Caring for Vulnerable Elders During a Disaster: National Findings of the 2007 Nursing Home Hurricane Summit

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Convened by The Florida Health Care Association, Funded by
The John A. Hartford Foundation

Founded in 1929, the John A. Hartford Foundation is a committed champion of training, research and service system innovations that promote the health and independence of America's older adults. Through its grantmaking, the Foundation seeks to strengthen the nation's capacity to provide effective, affordable care to this rapidly increasing older population by educating "aging-prepared" health professionals (physicians, nurses, social workers), and developing innovations that improve and better integrate health and supportive services. The Foundation was established by John A. Hartford. Mr. Hartford and his brother, George L. Hartford, both former chief executives of the Great Atlantic & Pacific Tea Company, left the bulk of their estates to the Foundation upon their deaths in the 1950s. Additional information about the Foundation and it programs is available at www.jhartfound.org.

Established in 1956 in Tallahassee, Florida, the Florida Health Care Association represents over 1300 members and almost 800 facilities and is a recognized national leader for nursing home disaster preparedness. In 1983, the association formed the Florida Health Care Education and Development Foundation, Inc. 501(c)(3) to promote scholarship programs for nurses and caregivers. Additionally, the Foundation seeks private funding through foundations, grants and other contributions to accomplish its mission of enhancing the quality care in nursing homes. The Foundation focuses on continuous quality improvement programs; mentoring; scholarships; and disaster preparedness, response and recovery. In 2006, the Foundation was awarded a two-year grant from the John A. Hartford Foundation (JAHF) to develop and promote disaster planning products and training materials for nursing homes in Florida and the southern coastal states. The Hurricane Summit was made possible through the support of the JAHF grant. Additional information about Florida Health Care Association and the Education and Development Foundation is available at www.fhca.org.

The Florida Policy Exchange Center on Aging is a type I Research Center at School of Aging Studies in the USF College of Arts & Sciences, charged by the Florida Board of Regents to inform policymakers, media representatives, scholars, and advocates on policies, programs, and services for older adults. Established by the Florida legislature in 1967, the mission of the Louis de la Parte Florida Mental Health Institute at USF is to improve the lives of people with mental, addictive, and developmental disorders through research, training, and education.

Dear Colleagues,

In the recent past, the elderly and disabled have often been the most negatively affected by the consequences of a major disaster. The U.S. Centers for Disease Control determined that the elderly accounted for only 15% of New Orleans' 2005 population, but 70% of the deaths from Hurricane Katrina. In addition, at least 139 storm-related fatalities were reported from nursing homes as a result of Katrina. The disastrous storms of 2004-05 highlighted the consequences of the planning failure to integrate nursing homes into a national disaster response system.

Acknowledging the emergency planning and response deficits revealed in the 2004 and 2005 southern coastal storms, the John A. Hartford Foundation joined with the Florida Health Care Association, the American Health Care Association, AARP, the University of South Florida, the Florida Department of Health's Emergency Operations Center, Paragon Rehabilitation and others to convene a Nursing Home Hurricane Summit in February 2006. This first Summit included nursing home association representatives from six southeastern coastal states who provided briefings about their respective hurricane experiences (a copy of the report is available on the Web at www.fhca.org/news/index.php). Much was learned at that first Summit, including the need for a second Summit to include representatives from emergency management, power, transportation and other stakeholders.

With the continued funding support of the John A. Hartford Foundation and the assistance of the University of South Florida, FHCA convened a second Summit in May 2007, with 65 national and state leaders from long-term care, emergency management, transportation, energy, medicine and state and federal regulatory agencies. This report presents the discussion highlights, promising practices and issues for future consideration to ensure positive outcomes for elders in our care. Although the focus is on nursing homes, many delegates referenced assisted living facilities' disaster planning needs during the summit.

The John A. Hartford Foundation has demonstrated extraordinary leadership in bringing long-term care emergency management to the attention of both practitioners and policy makers. Their commitment to incorporating nursing homes into existing emergency response systems nationally and in every state has contributed greatly to the achievement of the outcomes described throughout this report. Without exception, nursing home associations and their state and local emergency operations centers in every southern coastal state have made great strides in understanding their respective structures and the necessity to work together. The John A. Hartford Foundation, together with the American Health Care Association, the region's state nursing home associations, local, state, and federal public health and emergency management agencies, and our new partners, the United Motorcoach Association and Consolidated Safety Services, Inc., are to be commended for their contributions to caring for vulnerable elders during a disaster.

Sincerely,

LuMarie Polivka-West, Principal Investigator, John A. Hartford Foundation Grant
Florida Health Care Association Education & Development Foundation

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2007 Nursing Home Hurricane Summit Partners

We extend our sincere thanks to the following organizations whose financial and in-kind contributions were invaluable to the success of the 2007 Nursing Home Hurricane Summit.

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William J. Phelan, Florida Health Care Assoc.
Craig Souza, North Carolina Health Care Facilities Assoc.
Fred Watson, Georgia Health Care Assoc.

List of Delegates

AARP, Southeast Region, *Julie Cohn*
AARP Florida, *Leslie Spencer*
Alabama Nursing Home Assoc., *Louis Cottrell*
Alabama Nursing Home Assoc., *Katrina Magdon*
Alabama Nursing Home Assoc., *Sal.Lee Sasser*
American Health Care Assoc., *Janice Zalen*
American Health Care Assoc., *Meg LaPorte*
American Journal of Nursing, *Shawn Kennedy*
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Community Eldercare Services LLC, *John Kelley*
Consolidated Safety Services, Inc., *Robert Watkins*
Delta Health Group, *Scott Bell*
Escot Bus Lines, *Brian Scott*
FEMA, *Robert Preston*
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Florida Dept. of Health, *Ray Runo*
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Florida Power & Light, *Joe Mello*
FMS Purchasing & Services, Inc., *Tim Gregson*
FSU College of Social Work, *Jean Munn*
Genesis Health Care Corporation, *Irene Fleshner*
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Health Central Park, *David Sylvester*
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Louisiana Nursing Home Assoc., *Myron Chatelain*
Louisiana Nursing Home Assoc., *Joseph Donchess*
Louisiana State University, *Charles Cefalu*
LTC Alliance, *Amy Bender*
Milbank Memorial Fund, *Charles Fahey*
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Mississippi Dept. of Health, *Donnard Miller*
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Paradise Trailways, *Godfrey LeBron*
RB Health Partners, Inc., *Robin Bleier*
Sarasota Herald-Tribune, *Victor Hull*
Sarasota Memorial Hospital, *Bruce E. Robinson*
Seitlin Insurance & Risk Management, *Deb Charron*
St. Petersburg Times, *Steve Nohlgren*
Texas Health Care Assoc., *Dorothy Crawford*
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UHS-Pruitt Corporation, *Christi Card*
United Motorcoach Assoc., *Ken Presley*
USF, Mental Health Institute, *Lisa Brown*
USF, Aging Policy Center, *Kali Thomas*
USF, Aging Policy Center, *Kathy Hyer*
USF, Media Innovation Team, *Saif Fakih*
Village on the Isle, *Thomas Kelly*

Complete contact information is provided in Appendix A

Key Recommendations

1. Nursing homes must be incorporated into disaster response systems at all levels - national, state, and local.

2. Disaster response systems including Emergency Operations Centers (EOC) must designate nursing homes as "health care" facilities. These facilities must receive the same priority status for restoration of utilities (e.g., power, phone service) as hospitals, and may need enhanced police protection during community recovery.

