

My Experience and the All Hazard Approach

PRESENTER:

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At QIRT, we highlight quality in everything we do. QIRT experts have worked in every phase of the post-acute industry and care deeply about helping agencies do what they do best: **focus on their patients.**



The tools and expertise you've been searching for.

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Clinical Associate at QIRT (Quality In Real Time, Inc.)



Rochelle (Shelley) Eggleton, RN BS MBA, is a Clinical Associate who works with QIRT (Quality In Real Time) to support home care and hospice agencies across the country. Shelley understands the challenges executives and employees in the post-acute industry experience in providing individual patient care.

Shelley graduated from Binghamton University with a bachelor's degree in science with a concentration in community health. Her MBA with a concentration in health care management was earned through the University of Phoenix and she has done some post graduate work in education. She is a fellow of the Advisory Board Company Leadership Academy in Washington DC. She has served on the NYS Home Care Association Board of Directors as well as their Quality and Policy Committees.

Shelley's nursing career includes hospital nursing and office nursing, but she fell in love with home care almost 25 years ago. She has first-hand knowledge as a case manager and was promoted through the ranks to Administrator. She also has Hospice and Joint Commission experience and has been a magnet nurse.

What is an All Hazards Approach?

- An All Hazards Approach is an effective method to address any event that could happen and develop a uniform and standard way to react.
- Creating a plan to address any hazard(s), has the same steps regardless of the type of event: from mitigation, to preparedness, to response, and recovery.
- Based on the premise, “the faster an organization can respond to an emergency, the less damage will occur” (Gregory, 2015, pg. 2)

The All Hazards Approach

Goals

- 🔍 Continuity of patient care
- 🔍 Continuity of operations
- 🔍 Continue to build capacity in emergency situations

My Experience

- Background in public health prior to taking a position for a hospital based home care agency.
- I am an adrenaline junkie (probably from my ED days) and emergencies get my heart pumping.
- North Country Ice Storm in 1998

My Experience

The Flood of 2006 – it rained heavily from June 26 through June 28, 2006. Coupled with tropical moisture and a stalled cold front, there was flooding in the upper Susquehanna, Delaware and Chenango Rivers

- 🔍 Widespread
- 🔍 <https://www.youtube.com/watch?v=C3HiVFgWRYk>
- 🔍 Many parts of NYS and Pennsylvania were under a state of emergency



Flood of 2006

The Susquehanna and Chenango Rivers flowed over their banks.

Weather experts reported the flooding was due to a combination of things; a stalled cold front, a “striking weather event” where 3-5 inches of rain fell within several hours after days of a steady build up of rain. (www.Nytimes.com)

5,000 people were evacuated in the Southern Tier

Lourdes Hospital was evacuated in a matter of a few hours.

Flood of 2006

- As a hospital based CHHA, our EP Code Green was called by the hospital.
- We had our own IC Center at our office.
- We had time to prepare.
 - Patient triage
 - Constant monitoring of roads and bridges
- Governor Pataki declared a State of Emergency
- NYS DOH Syracuse Regional Office

Flood of 2006

- http://www.alvieiramedia.com/pages/Flood_2006.pdf
- Lourdes at Home admitted 30 patients in about a 30 hour period.
- LAH and hospice patients sought shelter at the Binghamton University Events Center

Flood of 2006

- The rivers kept rising
- Once the rain stopped the rivers still hadn't crested.
- As the waters receded, the devastation to the entire community was evident.
- We lost one patient
- The BU event center closed.
 - Patients needed assistance in moving once again.

ACA Shooting in 2009

American Civic Center – 131 Front Street, Binghamton

🌐 Offers assistance to immigrants

- ESL classes
- Citizenship classes
- GED/TASC classes
- World of work
- Employment services
- Talk to a lawyer or immigration officer
- Translation/interpretation services



ACA Shooting in 2009

- April 3, 2009
- Jiverly Wong, age 41, a naturalized citizen and licensed hand gun owner
- American Civic Center former student
- Killed 13 and himself
- Wounded 4



ACA Shooting in 2009

- Timing is everything – home health and hospice staff were in full swing at the time of the shooting.
- Binghamton Club Director's Retreat
- How did we reach home health and hospice staff? GPS technology

ACA Shooting in 2009

- We immediately activated our emergency plan.
- We waited to assist the hospital with a mass casualty event
- As of February 2018, this shooting ranked #13 in deadliest mass shootings in US history and the worst mass killing in NYS.



