for staffing, and being self-sufficient for up to 7 days.
- But most generators hold enough fuel for four days and fuel deliveries were sporadic
- Power restoration was the main concern
- Telephone service outages were a problem – inability to communicate with delivery services
- Need for satellite phones became realized.

Good Relationship with FP&L

- Resulted in nursing homes being moved to a second tier restoration status
- But many nursing homes remained without power over a week
- Last two nursing homes were restored Nov. 5th – 13 days without power - Local municipalities' utility companies' restoration took longer for nursing homes

Learned the importance of local relationships

- With the power companies
- With the telephone companies
- With the ESF8 representatives
- With the local fire/police and other emergency responders
- With other nursing homes and other health care providers
- With the media

Disaster Preparedness= Collaborative Roles & Responsibilities

- Emergency Operations Center (EOC)
  - ESF 8s in Tal. and at the local level
- Department of Health (DOH)
- Department of Children & Family Services (DCF)
- Department of Elder Affairs (DOEA)
- Centers of Medicaid/Medicare Services (CMS)
- Agency for Health Care Association (AHCA)
- University of South Florida Center on Aging/FMHI
- FEMA

Clinical Preparedness

- Timely dialysis
- Medical Supplies – continuous oxygen
- Need to order medications in advance of the hurricane with Medicaid authorization of early orders
- Non Medical Supplies, linens
- Special Diets planned/arranged
- Resident Record Management

Plan…

- Management of our Acuities
  - **Defining those at risk = identification/tracking**
  - **Dialysis, Vents, and special needs populations**
  - **Clinical response to emergent situations**
  - **Consider the what if's … e.g. AC Failure, dialysis centers not available, community pressure to accept new admissions, etc.**
  - **Ensure specific information on the types of residents served such as patients with Alzheimer's Disease – over half of nursing home residents have dementia.**

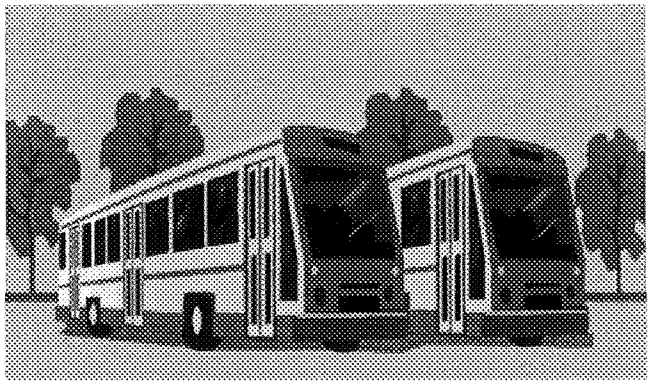
Dealing with Disaster

- Flexibility is Key – need back up plans for disaster plans

- Be ready for the unexpected – ex. tornadoes after the hurricane moves through; generator malfunctions

- Prepare to be an island for 7 days
  - Will supplies last? Will staff be able to travel‘
  - Are you able to accept Special Needs Shelter (SNS) admissions?