3. Shelter in place, when possible, and harden the physical plant to withstand hurricane winds and provide emergency power.

4. Long term care providers must know their storm surge/flood zone, the capacity of the facility's infrastructure to withstand hurricane winds, and must develop viable plans for evacuation or sheltering in place in accordance with their facility's risk.

5. Transportation for the evacuation of long term care facilities must be incorporated into disaster planning efforts at the national, state and local levels.

6. Maintaining communications between long term care providers and Emergency Operations Centers is vital in a disaster. Satellite phones or ham radios are recommended for use in all facilities.

7. The ability to share information and resources and coordinate evacuation and response efforts hinges on the establishment of compatible databases for shared use during disasters.

8. Long term care facility disaster plans must be tested with drills that include the identification and management of cognitively-impaired residents and those with special needs such as dialysis, ventilators, and oxygen.

9. Long term care facility disaster plans must include a plan for communicating with nursing home residents, families, and staff before, during, and after a disaster.

10. Flexibility is a key determinant in successfully responding to disasters. Thus, nursing home and assisted living facility disaster plans are not, and should not be, considered set in concrete.

Introduction

In May 2007, sixty-five national and state leaders from long term care, emergency management, transportation, energy, medicine and state and federal regulatory agencies convened at St. Pete Beach, Florida for the second Southeastern Nursing Home Hurricane Summit, hosted by the Florida Health Care Association and sponsored with the John A. Hartford Foundation. The Hurricane Summit provided compelling discussions by delegates representing seven southern coastal states. Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina and Texas health care executives and their emergency operations partners, nursing home owners, administrators, physicians and clinicians discussed their disaster planning and recovery experiences and goals for the future. A copy of the two-day agenda is included in Appendix B, as well as a list of the delegates and their contact information.

The Nursing Home Hurricane Summit provided a venue and process for sharing lessons learned from recent storms. Representatives from almost every state mentioned using strategies learned at the first Summit, held in February 2006, with the most notable being the guidance and checklists available in the Hurricane and Disaster Guidelines booklet published by the Florida Health Care Association. Since 2004, Florida has endured 17 disaster events, providing a substantial opportunity to develop and hone its system for preparing, responding and recovering from a disaster. Other coastal states have also made tremendous strides, with all but two states having a LTC representative at the state emergency operations center as of May 2007.

Hurricane summit delegates discussed and debated many topics over the two-day program. Contributions included lessons from delegates' personal experiences, research findings, and the shared expertise of LTC practitioners, emergency managers, medical professionals, ethicists, power and transportation providers, regulatory agencies and policymakers. Ten themes dominated the dialogue in the form of suggestions and promising practices as well as questions and points of concern for the future. While most of these issues were also discussed at the 2006 Summit, this year's dialogue confirms the value of learning from each other and the evolution from "summit attendees" to regional partners dedicated to the creation of systems, strategies and collaboration. The shared intent is to keep vulnerable elders and other persons with disabilities residing in long term care facilities safe during times of disaster.

Many Summit delegates voiced their sincere thanks for the opportunity to learn from veterans of past disaster events, listening to their stories and pursuing solutions that go beyond mere coordination. The decisions are critical – life and death – and today's nursing home resident is perhaps more frail and vulnerable than ever before. There is much at stake and everything to gain by talking through the disaster planning and response issues unique to LTC and working across disciplines, industries and states to resolve them. Dr. Kathy Hyer, University of South Florida, reminds us that there is work to be done at every level: "During disasters, elders in nursing homes are vulnerable and they are frequently a hidden population. Since 2004, nursing homes in the coastal states have become more integrated into state and local emergency operations disaster planning, but the feds, state and community have got to work harder together to protect nursing home residents during hurricanes." Tom Scheidel, Senior Advisor for the CMS National Preparedness Program, provided a striking portrayal of this need in his remarks about the value of nursing home representation in the EOC during Hurricane Katrina in 2005:

> ***"Having the nursing home association in the EOC was the minimum necessary. There was no end to the amount of good info and coordination and response. The hospitals were there too, and there was a significant difference in how much the hospitals were integrated versus the nursing homes – the hospitals were integrated and the nursing homes were not. The hospitals could get the resources…. we saw nursing homes go off line and we knew what was going on. We knew they were not fairing well."***

As you read this report of the 2007 Nursing Home Hurricane Summit, we are confident you will learn a great deal about the challenges and opportunities facing our nation's nursing homes when disaster strikes. Together with our many regional partners, we are moving forward to forge new relationships and create systems and methods that will improve our individual and collective ability to care for vulnerable elders during disasters. We invite you to join us on the journey.

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Abbreviations Used in This Report

ASPR	HHS Assistant Secretary for Preparedness and Response
CDC	Centers for Disease Control
CMS	Centers for Medicare and Medicaid Services
EOC	Emergency Operations Center(s)
ESF-8	Emergency Support Function – Health and Medical
FEMA	Federal Emergency Management Agency
LTC	Long Term Care
NHs	Nursing Home(s)

Summit Themes and Promising Practices

In this section of the report, the Summit's discussion points are summarized by theme, with the most significant points and promising practices noted for each. Ten themes are presented in this report:

1. ***Nursing Home Disaster Plans***
2. ***Evacuation Decision Making***
3. ***Interagency Relationships: Coordination, Cooperation and Collaboration***
4. ***Communication***
5. ***Technology and Use of Data***
6. ***Transportation***
7. ***Regulatory Issues***
8. ***Power Restoration***
9. ***Training and Drills***
10. ***Ethical Concerns***

1. Nursing Home Disaster Plans

Overwhelmingly, delegates agreed that NH disaster plans vary greatly from facility to facility, making their review and critique difficult. Several states are making improvements in this area and noted policies and planning models to make disaster plans more effective tools. Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, and Texas are making significant improvements. Florida will soon test a software product for creating nursing home disaster plans that are aligned with federal planning requirements and that can be modified for use in any state. However, many participants recognized that plans are not meant to be set in concrete and there has to be flexibility in responding to difficult situations.

√ **Nursing home disaster plans should be uniformly organized with common elements and terminology.** All too often, the organization and content of disaster plans vary greatly from facility to facility, making them difficult to review and critique and sometimes difficult to execute.

√ **Make sure your regulatory agency understands your plans for evacuation or sheltering in place.** Do not assume that a regulatory agency will approve of your plans for evacuation or sheltering in place. Present your facility's plan to the appropriate overseer in advance to be sure it is acceptable. Note that all will want to make sure that a plan exists, but due to the responsibility and liability of approving a plan, a checkmark in the "has a plan" box may be the extent of the review.

√ **Assess the lifetime of your supplies on hand.** Delegates stressed accurately assessing the length of time the facility's supplies will last. The clock begins to tick on the first day of contra-flow, when suppliers have stopped coming in to your community or city.

