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SUMMIT

Expanding HealthCare Coalitions Beyond Hospitals: Engaging Home Health Agencies in Emergency Preparedness and Response Planning

APRIL 14-17, 2015
ATLANTA, GEORGIA

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Agenda

- Background
- Home Health Agencies 101
- Colorado: Recognition of the Needs of Home Health
- Home Health Emergency Preparedness Committee
- Lessons Learned
- Best Practices
- “In Their Own Words”

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Objectives

1. Learn about **emerging practices and theories that can be applied to improve community preparedness and resilience** at all levels.
2. Describe specific **challenges encountered by home health agencies and their clients during major emergency response events.**
3. Describe **actions Public Health and Emergency Management can take to engage home health agencies** in planning, training and participation in health care coalitions.

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Question #1

What agency type do you represent?

- Public Health
- Emergency Management
- Hospital
- First Responder
- Government
- Volunteer (MRC)
- Other

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Question #2

Is your agency **engaged with local home health agencies** in emergency preparedness planning?

- Yes
- No
- Sort of

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Question #3

Have you discussed the limitations of first responder agencies and how this may affect clients with your local home health agencies?

- Yes
- No
- Sort of

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Question #4

Has your jurisdiction experienced challenges with home health clients during an emergency?

- Yes
- No
- Sort of

Background

- There are 350+ licensed home health agencies in the North Central Region (NCR) in Colorado
- NCR is made up of a 10-county region
 - Mountains to Plains
 - Urban to Rural



- Home health agencies (and their clients) are spread throughout the area

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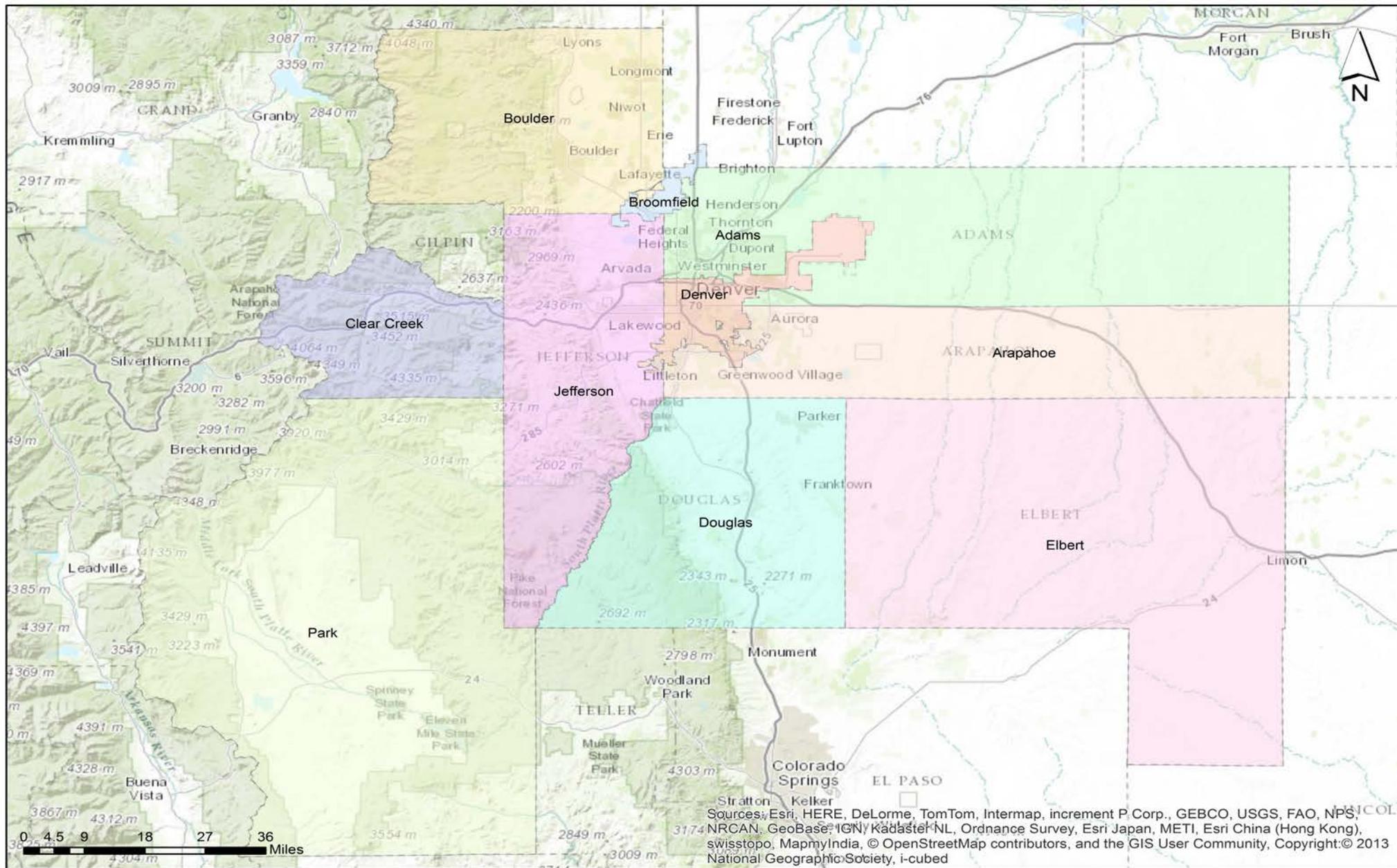
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Colorado North Central Region



