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Public Health Preparedness

Selected Skilled Nursing Facility Project Sonoma County Public Health




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www.sonoma-county.org/PH/PP/PP/index.html

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Hospital Preparedness Program Grant 2008-2009

- SNF Project period: January-July 2009
(Interrupted by H1N1 event for 3 weeks)
- HPP Grant goals for Sonoma County:
 - ~Special Populations-Patients of Long Term care
 - ~Surge capacity-Need to include SNFs in planning
 - ~Expand local partnerships for healthcare response
- Staff- Ann Baechler RN, MSN
Disease Control PHN



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Criteria for SNF Selection

- Number of beds in facility/sister facilities
- Previous partnership with Public Health
- Sampling of private, corporate and faith based facilities
- Administrators agreed to share all educational information and documents received from PH with sister facilities — One corporate facility shared with 37 other facilities, CA WA, OR, UT, AZ

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How To Increase Countywide Preparedness

- Recognition that nursing homes do not understand their role in county disaster planning
- Identify facilities and build relationships through educational opportunities
 - Inservices – Norovirus, handwashing, emergency preparedness, reporting issues/ 2005 Sonoma SNF Disaster Summit
- Invite nursing home administrators to planning meetings and trainings
- Purchase equipment and supplies for disaster response
- Facilitate relationship building with acute care hospitals

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Why Collaborate?

- Build relationships
- Increased opportunities to become familiar with other healthcare facilities
- MOUs* with Public Health in order to work more efficiently during an emergency
- Increased communication with healthcare partners
- Participation in trainings and exercises
- Develop shared understanding of roles and responsibilities
- Prepare for surge capacity needs!

*Memorandum of Understanding

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County Healthcare "Tub" for Surge Capacity - EC&E

Public Health Preparedness for each facility type:

- Outpatient:
 - Handwashing
 - Emergency Preparedness
 - Reporting Issues
 - SNF
- Inpatient:
 - Handwashing
 - Emergency Preparedness
 - Reporting Issues
 - SNF
- SNF:
 - Handwashing
 - Emergency Preparedness
 - Reporting Issues
 - SNF
- Outpatient:
 - Handwashing
 - Emergency Preparedness
 - Reporting Issues
 - SNF

Surge Capacity Preparedness for each facility type:

- Special Care Units:
 - Handwashing
 - Emergency Preparedness
 - Reporting Issues
 - SNF
- Inpatient:
 - Handwashing
 - Emergency Preparedness
 - Reporting Issues
 - SNF
- SNF:
 - Handwashing
 - Emergency Preparedness
 - Reporting Issues
 - SNF
- Outpatient:
 - Handwashing
 - Emergency Preparedness
 - Reporting Issues
 - SNF

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Selected Facilities

	Total Beds
▪ Facility A (Corporate)	<u>145</u>
– Sister Facilities: 3	254
▪ Facility B (Private)	<u>123</u>
– Sister Facility: 1	50
▪ Facility C (Corporate)	<u>83</u>
– Sister Facilities: 2	197
▪ Facility D (Corporate)	<u>95</u>
– Sister Facility: 1	86
▪ Facility E (Faith-based)	<u>68</u>
– Sister Facilities: 5 in Greater Bay Area	231
»Total Number of Beds	1,332

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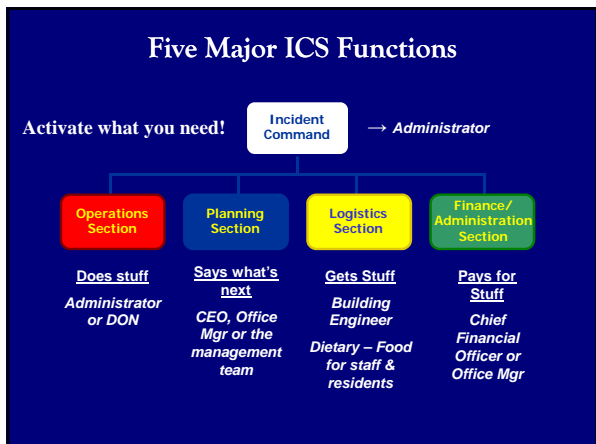
In other words, 1,332 vulnerable elderly residents received the benefit of emergency preparedness information and training given to skilled nursing facilities.