√ **Conduct drills using your disaster plan.** Every plan must be tested, and drills create experience and first-hand knowledge about the efficacy of a plan. Test your plans in your own facility.

√ **Plan for the needs of special patient groups, with special concerns for persons on dialysis.** Special consideration is required for managing dialysis residents. Contact the End Stage Renal Disease (ESRD) network serving your geographic area for disaster planning assistance for the needs of dialysis patients.

√ **Nursing home plans need to include security strategies.** Several states discussed the need for security measures to protect the facility and its residents and staff during a disaster when, due to emergency generator support requirements, the facility is probably one of few buildings with food, water and medical supplies. Hospitals already have security departments and are positioned to manage such dangers, but NHs are not. One NH owner reported having arranged for armed guards ("mercenaries") from a nearby state to provide security.

> ***"There are certain decisions that need to be made by people who are retirement eligible. The disaster environment presents an exquisite opportunity to make a career ending decision."***
>
> - Tom Scheidel, CMS

Nursing Home Disaster Plans
Promising Practices

☞ Through funding provided by the John A. Hartford Foundation, a software product is under development that automates the development of a nursing home disaster plan. The software is aligned with the U.S. Centers for Disease Control and recommendations from the Centers for Medicare and Medicaid. It was also designed using ideas and suggestions from the 2006 Summit. The software, demonstrated at the 2007 Summit, will be available in January 2008. For more information, contact Lee Ann Griffin, telephone (850) 224-3907.

☞ Georgia's planning is based on the premise that communities need to have an evacuation support plan for LTC facilities. This planning approach moves the needs of nursing homes directly into the arena of local emergency management offices. For more information, contact Fred Watson, telephone (678) 289-6555.

2. Evacuation Decision Making

Several aspects of evacuation decision making were discussed, each with varying degrees of complexity. Who makes the decision to evacuate and when was a major issue of concern. Evacuation decisions could be rendered by the facility administrator and/or owner; the local emergency operations center; a state office; or the governor. The decision could also be made jointly by the local emergency operations director and the owner of a facility. While more questions than answers were generated during these discussions, there was strong agreement that sheltering in place is the preferable decision except for facilities in a known surge zone in the anticipated path of a hurricane. However, participants emphasized that the decisions are complicated by many factors, including resident acuity levels, the facility's location in the surge zone, its capacity to withstand hurricane force winds and the uncertainty of the landfall area. The emergency management mantra is "run from the surge; hide from the wind," but each facility must evaluate, for each disaster event, the risks associated with a decision to evacuate versus shelter in place.

√ **Determine the facility's location in the storm surge zone, and evaluate its impact.** While storm surge zone flooding was specifically discussed, other flooding risks must also be evaluated (facility's flood zone location).

√ **Determine the facility's capacity to withstand hurricane winds.** Use the information to both harden the facility as a mitigation strategy and to consider as a factor in the decision to evacuate.

√ **Impact of resident acuity levels on evacuation decision making.** How many residents are on ventilators? How many have dementia or Alzheimer's disease? How many are dialysis patients? How many, for reasons of frailty or end of life issues, should not be moved? Analyzing the resident population by acuity level should help decision makers determine the order of evacuation and perhaps allow for partial evacuations. It was suggested that those with the highest risk factors be evacuated, e.g., those on dialysis, while those needing custodial care might shelter in place.

√ **Evaluate the receiving facility.** Does the NH have an agreement with a receiving facility, and is it one that the regulatory agency will accept? Can an agreement with a "like facility" be secured to receive your residents if an evacuation is necessary? If not, will your residents be able to sleep on mattresses on the floor or cots? Can you send staff with your residents? These issues must all be considered when evaluating a potential receiving facility.

√ **Be sure you understand the role and capacity of special needs shelters in your community.** Determine whether special needs shelters exist in your area, and if so, are they appropriate settings for your residents. Can you evacuate residents to a special needs shelter, if staff accompany them? Is the shelter appropriate for dialysis patients or those with Alzheimer's disease?

√ **Mandatory evacuations – timing is everything.** The lack of time to evacuate can result in a default decision to shelter in place. Will the emergency management office or other government office issuing the mandatory evacuation notify NHs in advance so that they may evacuate early? Some states have requested this consideration, but advance notice has not been granted in any state. Among Summit delegates, opinions varied regarding whether to be the last group to evacuate or the first, with most falling on the "leave early if you have to leave" side of the debate.

√ **Factor in evacuation transport time.** The time it will take to evacuate residents and the transportation method, coupled with resident acuity levels, are also factors contributing to the evacuation decision. (See also separate section on transportation.)

√ **Shelter in place, if at all possible.** There were many voices of support for sheltering in place rather than evacuation if the facility is not at risk of storm surge flooding. While there are many factors to consider, such as the availability of supplies and staff, the primary factors are the physical structure's ability to withstand hurricane winds and access to power. Being prepared to shelter in place can require a significant financial investment; some Florida owners reported having committed millions of dollars to facility hardening. Instead of an all or nothing approach, owners might consider hardening specific sections of a facility.

"When you have to evacuate and are responsible for the movement of over 200 people, it is not a comfortable situation so the least amount of time they stay at a receiving facility, the better. We moved for Hurricane Charley in 2004 right into the storm's wrath in the central part of the state."

- Tracy Greene, NHA
Co-Chair, FHCA Disaster Preparedness Committee

Evacuation Decision Making
Promising Practices

☞ Receiving facilities: North Carolina is testing the use of community colleges as receiving facilities for nursing home and other evacuees when a disaster is widespread. Six community colleges have been identified to serve as triage sites, in conjunction with emergency management services. For more information, contact Amy Bender, telephone (704) 799-1990.

☞ A Workgroup on Improved Decision Making was established at the Summit, with a goal of providing decision-making guidance aligned with acuity concerns and ethical decision making. Father Charles Fahey, National Advisor to the JAHF Hurricane and Disaster Preparedness grant and Milbank Memorial Fund program officer, has been working on an algorithm for ethical decision making, which will be very informative in the development of a process for difficult evacuation or sheltering-in-place decisions. Additionally, National Advisor Vince Mor, Brown University, suggested partial evacuation aligned with resident acuity levels, based on research he is currently conducting on the impact of resident acuity levels. National Advisor Irene Fleshner, Genesis vice president for clinical services, will lead the Workgroup on Improved Decision Making. For more information, contact LuMarie Polivka-West, telephone (850) 224-3907.

3. Interagency Relationships: Coordination, Cooperation and Collaboration

Nursing home and emergency management representatives attending the Summit emphasized the value of having a nursing home seat in both state and local EOC offices. Including a nursing home representative in the Health and Medical Emergency Support Function (i.e., ESF-8) improves the accuracy and timeliness of communication about the status of nursing homes and expands the capacity to coordinate the allocation of resources.

√ **Nursing Homes must be a part of the disaster response system.** Nursing Home providers will benefit greatly from an established relationship with their local EOC offices. Become an active voice for LTC at the local emergency management office, mirroring the relationship that now exists in most coastal states where there is a "seat" at the EOC for a long-term care (NH) representative.