Background - Who is “home health”?

Who is the average home health client?



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Basics of Home Health

- Clients maintain independence while receiving assistance from home health care
- Support comes in two forms:
 - Non-medical
 - Medical
- Present in **EVERY** community in U.S.
- During a disaster, clients can pose a challenge to:
 - Home Health Provider
 - 1st Responders
 - Emergency Management
 - Volunteer Organizations
 - Public Health

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The Challenge

- Colorado experienced severe wildfires and floods during 2013
- Responders were faced with the issue of home health clients needing extensive support in:
 - Evacuation
 - Transportation
 - Sheltering
 - Communication
 - Recovery



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The Aftermath

- First responders and emergency managers were acutely aware of the need to increase the capabilities of home health agencies in an emergency
- “Access and Functional Needs Population”
- First attempts to include home health agencies were fraught rework and inefficiencies
 - Lack of mission, vision and buy-in

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Evacuation Seminar

- Denver Metropolitan Medical Response System (MMRS) prepared to sponsor a 2 day evacuation seminar for hospitals
- NCR Access and Functional Needs Committee Chair (an emergency manager) suggested inviting Long Term Care facilities and Home Health Care agencies to attend the seminar

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NCR North Central All-Hazards Region

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Home » Committees » Citizen Corps » Access & Functional Needs Sub-Committee

Access & Functional Needs Sub-Committee

The mission of the AFN Sub-Committee is to collaborate with coalitions, agencies and individuals to address the planning, training, education and resource needs necessary to assist those with access and functional needs in preventing, preparing for, responding to and recovering from any type of disaster.

Evacuation Seminar

- The Home Health seminar planning group developed **BASIC** presentations:
 - Legal Issues
 - Agency Planning
 - How to Help Your Clients Plan
 - Home Health Planning—The Way Ahead
- Despite few prior working relationships with home health agencies, their participation made up approximately 40% of attendees of the Evacuation Seminar

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Evacuation Seminar Feedback

- Feedback from attendees overall was excellent:
 - “We’ve needed this for a long time”
 - “Gave me the guidance and motivation to move forward with my own agency planning”
- Great networking opportunity for all agencies involved
- Follow-Up Actions:
 - #1 suggestion from the seminar was to **keep doing something like this in the future**

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Next Steps

“Keep doing something like this in the future”

- Public Health had been inviting Home Health Care agencies to Healthcare Coalition meetings but noted:
 - Lack of engagement
 - Agencies were not sure which one to attend
- Home Health didn't fit into either of these groups because they are out in the community, **not within 4 walls**

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Home Health Emergency Preparedness Committee (HHEPC)

Mission: Collaborate with home health agencies, resource agencies and local government emergency preparedness and response subject matter experts to address the planning, training, education and resource needs necessary to assist home health agencies to prepare for, mitigate against, respond to and recover from any type of disaster.

Goals:

- Increase the preparedness capabilities of home health agencies
- Better understand the needs of home health agencies
- Distribute emergency preparedness information to clients
- Provide networking opportunities for agencies

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Introductions

Project Updates – Core Planners

VNA Crosswalk

CDPHE updates on proposed Medicaid ruling

HHEPC at Conferences

Fire & Life Safety – input from other types of home health agencies

Northern Colorado Emergency Management Book

Clients in appropriate care (discussion from January 2015 meeting)

Winter hazards and home health care operations (discussion from January 2015 meeting)

2015 Events

- June (TBD)
 - Panel based discussion - appropriate level of care
 - Panel based discussion – family member feedback on emergency preparedness
- July 14
 - HHEPC info for caregivers at Denver Face 2 Face
- August (TBD)
 - TTX/Facilitated Discussion
 - Topic (TBD)
- September or October (TBD)
 - Partner theme
 - Speed Networking
 - MOU

Roundtable: Agencies are welcome to ask questions or provide updates on emergency preparedness efforts within their agency, community or with clients.

