

Today we will learn about...

- Understanding the regulatory requirements for collaboration with the response community
- Medical Health Operational Area Coordinator (MHOAC) roles and responsibilities
- Understanding Situation Reporting, Resource Requests, and Bed Polling
- Shelter in place vs. evacuation decision making – What resources do we need and where are they coming from?
- Documenting collaboration for survey



Acronyms Used Today

- EOP – Emergency Operations Plan
- HVA – Hazard Vulnerability Assessment
- CMS – Center for Medicaid/Medicare Services
- NHICS – Nursing Home Incident Command System
- OA – Operational Area
- EMS(A) – Emergency Medical Services (Agency)
- MHOAC – Medical Health Operational Area Coordinator
- HPP – Hospital Preparedness Program
- HCC – Health Care Coalition

Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers

Facilities are required to develop an **emergency preparedness program** that describes a facility's comprehensive approach to meeting the health, safety, and security needs of their staff and patient population during an emergency or disaster situation.

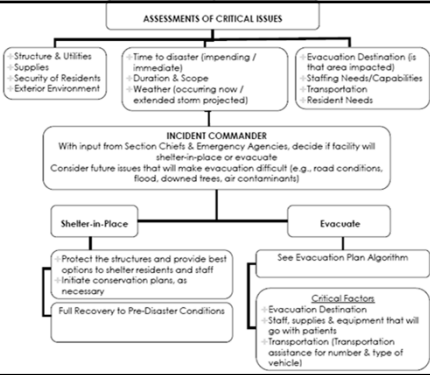
The program must also address how the facility would coordinate with other healthcare facilities, as well as the whole community during an emergency or disaster (natural, man-made, facility).



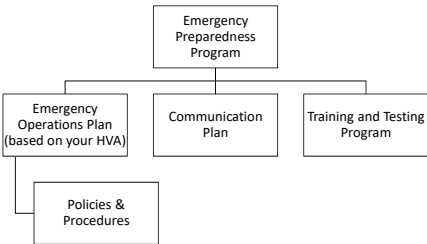
Translation:

You need more than evacuation plans to be ready for evacuation.

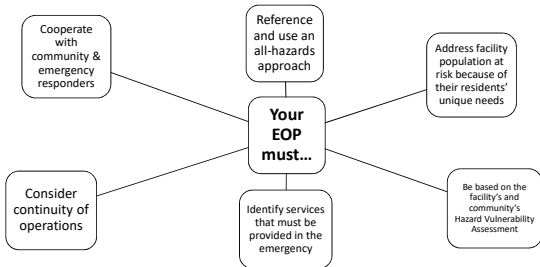
You need a comprehensive **Emergency Preparedness Program** to be ready for all the variables that will arise.



Elements of the Emergency Preparedness Program



Part 483.73 (a) – the Emergency Operations Plan (EOP)



QUESTION – WHAT IS A MHOAC? WHO IS THE MHOAC?



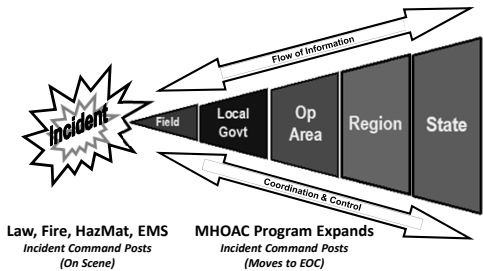
WHAT IS A MHOAC?

The Medical Health Operational Area Coordinator (MHOAC) Position represents the 24/7/365 single point of contact for the MHOAC program and is responsible for monitoring, ensuring, and procuring medical and health resources during a local emergency or disaster.

What does the MHOAC do?

- Identifying resources and coordinating the procurement and allocation of public and private medical, health, and other resources required to support disaster medical and health operations in affected areas;
- Communicating the medical and health status and needs within and outside of the OA to local, regional, and state governmental agencies and officials, and to hospitals, and medical entities and providers;
- Participating in periodic training and exercises to test plans, policies, procedures, and structures for the activation and implementation of the disaster medical and health response system;
- Contacting the RDMHC/S Program to obtain mutual aid support for other OAs within the region or from state/federal resources if the MHOAC's OA is unable to meet the needs from within the OA

How is information communicated, and to who?