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Overview of Project

- Project presented to selected administrator
- On-Site presentation (2-3 hrs): ICS, grant deliverables, exercise objectives, communication methods
- Guidance provided to mgmt. team as needed over grant period – weekly phone calls, emails
- Administrators encouraged to delegate duties to other staff members
- Delivery of emergency equipment to facility
- Exit interviews for feedback on project

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Deliverables

- EMSsystems (HavBed) – enrolled and drilled
- CAHAN – registered, profile completed and drilled
- HAM radio – trained and unit received from PH
- ICS 100 – trained, ICS vests and job action sheets
- 6/18 Pan Flu Exercise – participated
- Pan Flu online gap analysis – completed
- 2 MOUs – completed (Cooperative and Push Propy)
- Communication drill – completed (unannounced email)
- 3/31 Hosp Evac Tabletop exercise – participated
- Quarterly Healthcare Disaster Planning Forum - attending

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Role of Public Health



- Coach, cheerleader, guidance counselor, pace setter, trainer
- Assistance with objectives/AAR for June 18 exercise
- Facilitator between other levels of healthcare
- Provide local, state and federal guidance and CDC recommendations
- Grant manager for purchasing preparedness equipment (ICS vests, masks, PAPRs, cots, blankets, etc.)
- Provide N95 mask fit test training and fit testing kit

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Sample of SNF Objectives for Statewide Exercise




- Receive and respond to CAHAN alert
- Receive and respond to EMSystems
- Convene mgmt team in Command Center & review Job Action Sheets
- Two clinical staff perform assessment of residents to determine possibility of temporary discharge – surge capacity preparation

All within 2 hours!

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SNF Objectives continued



- Screen all visitors to facility
- Successfully communicate with PHD via HAM radio
- Review Pandemic Influenza Plan
- Perform N95 mask fit testing on 10% of clinical staff
- Perform call down of all employees

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Results: Deliverables

- EMSystems (HavBed) – enrolled and drilled 100%
- CAHAN – registered, profiles done, drilled 100%
- HAM radio training completed 100%
- ICS 100 training (ICS vests) 100%
- Participation in 3/31 Hosp Evac TTX 60%
- Pan Flu Gap Analysis completed 100%
- Participation in June 18 Exercise Ex Plan, 3 Objectives, AARs submitted 100%
- 2 MOUs completed 100%
- Communication Drill 100%
- Regular attendance at Healthcare Disaster Planning Forum 100%

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Results continued

- All 5 facilities have shared the information with their sister facilities
 - One facility placed all documents on their national website
- All 5 facilities have a better understanding of **their** role in emergency response and the role of the PHD, and how we all work together

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Feedback From Facilities

"None of this work would have been done without the grant work and the one-on-one guidance of Public Health."

"Everyone wants something from us, and it's easy to put aside disaster prep work for the work or crisis of the day."

"With the ICS training you gave us, I was able to be an evaluator for the local hospital."

"(This work) brought light to what we have and what we need."

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Feedback From Facilities

- Nursing staff to perform resident assessment monthly – (surge preparedness)
- Participation in Healthcare Forum provides open communication with acute care & sharing of documents
- Staff feel more confident with expanded communication methods used – EMSystems, CAHAN, HAM radio
- Understand more about how involvement in an exercise and the documents needed

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Feedback from Facilities

- Resources! Equipment, cots, blankets, HAM radio, PAPRs, ICS vests, masks, etc.
- Established better working relationship with the Health Dept, EMS and acute care hospitals
- Appreciated training that was available to them: N95 Fit Test training, ICS for SNFs, exercise planning, emergency preparedness for LTC, staff inservice on individual preparedness (Go-Kits, family plan, pet plan)

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Conclusions

- Working directly with LTC mgmt staff was beneficial to both parties
- Emergency preparedness has increased at the nursing home level
- SNF representation at planning meetings is essential
- We successfully met all the HPP grant goals

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Plans for the Future

- Continue doing focused work with a a new group of facilities each grant period
- Build partnerships between experienced facilities and those new to emergency preparedness
- Stay connected with first group of facilities for continued participation and advanced problem solving
- Ensure the participation of SNFs in planning groups where they can speak to the concerns of LTC
- Keep SNF issues on our agenda/get PHP issues on their agenda

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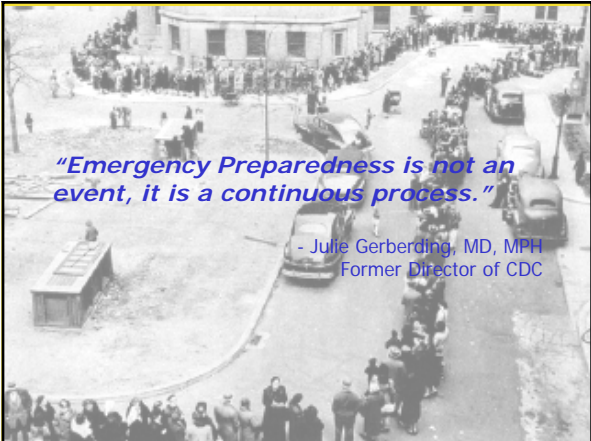
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Shared Moments



Creekside Convalescent Healthcare

www.kodiak-county.org/2008/08/21/public-health-preparedness



"Emergency Preparedness is not an event, it is a continuous process."

- Julie Gerberding, MD, MPH
Former Director of CDC