HHEPC

General Agenda

- Introductions
- Project Updates
- Roundtable Discussion

Minutes and all documents are posted in a Google shared folder



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Lessons Learned

Lessons Learned: Committee Development

1. Starting a new committee with a group you've never worked with before is even more difficult
2. We (government agencies) had no idea what to discuss during meetings. How do we:
 - Get them to the table?
 - Keep them at the table?
 - Speak home health?
3. HHEPC primarily for the Denver-metro area, but rural area agencies needed support as well
 - Agencies encouraged to call in and participate
 - Also offer to reach out to public health agencies in their region to assist in setting up similar coalitions

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Lessons Learned: Recruitment

1. Agency Perspective: This is a “TRAP!!!”
 - Government agencies would use the HHEPC to “penalize” them if regulatory non-compliance issues were brought up
2. Home Health agencies were not clear on what to ask for regarding emergency preparedness planning
3. Only had addresses and phone numbers
 - Attempted to conduct cold calls to inform agencies about this committee
 - Blast flyer through State facility licensing portal

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Lessons Learned: Personal Responsibility

- Many home health agencies (and even more clients of home health agencies) did not understand the limited supply of first responders.
 - Emergency plan was “call 911”
- All HHEPC training includes elements of personal responsibility for staff and/or clients.
 - Have to be very careful to educate that the HHEPC is not a resource available in an emergency

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Lesson Learned: Let Them Talk

- Some of the best accomplishments and conversations happen when we let agencies talk about what they're doing in emergency preparedness and problems they're having
 - Snow storms
 - Prioritization of clients
 - Staff preparedness timing
- We can never predict what is going to come up, which is why the Roundtable Discussion is critical
 - Home health agencies get frustrated when agendas are packed

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Lesson Learned: Limit the Scope

- Only issues related to Emergency Preparedness are to be discussed at length in HHEPC meetings
 - Appropriate level of care
- Core planning group seriously considers every request for a new resource
 - No region specific staff or client preparedness materials
- HHEPC is not meant to solve all problems

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Best Practices

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Best Practice: Core Planning Group

- Running this committee is time consuming and no one's "job"
- Get buy in and commitment from multiple disciplines to leverage resources, share knowledge and networking:
 - Public Health
 - **Emergency Managers**
 - **Home Health**
 - *EMS*
 - *Red Cross*
- Core planners get the work done!

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Best Practice: Only Talk About What You Know

- Core Planners did not know much about home health prior to HHEPC
- In the Evacuation Seminar, there was a Legal and Liabilities session where the speakers couldn't answer the specific regulation questions
- Settled on a few rules for Core Planners:
 - Tell the group when you don't know/understand something
 - Work to learn about home health and never assume you know everything
 - Hospice care in a snow storm
 - Overall, respect the knowledge and experience of those in the room

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Best Practice: Separate Group

- In the NCR, healthcare coalitions exist:
 - 1/county or health department for hospitals, behavioral health, EMS, etc
 - 1 for the Region called the Specialty HealthCare Coalition, primarily focused on long-term care centers, oxygen providers and other specialty services
- The HHEPC was created because home health didn't fit into either of these groups
 - Less affected by building evacuations and more affected by emergencies in the community
 - Snow, wildfires, floods, etc

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Best Practices: Conduct a Survey

- Conduct a home health agency survey up front:
 - Agency demographics
 - Average # of clients served
 - Social media use
 - Days/times likely to – attend meetings, attend training, attend seminars
 - Type and topics of training you would attend
- Used the survey to develop conduct ½ day home health agency seminar and presenting information on the top 4 topics from the survey.

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Best Practices: CEU's

- Always, always, always offer CEU's
- Many home health agency administrators are nurses and this is a great incentive to get the decision makers involved

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Best Practices: Proposed Medicaid Rule

- This was an opportunity to bring home health to the table
 - We classify the Home Health Emergency Preparedness Committee as a “HealthCare Coalition” to help with rule compliance

J. Emergency Preparedness Regulations for Home Health Agencies (HHAs) (§ 484.22)

Under the authority of sections 1861(m), 1861(o), and 1891 of the Act, the Secretary has established in regulations the requirements that a home health agency (HHA) must meet to participate in the Medicare program. Home health services are covered for qualifying elderly and people with disabilities who are beneficiaries under the Hospital Insurance (Part A) and Supplemental Medical Insurance (Part B) benefits of the Medicare program. These services include skilled nursing care, physical, occupational, and speech therapy, medical social work and home health aide services which must be furnished by, or under arrangement with, an HHA that participates in the Medicare program and must be provided in the beneficiary's home.

As of March 1, 2013, there were 12,349 HHAs participating in the Medicare program. The majority of HHAs are for-profit, privately owned agencies. The effective delivery of quality home health services is essential to the care of illnesses and prevention of hospitalizations.