Flood 2011

- Remnants of tropical storm Lee.
- Rain fell from September 6-8th
- Even the shelter in Nichols, NY was flooded
- Two high-rise senior housing centers were flooded and then closed for a year

Flood 2011

- Thousands of homes were lost.
- Downtown Binghamton and Owego were submerged under water.
- “We took two days worth of clothes with us,” Ms. DeClercq said, “and now that’s all we have left to our name.” (Nytimes.com)
- Pharmacies were flooded
- More than 1 billion dollars of damage in the upper Susquehanna River Basin in NY and PA
(weather.gov)

Staffing shortage

- With the exception of the ACA shooting, both the floods created a huge staffing issue
- Staff were also flooded
- Day care centers were flooded
- Gas stations were flooded
- Hundreds of thousands without power in the Southern Tier

All Hazards Approach

- Background
- The All Hazards Approach maximizes preparedness for effort and expenditures involved.
 - Many hazards or disasters “pose similar problems and similar tasks”
 - The All Hazards Approach is not only logical but what has been adopted by CMS for healthcare.
<http://www.training.fema.gov/emiweb/IS/crslist.asp>

All Hazards Approach

The Role of Leadership

- 🌐 Plans are complex
- 🌐 Cooperative and collaborative community relationships with other healthcare organizations
- 🌐 As per the new COPs - ensure the EP plan is based on collaboration with local, regional, tribal, state and federal EP officials
- 🌐 Your organizational structure drives behavior in your organization
- 🌐 Continuity of Operations Plan – delegations of authority and succession planning.

All Hazards Approach

Four phases

- 🔍 Preparedness
- 🔍 Mitigation
- 🔍 Response
- 🔍 Recovery

All Hazards Approach

- **Mitigation:** Pre-disaster mitigation efforts to reduce your agency's vulnerability
- **All Hazards Risk Assessment:** Annually to assess agency and community risk (484.22 (a),(1)) that reflects your agency's patient population.
- A plan for functional triaging of patients - acuity and TALs
- Agency's Policies and Procedures – are based off the All Hazards Risk Assessment and updated annually.
 - Communication Plan-that complies with all state and federal laws (DAL:DHCBS 16-11)
 - Testing and Training – to meet Annual Drill requirements
 - Continuity of Operations Plan

All Hazards Approach

Preparedness

- 🔍 Education, tools, outreach, and training
- 🔍 Business continuity and emergency management planning
- 🔍 HEPC – join your local Healthcare Emergency Planning Committee

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Response

- 🔍 Immediate response to your patients, staff, and community
- 🔍 Sheltering in place or do they need to be evacuated
- 🔍 Continual triage efforts of your patients

What affects an agency's ability to respond?

- 🔍 Shrinking reimbursement impacts dollars to allocate to EP
- 🔍 Hospital or facility surge
- 🔍 Staffing
- 🔍 Healthcare has not transitioned the importance of EP to home care

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Recovery

- 🔍 Post-Disaster Recovery Plan
- 🔍 The restoration of all aspects of the event or disaster's impact on your agency; patients and staff, your business.
- 🔍 Should include your After Action Report

All Hazards Approach

Staff education – they need to fully understand what their role is during an emergency. This should be part of their job description.

- 🔍 During orientation
- 🔍 Mandatory re-orientation
- 🔍 Staff and vendors providing services under contract
- 🔍 Maintain documentation of all trainings

All Hazards Approach

- Staff education needs to include the results of the HVA and your plans to mitigate and prepare for such hazards and needs to be done annually
- Staff need to know their responsibilities; come to work during an emergency, keep your cell phone and laptop charged, your gas tank should be full, protocol on when and how to communicate with their immediate supervisor or the DPS
- September is National Preparedness Month – a great time to annually educate staff.

All Hazards Approach

NIMS – National Incident Command System

- 🔍 “Provides a consistent national framework and approach to enable government at all levels (federal, state, tribal, and local), the private sector, and nongovernmental organizations to work together to prepare for, prevent, respond to, recover from, mitigate the effects of incidents regardless of the incident’s cause, size, location, or complexity”.
- 🔍 Does not take command away from state and local authorities but the framework enhances and supports the ability of responders, including private sector and national governmental organizations, to work together more effectively.

All Hazards Approach

ICS – Incident Command System – an All Hazards Approach

- 🔍 “When an incident requires response from multiple local emergency management and response agencies, effective cross-jurisdictional coordination using common processes and systems is critical.” ICS provides this structure.
- 🔍 “ICS consists of procedures for controlling personnel, facilities, equipment, and communications. It is a system designed to be used or applied from the time an incident occurs until the requirement for management and operations no longer exists.”

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- 🔍 **IS 100** – an introductory course to the Incident Command System and provides a foundation for higher level training. There are discipline specific courses.
- 🔍 **IS 200** – for Single Resources and Initial Action Incidents and is designed to demonstrate how to operate efficiently during an incident or event within the ICS. Also provides training on and resources for personnel who are likely to assume a supervisory role within the ICS.
- 🔍 **IS 700** – an introduction to the National Incident Management System (NIMS) this course explains the purpose, principles and key components and benefits of NIMS. Off...

All Hazards Approach

Pros

- 🔍 More cost effective
- 🔍 Can consolidate in creating a plan with other providers and staff education
- 🔍 ICS brings standardization and organization
- 🔍 Is comprehensive
- 🔍 Can aid in the

Cons

- 🔍 An all hazards approach attempts to “simultaneously mitigate against both natural disasters and terrorism” (Gregory, 2015.p.3)
- 🔍 The use of a general plan does not address the specifics of individual events
- 🔍 There is the danger that local authorities, political parties, etc. can influence or decide what emergencies are planned for and which are not.

Resources

- ASPR-TRACIE
- HEPC meetings
- NYS Home Care Association

References

<https://asprtracie.hhs.gov/>

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