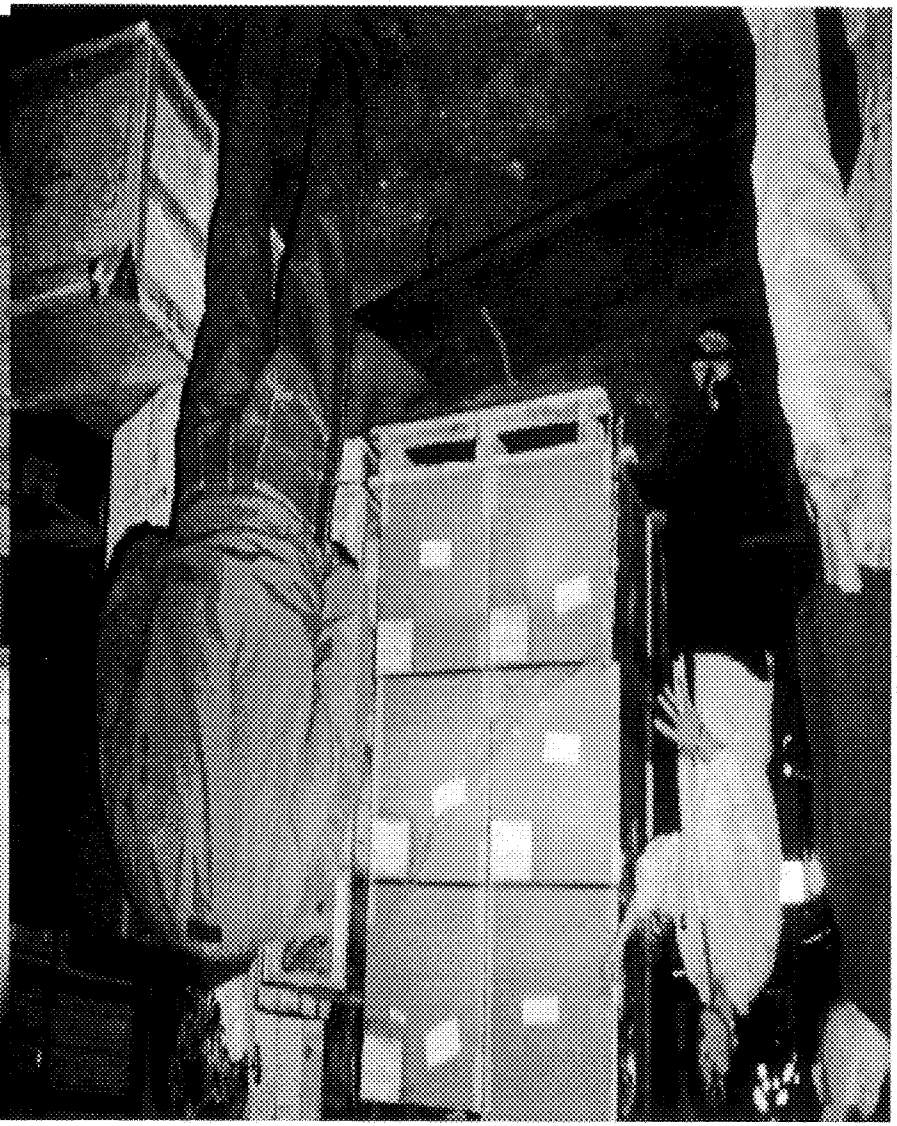
Transportation Arrangements



- In-County Transports
- Out-of-County Transports
- What will it take to transport and evacuate?
- Managing the needs of our residents
- Contracts and other opportunities….limited transport options for aging population in need

Finalize the Plan

- County Approval – ensure well planned evacuation possibilities
- Regulatory oversight acceptance – what happens when a mandatory evacuation is ordered but the disaster plan requires evacuation with a Cat. 4 storm?
- Implementation of plan
- Evaluation of success!



Lessons Learned From Hurricanes for Nursing Homes

1. Three day supply is not adequate. Need at least 7 days' supply of water, ice, and diesel fuel, if possible
2. Generator that powers the air conditioner and ice maker would be very helpful – SB 298
3. Must educate disaster response personnel on the patient population in nursing homes and unless services are provided, these patients will have to be evacuated to special needs shelters or hospitals without community dialysis, continuous oxygen provided, etc.
4. Limited travel and fuel will force staff to work without relief = need access to gas stations

FHCA's Lessons Learned From Hurricanes

1. **Continue to maintain a liaison in the State Emergency Operations Center.**

   a. Survey agency monitors services. Updates its own database but the TRACKER SYSTEM directs services and supplies.

   b. FHCA assists AHCA in data gathering

   c. County EOCs function differently – it worked to have FHCA/FAHA volunteers at the local ESF8 desks during the Wilma recovery

   d. FHCA/FAHA staff "hot wire"process between facilities and local ESF8 desks

2. Discussion of FHCA operating a separate re-supply system but found:

   a. More control and faster direction of resources through the local ESF8

   b. Buddy network of providers at the local level more expedient

FEMA Support for Nursing Homes?

- What we learned about the Stafford Act
- For profit nursing homes serve the Medicaid and dual eligible populations, but are viewed as being outside the FEMA safety net

FHCA's Disaster Preparedness Guide

- Where did we fall short? What worked well?
  - What data/information can we review?
  - What new information do we need to change our plan?
  - What might we change? Who are our resources?
  - How will we communicate change and monitor for effective changes?
  - How will we celebrate our success? – no deaths or injury of residents through 8 hurricanes!

February 27/28, 2006 FHCA Proposed Hurricane Summit in Tallahassee

- Working with the five Gulf Coast states to come to Tallahassee for hurricane debriefing on lessons learned and share the best practices in working with the EOC/ESF8 units
- Sharing the difficulties and the successes
- Explore legislative bills (SB 298/HB 89) as examples for the other states' initiatives
- Goal: Eliminate the loss of lives and injuries to elders and persons with disabilities during future hurricanes across the Gulf states

Emergency Management for the Frail & Elderly

Emergency Preparedness
Providing for Florida's Frail and Elderly - HB 89

- **Florida's geographical location and unique environment makes this state vulnerable to a variety of natural disasters. The frequency and increased severity of hurricanes over the last several years has tested Florida's disaster preparation and recovery response activities.**

- **The public has a hope and an expectation that we will be able to respond to any type of disaster. Florida has a very good response and recovery system, and this session the House Health Care Committee working jointly with the House Domestic Security Committee will propose improvements to Florida's emergency services.**

- **HB 89 specifically addresses providing safe shelter care to our most fragile citizens, and**

- **Assigns lead responsibility to certain state agencies and provides certain facility use and licensure flexibility during pre and post disaster.**

- **Encourages the special needs interagency council to define the population served in a special needs shelter.**

- **Provides for special needs shelters health care practitioner recruitment and staffing, shelter planning and use. It also assigns agency lead responsibilities, provides for certain state employees roles, and**

provides hospital reimbursement for disaster-incurred expenses.

- **Directs the special needs shelter interagency committee to address certain disaster-related services and the Department of Health to establish a statewide special needs registry data base.**

- **Designates the Department of Community Affairs to coordinate outreach activities regarding special needs with specified state agencies and community organizations.**

- **Creates a multi-agency response team to assist with state and local pre and post shelter services for special needs clients.**

- **Provides for nursing homes, not just hospitals, used as shelters to obtain reimbursement.**

- **Clarifies that the local emergency management agencies inspect shelters *for readiness* prior to activating them before a disaster.**

- **Specifies that nurse registries, hospices, and durable medical equipment providers have responsibilities similar to home health care providers in how they plan to care for clients during a disaster.**

- **Specifies that hospices, not just home health agencies, must make a good faith effort to care for their clients at a shelter.**

- **Specifies that home health agencies and nurse registries must provide continuity of care staffing plans for in special needs shelters only for their clients who are on the special needs registries.**

- **Provides flexibility for nursing homes in meeting capacity regulations in emergency situations when used as a shelter.**

- **Requires AHCA to contact nursing homes during emergencies to determine if they are in need of services and supplies and to publish an emergency contact number for reporting requests for assistance.**