√ **Strong interagency partnerships create synergy for improved disaster planning, response and recovery.** All coastal states' nursing home associations have worked diligently to develop and strengthen relationships with their state and regulatory agencies and ESF-8 offices. Among the results of these relationship are statewide databases for tracking the status of NHs during disasters, increasing the ability of the partners (e.g., regulatory agencies and ESF-8 personnel) to identify NHs with critical needs, increasing the efficiency of resource allocation. The American Health Care Association has worked closely with the U. S. Departments of Health and Human Services, Homeland Security and Transportation for improved relationships on behalf of long term care providers and residents.

√ **Ensure that nursing homes are considered part of the critical infrastructure for power restoration.** Working through local and state ESF-8 offices, nursing home associations and their representatives serving in local EOCs are in a unique position to educate emergency managers regarding the high-risk health status of nursing home residents and to communicate critical needs of nursing homes in the disaster area. (See also separate section on power.)

√ **Problem identification and resolution must be approached from an interagency perspective.** The value of an interdisciplinary or interagency approach to both the identification of problems and possible solutions cannot be overstated. In almost every report of achievements, success was dependent upon an interagency/interdisciplinary approach to both defining the exact nature of the problem and its parameters, and possible solutions.

√ **Invite a pharmaceutical provider to join the emergency preparedness discussion.** The access to an accurate list of each resident's medications, along with the availability of the medications, is critical. One story shared was of a group of residents who arrived at a receiving facility with one large bag filled with medications, but no instructions unique to each resident. After an exchange of several similar stories, it was suggested that a major pharmaceutical provider be invited to participate at the next Summit.

√ **Ensure that policymakers and legislative contacts are informed about the needs of LTC residents and the results of interagency relationships in your area.** Public policy and legislative solutions are more effective and successful when they are an expression of the work of informed and committed partners.

"Your facilities should not be islands in the middle of an EOC system. If no one is talking to you, be rude. Go knock on the door and get attention. You are as much a part of the system as everyone else."

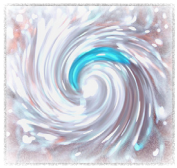
- Ray Runo
Director of Emergency Operations
Florida Department of Health

Interagency Relationships
Promising Practices

☞ Florida excels in its interagency partnerships and coordination on behalf of long-term care facilities. By virtue of its seat in the ESF-8 office at the state EOC, the Florida Health Care Association has put nursing homes on the critical infrastructure list for emergency response and recovery. As an ESF-8 partner, FHCA representatives keep power companies informed of the status of nursing homes in storm-devastated areas. Florida Power and Light has appointed a liaison to nursing homes and works very closely with Florida Health Care Association to bring facilities back on line as quickly as possible.

☞ Many nursing home associations are partnering with universities to develop and obtain grants to fund work in the area of LTC and disaster planning (Alabama, Florida and Georgia are examples).

☞ The Nursing Home Evacuation Transportation Workgroup was established as a result of the 2006 Hurricane Summit. Chaired by Florida Health Care Association, the Transportation Workgroup includes multi-state representatives from LTC and the motorcarrier industry, along with the American Health Care Association. The Workgroup members are working to inform federal level emergency management policymakers regarding the limitations of transportation resources for long-term care facilities. The Workgroup is also organizing a regional transportation resource network and telephone tree. For more information, contact LuMarie Polivka-West, telephone (850) 224-3907.



"We have 159 counties and each has a local Emergency Management Director and they make the decision to evacuate or not."

- Fred Watson, Executive Director
Georgia Health Care Association

4. Communication

Communication during a disaster has at least three equally important components: (1) communication equipment and related systems; (2) relationships and partnerships; and (3) uniform terminology, clearly defined roles and responsibilities, and methods for systematically receiving, fielding and sending communication. During an emergency, communication is a priceless commodity. Scott Bell, President of Delta Health Group, noted that communication is central. "You are starved for it during a disaster and have to have a systematic approach," he said. Bell consolidated communications for all his facilities to field hundreds of incoming calls from emergency management personnel, the state regulatory agencies and concerned others.

√ **Learn from the experiences of others.** Summit delegates emphasized the importance of sharing strategies, successes and challenges and obtaining knowledge through the lessons learned from other states. Opportunities such as this Hurricane Summit provide a forum for learning and relationship building across states and disciplines.

√ **Create a system for managing communication with a goal of reducing excessive calls.** NHs need a systematic approach for communicating with emergency management, NH staff, families, regulatory agencies, and suppliers, and others during an emergency. If there is not a system in place for managing and fielding communication needs, expect the one phone line that works to be jammed with callers wanting information on everything from available beds to the condition of loved ones.

√ **Be aware of equipment limitations.** Satellite phones, though highly recommended, have drawbacks, e.g., limited battery life and transmission failure resulting from excessive and simultaneous queries to one satellite. Text messaging, because it uses less bandwidth and, like email, is not necessarily a "real time" transmission, may be able to get through with minimal delay on an overwhelmed cellular network that has otherwise reached maximum capacity for voice data.

√ **Include ham [amateur radio] operators in communication plans.** Ham operators bring their own equipment (receiver and antenna) and operate without the need of satellites or cloudless skies. Licensed by the FCC, ham operators provide backup communication during emergencies worldwide and can be a very dependable communication link when included in a facility's disaster plan. Get to know the ham operator organization serving your area by contacting the National Association for Amateur Radio, (860) 594-0200, or on the web at http://www.hello-radio.org/clublist.html.

√ **Use uniform terminology.** When communicating during a disaster, the use of standardized terms ensures that resources are allocated appropriately. For example, FEMA does not distinguish between types of beds when it asks for a "bed count," but in reality, the bed type must be communicated. Is the available bed a medical bed, a burn bed, a pediatric bed or a staff bed? Also, the source of information in a communication exchange should be validated to be sure it is qualified to provide the information. For example, a volunteer answering the phone may respond to the question, "Is your power back on?" with "Yes, the lights are on." The caller checks off that the facility's power has been restored, not knowing that the volunteer was unaware that the power source was a generator.

√ **Establish command centers in the state's nursing home association office.** The command center structure serves as a link between local nursing homes and a state's emergency operations center, which may become overwhelmed during an emergency. Working in close communication with the state's ESF-8 staff, the association command center is an open line of communication between NH providers at the local level and the resource allocation function of the state's ESF-8.

Communication
Promising Practices

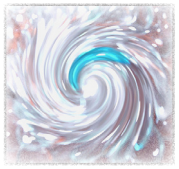
☞ In Alabama, a special grant from the Alabama Department of Public Health is making a satellite phone available to each NH. For more information, contact Katrina Magdon, telephone (334) 271-6214.

☞ In Mississippi, the Nursing Home Association has purchased 10 satellite phones, which are made available to NHs as needed during a disaster. The purchase was made possible through a special grant. For more information, contact Mark Clay, telephone (662) 241-5518.

☞ The Louisiana Nursing Home Association is working with IgeaCare to develop a rapid response communication system that taps a NH's telephone carrier to blast-send telephone messages to family members advising them of the facility's evacuation status. For more information, contact Joe Donchess, telephone (225) 927-5642.