MHOAC Program in Action – Large Disaster

- ◆ Sacramento County MHOAC worked with CAHF to identify open beds, activated multiple ambulance strike teams, procured DME for residents that didn't have them, facilitated transport back to evacuated facilities



MHOAC Program in Action – Facility Issues

- ◆ Summer temperature 110 degrees – compressor on chiller goes out
- ◆ Facility contacted MHOAC to see if they could assist
- ◆ Multiple facilities in county already experiencing similar difficulties
- ◆ MHOAC sourced and facilitated delivery of large portable industrial chiller from 100+ miles



Healthcare Coalitions – The California Difference

- ◆ Coalition participants – full range of healthcare
- ◆ Not a response entity – to facilitate preparedness activities mostly
- ◆ Driven by hospitals, but that view is changing
- ◆ Your access to community based exercises



E-0006: All Hazards HVA

- Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents. Include strategies for addressing emergency events identified by the risk assessment.
 - Must include your County or Coalition HVA in development
 - Easiest and most complete HVA for healthcare done through HCC
 - Provide coalition with your HVA for inclusion – typically done beginning of year

E-0009: Process for cooperation and collaboration

- Describe their process for ensuring cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to ensure an integrated response during a disaster or emergency situation
 - Attend Healthcare Coalition meetings – keep copies of agendas, sign-in sheets
 - Join county bed polling system (Reddinet, EMResource)
 - Participate in coalition exercises and drills

E-0024: Use of Volunteers

The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.

- Your access to medical or credentialed volunteers is through the MHOAC
- Emergent volunteers follow facility policy

E-0029: Communication

Communication plan should include how the facility interacts and coordinates with emergency management agencies and systems to protect patient health and safety in the event of a disaster

- Written plan – describe how you will coordinate care with response authorities
Include how you interact with and coordinate with the MHOAC and the type of communication system you will use to accomplish this.

E-0034: Communication

A means of providing information about the [facility's] occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.

- Facilities must have a means of providing information about the facility's needs and its ability to provide assistance to the authority having jurisdiction.
- County Bed Polling – Reddinet, Emresource, etc
 - Resource requesting – Paper or online
 - Situation Reporting – Paper or online

Documenting collaboration for survey

- ◆ Most coalitions have quarterly meetings at a minimum – confirmation of attendance (agendas, handouts, etc.)
- ◆ Written communication plan showing correct contact information for each response entity updated every year
- ◆ Obtain copy of Coalition HVA to keep with facility HVA – annual requirement
- ◆ Join County bed polling system if applicable – print off communication drill participation
- ◆ Participate in coalition exercises – keep sign-in sheets, agendas, exercise plan, scenario, etc.
- ◆ Keep blank paper copies of situation reports and resource requests specific to county

The screenshot shows a web browser window with a URL bar at the top. The main content is a form titled 'Resource Request: Medical and Health - FIELDHCP to Op Area'. The form has several sections: 'Resource Request' with fields for 'Requester Name', 'Requester Title', 'Requester Phone', and 'Requester Email'; 'Authorization to Act for Requesting Entity' with fields for 'Authorized Person Name', 'Authorized Person Title', 'Authorized Person Phone', and 'Authorized Person Email'; and 'Other Persons Authorized to Order Resources AND/OR Perform Functions' with a table for listing names, titles, and phone numbers. There is also a section for 'Changes in this authorization list' and a 'Signatures' section at the bottom.

[illegible]

The diagram illustrates the four phases of Emergency Management in a circular flow. The phases are: Mitigation, Preparedness, Response, and Recovery. The flow is clockwise. 'Preparedness' is highlighted with a downward arrow pointing to it from above.

RESPONSE: ELEMENTS OF AN EFFECTIVE PLAN

- WITH LICENSING/PUBLIC HEALTH/OMBUDSMAN:
- Alert Licensing & Ombudsman that your operations have been interrupted and you are following emergency policies and procedures
 - Let your County's Medical Health Operational Area Coordinator (MHOAC) know of your status, through ReddiNet/EmResource, email, phone or fax
 - If a presidential declaration is in effect for the disaster you are going through, and you cannot meet all of the ROPs, submit an 1135 waiver to the CMS regional office and a copy to Licensing

ELEMENTS OF A RESPONSE PLAN

- WITH YOUR STAFF:
- Alternate means of communication; strategies for staff recall
 - Back up staffing sources such as Disaster Health Volunteers or Medical Reserve Corps – Volunteer P&P
 - Go kits at the facility for staff, staff's families
- WITH YOUR RESIDENTS' FAMILIES:
- A method of alerting them of the facility's operational status, status of their loved one without violating HIPAA
 - Send residents home with family members if possible
 - Use residents' families as volunteers consistent with their training (or lack of)

Sustained Response

- "Emergencies" make you think of rapid response
- Incidents often require a response that drags on for hours/days
- This is more like project management than emergency response
- You need to be:
 - Organized
 - Informed
 - Looking ahead to project needs including rotating staff



Questions?

- ◆ Multiple training tools on the CAHF website to get you started
- ◆ Free Full Day NHICS Training and Table-Top Exercise – Glendale 10/24/19
 - ◆ 5 hours of CE's provided
 - ◆ NHICS digital handbook
 - ◆ NHICS train the trainer toolkit for DSDs
 - ◆ Lunch provided for free
 - ◆ Meet the LA County EMS and Public Health staff

Don't Worry! You Got This!





Planning Resources
CALIFORNIA ASSOCIATION OF HEALTH FACILITIES
DISASTER PREPAREDNESS PROGRAM
www.cahfdisasterprep.com

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