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Best Practices: Regulations

- Between Colorado and Federal regulations, home health agencies have emergency preparedness “rules” from 4 sources
- One large Home Health agency put together a cross walk of how all the regulations overlapped
 - Makes it easier for agencies to be compliant
 - Can be used to develop meeting or event topics

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Hospice (CMS)	Home Health (CMS)	CO CHAPTER XXVI Home Care Agencies effective 09/14/2014	CHAP (HOSPICE)
<p>418.113 Condition of Participation: Emergency preparedness. The hospice must comply with all applicable Federal and State 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, but not be limited to, the following elements:</p>	<p>§ 484.22 Condition of participation: Emergency preparedness. The Home Health Agency (HHA) must comply with all applicable Federal and State emergency preparedness requirements. The HHA must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:</p>	<p>6.12 Emergency preparedness</p>	<p>III.11 The Hospice organization promotes the health and well-being of employees and patients through education, current application of infection control practices and implementation of appropriate safety measures.</p>
<p>(a) Emergency plan. The hospice must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually.</p>	<p>(a) Emergency plan. The HHA must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually.</p>	<p>(A) The home care agency (HCA) shall have a written Emergency Preparedness Plan that is designed to manage consumers' care and services in response to the consequences of natural disasters or other emergencies that disrupt the agency's ability to provide care and services or threatens the lives or safety of its consumers.</p>	<p>III.11b The organization has a written safety program to monitor environmental conditions for identifying potential hazards/risks including, but not limited to:</p> <ol style="list-style-type: none"> 1) Biomedical waste management. 2) Storage and handling of environmental cleaning supplies. 3) Fire safety. 4) Preventive maintenance of equipment. 5) Reporting of Malfunctioning Equipment. 6) Environmental controls to prevent patient or staff
<p><i>The plan must do the following:</i></p>	<p><i>The plan must:</i></p>	<p>(B) At a minimum, an agency's written emergency preparedness plan shall include the following:</p>	
<p>(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.</p>	<p>(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach;</p>	<p>(1) Provisions for the management of all staff who are designated to be involved in emergency measures, including the assignment of responsibilities and functions.</p>	

Best Practices: Hazard Vulnerability Analysis

- Presented simple HVA usable by home health because it wasn't "building based".
- Provided explicit instructions and the template.

Event	Probability	RISK	Preparedness	Total
		5=Life Threat 4=Health/Safety 3=High Disruption 2=Med Disruption 1=Low Disruption	3=Poor 2=Fair 1=Good	
Earthquake	1	5	3	15
Security Incidents	3	2	2	12
Partial Building Disruption	2	3	2	12
Staffing Loss (>50%)	1	4	3	12
Power Outage	1	3	3	9
Water Outage (>1 days)	1	3	3	9
Building Destruction	1	3	3	9
Water Outage (<1 days)	2	2	2	8
Inventory/Flow Disruption	1	4	2	8
Bomb Threat/Suspicious Package	1	4	2	8
Snow Storm	3	2	1	6

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Best Practice: Meet Frequently

- HHEPC meets on a monthly basis
 - Few agencies attend every month
 - Have new agencies join every time
- Home health has never truly worked on emergency preparedness before, so having a consistent, reliable resource is critical
 - Keep accountability of all agencies through group support

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Best Practice: ½ Day Resource Sessions

- Difficult to teach resources or discuss complex topics in 1 hour monthly meetings
- Suggestion from survey was to do quarterly/biannual resource sessions
 - Conducted 1 in November and presented on several topics
 - Agencies appreciated this format because they could receive a lot of information all at once
 - Have several planned this year

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Committee Members: In Their Own Words



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Questions?

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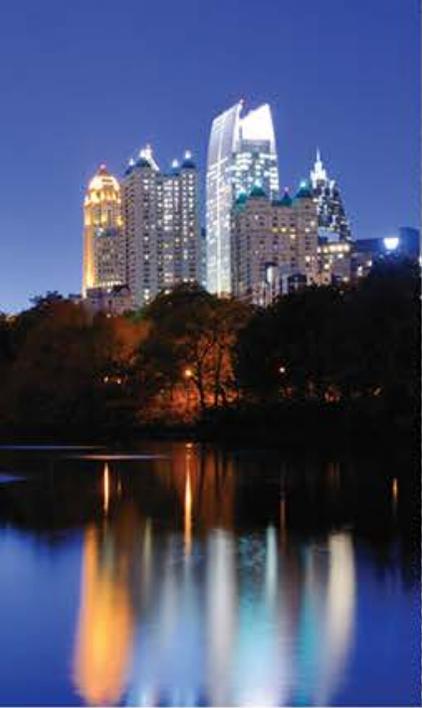
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