☞ The Delta Corporation issued each of its 37 nursing homes in Florida and Mississippi a satellite phone. During a disaster, one facility serves as communication central, fielding calls and receiving information from its sister facilities. The information is then communicated to local or state EOCs as well as state regulatory agencies. This communication strategy helps to reduce excessive calls to nursing homes, while also providing accurate and critical information to emergency managers. For more information, contact Scott Bell, email sbell@deltahealthgroup.com.

☞ The Florida Health Care Association convenes a daily conference call at 11:00 am EST, beginning on the day of expected landfall, for LTC facility, utility and governmental representatives to identify critical problems. The daily conference call is held until the last facility has power restored. For more information, contact LuMarie Polivka-West, telephone (850) 224-3907.



5. Technology and Use of Data

Two repeatedly discussed tools for preparing and responding to a disaster - relationships and technology - present an interesting contrast. The effectiveness of joint planning and intra-agency and intra-industry cooperative drills are dependent upon individuals working face-to-face in "real time." The significance of the human element cannot be underestimated – well trained people with a common understanding of the diverse issues at hand and the inter-relationships that exist are pivotal to disaster preparation and response. On the other hand, delegates emphasized the value of data and the use of technology to facilitate decision making regarding resource allocation during a disaster. Personal relationships and technology make a powerful team and are requisites for the life and death decisions of disaster response.

√ **Collaborate across agencies to establish databases for tracking the status of NHs during a disaster as well as bed availability.** An automated tracking system for identifying available beds and the emergency status of nursing homes is essential. All states represented reported having a tracking system for available beds, although not all are automated. Florida's Emergency Status System (ESS) was established in 2006 and is considered a model system for tracking available beds and the emergency status of Florida's licensed health care facilities including nursing homes, hospitals, assisted living facilities and hospices. Georgia is developing a system which will include a transportation element for identifying overcommitted transportation resources as well as receiving facilities. Other states have automated systems with varying capabilities. With regard to patient tracking systems, national guidelines and standards are currently being developed by the U.S. Department of Health and Human Services. Appendix C provides more information about the availability of automated systems by state.

√ **Identify and harness the redundancy in data systems and collaborate for shared use during disasters.** There is already redundancy in the systems supporting nursing home care; it needs to be identified and harnessed for disaster planning purposes. Delegates discussed the possibility of accessing patient medical records managed by medical suppliers such as pharmacies, as well as data available through the CMS Minimum Data Set (MDS). If the central repository could transform the data into an accessible database, it could provide the profile of any facility in the nation at any point in time. This would be a role for CMS to authorize the use of their MDS data for this purpose.

√ **Consider the application of older technology, such as bar coding.** The usefulness of bar coding for storage of patient information and tracking medications was mentioned as an alternative to more sophisticated tracking systems. A bar code usually doesn't contain descriptive data; it is a reference number which a computer uses to look up associated records containing descriptive information.

> ***"As a central repository, all partners need to have access to the data and this will help reduce multiple calls checking on the facility."***
>
> - Molly McKinstry, Florida Agency for Health Care Administration
> Speaking about Florida's Emergency Status System

Technology and Use of Data
Promising Practices

☞ Florida's web-based Emergency Status System (ESS) is used to report and track health care facility status before, during and after an emergency. Nursing homes and other regulated providers are included in the system. Facilities enroll in the ESS and, before and during emergencies, update their profile to reflect current status, including power, evacuation, available beds, and physical damage. ESS data is used by the ESF-8 Emergency Operations Center to prioritize response activities and asset allocation. In addition to nursing home providers, their affiliates (i.e., corporate offices) may also enroll facilities as well as approved provider associations, such as the Florida Health Care *(continued on page 8)*

(continued from page 7)

Association. These additional partners increase the opportunities to update the system continually, regardless of the power or computer status of a facility. For more information, contact Molly McKinstry, telephone (850) 414-9707.

☞ The Georgia Division of Public Health is working closely with the Georgia Health Care Association to develop a database similar to Florida's Emergency Status System. A unique aspect of the system will be data collected on each nursing home's evacuation transportation resources to identify where resources are over-committed. At the time of this report, the Georgia Health Care Association did not have a seat at the state emergency operations center; however, much has been accomplished to incorporate the LTC population in disaster planning, response and recovery by Georgia's ESF-8. For more information, contact Dennis Jones at dljones1@dhr.state.ga.us.

☞ The Louisiana Nursing Home Association dedicates a page on its website for family members to get the latest information about evacuations and names of receiving facilities. This provides another mechanism for family members to obtain information about their loved ones who may have been evacuated.

☞ Alabama's Incident Management System (AIMS) allows ongoing, real-time communication between health facilities (hospitals, nursing homes, community health centers, medical needs shelters, and EMS providers) and State Emergency Operations Centers, tracking staff, facilities and supplies in times of normalcy and for distribution in times of stress. For more information, contact Katrina Magdon at kmagdon@anha.org.

6. Transportation

Transportation for the evacuation of nursing home residents and accompanying staff during an evacuation is a resource-intensive undertaking. Many impaired and incapacitated residents of nursing homes and assisted living facilities cannot travel on a standard bus or van. While some residents may travel safely in vans or buses, wheelchair lifts for these vehicles are almost always needed, and some residents undergoing rehabilitation or suffering from debilitating illnesses may require ambulance transport. Whichever form of evacuation transportation is required, acquiring and maintaining it on a year-round basis is expensive. The transportation problem has been made worse because the National Disaster Medical System (NDMS) does not support the evacuation of long-term care patients, although this federal policy may be changing. As a result, the number of available ground transport vehicles in any region is insufficient to meet the transport demand created by a large scale mass evacuation, leaving nursing homes few resources outside of their own fleet, typically one or two wheelchair lift vans.

√ **Access to evacuation transportation requires the leverage of multiple systems and careful coordination to avoid duplicate allocation of resources.** A Regional Transportation Workgroup established at the 2006 Hurricane Summit has been working steadily on two goals: (1) the creation of an alliance with the motorcarrier industry to identify additional transportation resources and; (2) to increase federal awareness about the gaps in emergency transportation planning and response as it relates to nursing homes. The significance of their work was highlighted at the 2007 Summit with concerns voiced from every state regarding the need to coordinate evacuation resources.

√ **The impact of federal/state contracts with transportation providers negatively impacts the ability of local nursing homes to acquire evacuation transportation resources.** In Texas, the state has contracted with motorcarrier (bus) companies to provide evacuation transportation for persons with special needs living in the community. This special contract arrangement has all but eliminated the contract availability of bus companies to serve nursing homes during a disaster. Because the nursing home population is not included in the list of vulnerable populations needing emergency transportation, not only are they ineligible to access state-procured transportation, they cannot contract for transportation on their own because the resources are no longer available.

√ **A complete transportation resource is an appropriate vehicle and a qualified driver.** A plan for the provision of evacuation transportation involves not only having equipment (i.e., the vehicle), but also a qualified driver. If a nursing home's plan involves use of a van from a nearby church, the plan must account for a driver as well. Motorcarriers engaged to provide transportation by contract may also be transporting their own staff and families out of harm's way. These extenuating circumstances may affect the nursing home's access to the motorcoach and driver as well the actual space available on the motorcoach.

√ **School buses are not the panacea for nursing home evacuations.** A discussion about the use of school buses to evacuate nursing home residents revealed several limitations. School districts differ from state to state and also within states as to ownership and maintenance. In North Carolina, the state owns all of the school buses and has the ability to move these resources across county lines. In other states, some district policies do not allow for cross-county travel, and some narrowly define eligible drivers. Texas reported that school districts there are being advised by their attorneys not to contract with nursing homes due to liability concerns. Even with policy issues resolved, the lack of wheelchair accessibility is a barrier to the use of standard school buses to transport frail nursing home residents. A suggestion was also made that school buses be retrofitted with litter hooks to transform them into "ambulance buses" for transporting numerous patients.

√ **Recognize the limits of transportation alternatives at the community level.** As noted by LuMarie Polivka-West, Florida's Duval County, which includes the city of Jacksonville, has a total capacity of 9,500 licensed beds, including 11 hospitals, 30 nursing homes and 66 assisted living facilities yet there are only 107 ambulances for transporting very frail, ill or injured persons.

√ **Advocate for NHs to receive advance notice of mandatory evacuations and state police escorts.** Some states' advocates are pushing for advance notice of mandatory evacuations so that they can move frail NH residents before the roads become clogged. However, a major problem identified by Summit delegates included the uncertainty of actual landfall of a storm when a facility is evacuated too early, e.g., 96 hours prior to an expected landfall.

√ **Include long term care facilities in state/regional/national transportation planning efforts.** The American Health Care Association, in conjunction with the Florida Health Care Association and other southeastern states' partners, is working at the national level for the inclusion of long term care in federal transportation contracts and plans as a result of the 2006 Nursing Home Hurricane Summit. The results have been slow. The U.S. Department of Transportation's contracts for buses within Texas, for example, preclude long term care facilities. Texas facilities are still expected to have contracts for evacuation transport within their disaster plans, even though the problems highlighted after Hurricanes Katrina and Rita have not been eradicated.

"Transportation is the key issue...and how to get residents transported in an effective manner in a short period of time with all of the traffic coming in from the coast are our concerns."

- Katrina Magdon, Director
Professional Development
& Regulatory Affairs
Alabama Nursing Home Association

"Transportation evacuation assets continue to be the Achilles' heel for all state association executives and the American Health Care Association in assuring the safety of our vulnerable elders and persons with disabilities in long term care facilities."

- Bill Phelan
FHCA Executive Director &
Chair, American Health Care Assoc.
Disaster Committee

Transportation
Promising Practices

☞ Nursing home providers would benefit from establishing relationships with area churches that might be willing to provide access to church vans and buses during an emergency.

☞ Facilities near passenger train stops (e.g., Amtrak) could possibly arrange for transport via train. This was considered in Louisiana as there were enough side tracks to move people East or West out of harms way. This resource comes under federal authority, however, and requires ample advance coordination through state and federal offices.

☞ Alabama, Texas and Louisiana all reported the use of contra-flow traffic strategies in which all lanes of a major artery flow away from the disaster area.

☞ A proposal for using retired metro (city) buses for short-distance nursing home evacuation transportation received much interest at the Summit. Presented by Bob Watkins of Consolidated Safety Services and Ken Presley of the United Motorcoach Association, both representatives of the motorcarrier industry, the concept calls for the purchase of retired metro buses at approximately $1,000 per bus, with the maintenance and insurance of the buses possibly provided by a qualified motorcarrier. When needed for an emergency, the buses could be leased from the motorcarrier by the nursing home. The metro buses have easy on/off access through center doors and can be easily retrofitted with bathrooms if desired. For more information, contact Bob Watkins, telephone (703) 691-4612.

☞ In Texas, gas companies mandated that gas stations fully fill their supply tanks before the disaster, rather than maintaining the standard 3-day supply of gas due to the volatility of gas prices. This did not alleviate the lack of power at a gas station to pump gas, but it did increase the quantity of gas on hand at service stations prior to the disaster.

☞ The Mississippi Health Care Association is working to establish a network of nursing homes willing to donate their vehicles and drivers to assist in the emergency evacuation of nursing homes in disaster areas. For more information, contact Mark Clay, telephone (662) 241-5518.

☞ The United Motorcoach Association recommends that, prior to a disaster, nursing homes develop personal relationships with their contracted motorcoach operator so that they become part of the nursing home team. Contract with the motorcarrier for a charter service and get to know the vehicle and the operators. The relationship will be an important asset during an emergency.

☞ At the national level, the United Motorcoach Association recommends that the nursing home associations establish a central coordinating unit to work alongside national representatives for motorcarriers so that available transportation resources can be immediately identified when needed and aligned with nursing homes in need of evacuation transportation.

☞ Florida Health Care Association and the American Health Care Association are working with Consolidated Safety Services, Inc. and the United Motorcoach Association to develop an emergency transportation telephone tree.

7. Regulatory Issues

Summit dialogue was peppered with regulatory oversight and compliance discussions. Delegates included several nursing home administrators, medical clinicians and representatives from the Centers for Medicaid and Medicare and FEMA, as well as the nursing home regulatory agency for Florida.

√ **Consideration should be given to the length of time it takes to improve the health status of many returning nursing home evacuees.** Louisiana medical clinicians reported that the health status of patients returning to their care after hurricane Katrina had declined significantly, with skin breakdown and functional and mental decline common. Given the amount of time it takes for such a patient to recover, considerations should be given in the review of their health status by regulatory agencies.

√ **The purpose of a nursing home survey visit immediately following a disaster should be reviewed and clarified.** Two states, Texas and Alabama, gave examples of standard survey visits conducted immediately following a hurricane, and the American Health Care Association reported a similar survey in Kentucky, which, when CMS was advised of the situation, was immediately terminated with the directive, "do not survey – go and help." A federal Region IV CMS survey team surveyed a facility in south Florida in 2004 on a Monday following the third hurricane experience of the season. Facility staff are expected to accommodate a standard CMS survey whenever surveyors enter a facility. Discussants noted, however, that such visits are shocking to facility staff in the midst of the "day after" turmoil following a disaster. Information gathering and offers of assistance were felt to be the only appropriate purposes for a surveyor visit immediately following a disaster. This role should be communicated as a standard policy and procedure to be followed, with clear direction for when the standard survey process is to resume.

√ **State nursing home associations and the state's regulatory agency should discuss and clarify mutual expectations for the period immediately following the disaster.** In Florida, for example, the Agency for Health Care Administration touches base with facilities immediately following a disaster regarding the need for architectural and engineering assessments. It was recommended that consideration of this different role should also be considered by CMS.

√ **Federal statutory regulations administered by CMS need to be reviewed with regard to reimbursement during a disaster.** The extenuating circumstances created by disasters are resulting in a reexamination of CMS's reimbursement policies and processes. According to Summit reports, CMS and the Office of the Assistant Secretary for Preparedness and Response (ASPR) will be reviewing the statutory regulations for Medicare and Medicaid with regard to disaster funding.

√ **While resident safety is the first priority for nursing homes, reimbursement policies during a disaster must be a major CMS priority.** Both facility owners and CMS representatives contributed to the discussion of reimbursement policies. Medicaid and Medicare do not have clearly defined disaster coverage policies. Nursing home owners ensure the safety of their residents, notwithstanding these policy limitations. Business interruption insurance policies were recommended for long term care providers but the primacy of federal funding of nursing home resident care was recognized as a critical concern.

√ **Amend the federal Stafford Act to ensure that private for-profit nursing homes affected by a major disaster are eligible to receive assistance.** The Stafford Act, also known as the Disaster Relief and Emergency Assistance Act, excludes for-profit nursing homes from receiving federal financial assistance, even though 80% of the resident care funds are from Medicaid and Medicare. This issue was also discussed at the 2006 Summit and a bill to amend the Act, sponsored by Congresswoman Ginny Brown-Waite of Florida, did not pass. This issue continues to be a significant problem that is being addressed at the Congressional level.

> ***"Even to this day, after Katrina, the local offices of emergency management are reticent to call a mandatory evacuation because they are concerned about liability issues."***
>
> - Joe Donchess, Executive Director
> Louisiana Nursing Home Association

Regulatory
Promising Practices

☞ Currently, CMS policy guidance is taking a frequently asked questions format to assist surveyors. The issue of waiving the three-day hospital stay reimbursement criteria during times of disaster and making permanent other disaster policies is also under review. For more information, contact Peggy Sparr, telephone (202) 260-0515.

power restored. The energy responders will come to count on your expertise to help them identify which facilities should go off line and which can be restored.

√ **Use of generators takes pre-planning.** Generator back-up systems need to be checked regularly and have sufficient fuel for four to five days or more. Be sure generator fuel is secure and safe from unauthorized use. Generators for NHs are not "off the shelf." They are designed to accommodate the facility's particular power load, as determined by an electrician. Also, capital improvements that affect power usage have to be factored in, if added since the last generator power assessment. Also, governmental permitting processes and policies for nursing home acquiring diesel and bio-fuel generators should be expedited. A Florida delegate reported that it takes months to obtain the permits needed for generator systems that use diesel and bio-fuel.

8. Power Restoration

Summit delegates discussed the importance of power restoration for nursing homes, including the priority order for power restoration as well as the use of generators. The priority status of nursing homes for power restoration varies from state to state. Those with a LTC seat at the emergency operations center do seem to have an advantage in advocating for nursing homes to be included on the critical infrastructure list.

√ **Educate emergency managers of the similarities between hospital and nursing home populations.** Not all emergency managers will be aware of the high-risk health status of today's nursing home resident. Take time to help them to understand that the patient population is similar in many ways to hospital populations. This understanding will help to ensure that nursing homes are viewed as part of the critical infrastructure for power restoration.

√ **Develop a positive and strong relationship with each major power company's disaster response team leader in your state.** It is imperative that the nursing home association representative establish a positive relationship with the energy disaster response team leaders. Create a post-disaster communication network to keep them informed of the status of nursing homes in the disaster area and to exchange, in real time, both the status of power restoration as well as the status of nursing homes needing

"Our vision for the future is that every emergency operations center will have a seat for LTC, and nursing homes will carry the same priority for power re-establishment as hospitals as the acuity level of people in nursing homes today is not like those of years ago. Many of those who live in nursing homes today are often on ventilators and oxygen, require very complex care and are similar to hospital patients. We need to understand as a nation that schools close and businesses close, but long term care facilities can't close."

- Amy Berman, Program Officer
The John A. Hartford Foundation

Power Restoration
Promising Practices

☞ Quick Connect: The Quick Connect system provides a way for nursing homes and special needs shelters to be generator-ready for a quick connection. The program requires each facility to obtain documentation from an electrical engineer stating the facility's energy needs and capacity so that commercial generator assistance can be provided, either directly through a supplier or accessed through the local emergency operations center. While it is still unclear whether for-profit nursing homes, even those in the storm surge zone, will be eligible for generator assistance through their state emergency management system, making a facility "quick connect" ready is less expensive than purchasing and wiring for a generator large enough to support a facility's power needs. For more information, contact Max Hauth at emhauth@aol.com.

☞ "Leased Back" Generators: In some regions, nursing homes have been able to negotiate a "purchase/lease back" arrangement with generator companies. The nursing home purchases the generator, but allows the company to maintain it in their rental inventory until such time that the nursing home requires its use. The rental income offsets some of the cost of the generator, resulting in savings to the nursing home.

9. Training and Drills

Training is the foundation for successful disaster preparedness and response. All states represented are engaged in training activities, and a few are beginning to focus also on evacuation drills. Conducting drills moves beyond paper compliance to real world functionality. "There is no substitute for drills and training using the NH's own disaster plan," urged Ray Runo, Director of Emergency Operations for the Florida Department of Health and member of the JAHF's Expert Panel on Hurricane and Disaster Preparedness.

√ **Coastal states' nursing home associations are collaborating with their ESF-8 partners on training and drills.** While nursing home associations are clearly taking a leadership role, they are working together with their emergency management partners to plan and conduct training.

√ **Training must be facility-based using the facility's own plan, staff and partners.** While it is extremely valuable to have someone who has experienced a disaster critique a nursing home's disaster plan, there is no substitute for conducting a drill in the nursing home using its staff and partners. Delegates advised using experts on hurricanes and LTC facilities to critique disaster plans, and also to conduct drills based on their own plans.

√ **The complexity of the nursing home environment demands frequent and realistic disaster training.** The decisions that nursing home administrators must make during a disaster are complex. Decisions require integrating information about the structural capacity of the building to withstand wind and the facility's location in the surge and flood zones with information about patient acuity levels, evacuation transportation and receiving facilities. The only way to improve the decision-making capacity is to conduct realistic and frequent drills that test every dimension of the facility's incident command structure. Immediately following a drill, conduct a "hot wash" analysis in which the participants review the decisions made and the rationale for the actions taken during the drill. The hot wash process identifies problems encountered and changes needed in the nursing home's disaster plan.

"The purpose of a drill is to create experience, and unless you 'do' something, you don't get to be good at it."

- Robin Bleier, Chair
FHCA Disaster Preparedness Committee &
JAHF Expert Panel Member

"Theory and application are not the same. You don't recognize the moving pieces involved until you go through an exercise."

- Tim Gregson,
FHCA Disaster Preparedness Committee &
JAHF Expert Panel Member

Training and Drills
Promising Practices:

☞ The Louisiana Nursing Home Association dedicates its spring conference to emergency preparedness for LTC. In addition, four mandatory hazard mitigation seminars have been conducted across the state (all hazards approach).

☞ Florida's Department of Health will conduct a catastrophic disaster drill targeting the highly populated South Florida region in June 2007. While some nursing homes will be evacuated via a tabletop demonstration, the drill's design is based on the principle of sheltering in place, when at all possible (flee from the surge; hide from the wind).

☞ Georgia is using funds from the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR), formerly the Health Resource and Services Administration, to improve its disaster preparation and response capacity.

☞ North Carolina will conduct a week-long evacuation drill in June 2007 using actors as patients to simulate a real-life nursing home evacuation. The drill, developed in partnership with the nursing home association, the state's emergency response team, county emergency managers and public health departments, will also test the state's plan to use select community colleges as last resort temporary receiving facilities and triage centers during disasters, and evacuation transportation methods. North Carolina's work includes the development of an all-hazards disaster manual for nursing homes and assisted living facilities that will include a hazard vulnerability tool.

☞ Nursing homes with access to a nearby medical school can conduct realistic drills by using the school's standardized patients to portray nursing home residents in the evacuation drill. Eagle Scout candidates, obtained through the local Boy Scouts of America organization, were also suggested as resources for actors to portray residents.

☞ Each year, the Village on the Isle continuing care retirement community in Venice, Florida, conducts a partial evacuation of its independent living residents to a camp about 150 miles inland. Twenty percent of the residents are evacuated each year on a rotating basis, with an increase to 45% planned for the 2008 evacuation drill. For more information, contact Tom Kelly, telephone (941) 486-0407.

10. Ethical Concerns

Father Charles Fahey, developer of the Milbank Memorial Fund sponsored "Difficult Decision Algorithm," also known as the Difficult Decision Process (DDP), applied the ethical concepts of his work to the challenges of difficult evacuation or shelter-in-place decisions in long-term care. Father Fahey proposed such an algorithm as a possible, uniform pathway to clinically and ethically sound decision making for the frail, vulnerable residents in nursing homes.

A panel of distinguished professionals associated with long-term care developed the algorithm. The Milbank Memorial Fund facilitated and underwrote the project, and the two major long-term care institutions, American Association of Homes and Services for the Aging (AAHSA) and American Health Care Association (AHCA) assisted in the development of the DDP. This work will be used by the Hurricane Summit's Workgroup on Improved Decision Making to develop evacuation guidance.

Long-term care providers are frequently faced with difficult decisions about situations that profoundly affect the life and health of vulnerable people for whom they have legal, moral, and professional responsibilities. "The vulnerability of persons in these facilities and the impact the facility has on them creates a substantial responsibility for the provider to manage the moral space appropriately and in a publicly accountable manner."

The decision to evacuate or shelter in place involves both clinical and ethical elements, as well as assuring that the basic safety guidelines are followed. The decision also involves a variety of stakeholders. The objective of using an agreed-upon approach through a uniform pathway is to satisfy stakeholders that the decision-making process is sound. In addition, the decision will stand the test of public scrutiny even if the course of action adopted and/or the outcome were to be criticized. A difficult decision process does not assume to propose solutions to the difficult decisions. Instead it attempts to establish a voluntarily driven framework of practice about the way a long-term care provider reaches a thoughtful decision in conjunction with its care and ethical responsibilities to residents, families, and those providing care.

"The vulnerability of persons in these facilities and the impact the facility has on them creates a substantial responsibility for the provider to manage the moral space appropriately and in a publicly accountable manner."

- Charles Fahey, Program Officer
Milbank Memorial Fund

2007 Summit Outcomes

1. Regional Partnership for LTC Disaster Planning and Response

The 2007 Summit brought together many individuals who had also attended the first Summit in 2006, as well as several new partners from the fields of medicine, transportation and media. Throughout the Summit, delegates commented on the value of the dialogue and the many ideas and concepts learned by sharing experiences and perspectives. During the weeks following the Summit, communication with Summit delegates continued through the electronic dissemination of follow-up news stories and announcements about grant opportunities. The delegates have become a Regional Partnership for LTC disaster planning and response, with an initial goal of serving as a clearinghouse for the exchange of ideas and a forum for continued learning and sharing across states and industries.

2. Increased Knowledge About Promising Practices and Remaining Gaps, Across States

The promising practices described throughout this report were discussed at the Summit. These practices and ideas are evidence of the progress being made throughout the southern coastal states to enhance and expand the preparedness of nursing homes for disasters such as hurricanes. The Hurricane Summit provided a forum for the exchange of these ideas and practices, as well as this follow-up report to capture in writing the learning and sharing that occurred during the two-day program.

The Summit also provided an opportunity to identify areas where more work is needed. Results of a questionnaire conducted at the conclusion of the 2007 Summit provides additional information about the perceived progress made in the southern coastal states to improve the disaster preparedness of nursing homes in the region. The results indicate that great progress has been made in increasing the sensitivity of ESF-8 teams to disaster preparedness, response and recovery issues of LTC facilities. Areas where more progress is needed include: evacuation transportation; resident tracking and case management systems; reimbursement for hazard mitigation and evacuation reimbursement issues; legislative funding support for generators; and inclusion of LTC in the national, regional, state and local disaster preparedness planning effort.

3. Shared Opportunities Across Coastal States

The Summit also resulted in shared opportunities to participate in training and drills. The June 2007 evacuation drill in North Carolina is one such example. Representatives from Florida will participate in the drill. Subsequent to the 2006 Summit, Florida shared its Emergency Status System with other states, helping to increase knowledge about the effectiveness of a web-based system for disaster management.

Nursing home representatives from the coastal states were also invited to participate in a disaster training program hosted by Florida Health Care Association and conducted by the Mather LifeWays Institute on Aging, designed specifically for LTC providers. Hosting the training and making it available to the Summit's Regional Partners was made possible through the Hurricane and Disaster Preparedness Grant funded by the John A. Hartford Foundation.

4. Regional Network for Coordinating Evacuation Transportation Resources

One of the outcomes of the 2006 Summit was the establishment of a workgroup to examine evacuation transportation issues. In April 2007, the Workgroup conducted an online national survey of both nursing home providers and motorcarriers and is using the information to guide their continued work to align transportation needs with transportation resources. As a result of the dialogue at the 2007 Summit and the participation of representatives from the United Motorcoach Association and Consolidated Safety Services, Inc., the Transportation Workgroup is moving forward on a plan to organize a "regional network" to coordinate evacuation transportation resources and a telephone tree to link transportation resources with nursing homes in need. The Workgroup has set additional goals as well, as a result of feedback provided at the Summit. A national discussion forum for "Motorcarriers and LTC" is currently being planned by the Workgroup under the auspices of American Health Care Association.

5. Decision-Making Guidance Integrating Acuity Levels, Ethics and Organizational Capacity

As a result of Summit discussions about evacuation decision making and the many factors involved, delegates agreed that a special workgroup dedicated to the topic was needed. The Workgroup on Improved Decision Making was formed, with members including Charles Fahey, National Advisor to the JAHF Hurricane and Disaster Preparedness grant and Milbank Memorial Fund program officer; Irene Fleshner, Genesis vice president for clinical services, and representative of the national Senior Clinicians Group; Debbie Afasano, FHCA Director of Nursing; and Robin Bleier, FHCA Disaster Preparedness Committee Chair. Father Fahey has been working on an algorithm for ethical decision making in his work with the Milbank Foundation, which will provide a foundation for the development of a process for difficult evacuation vs. sheltering-in-place decisions. Additionally, National Advisor Vince Mor of Brown University will assist the workgroup to understand more about the relationship of resident acuity levels and evacuation success, based on research in which he is currently engaged. The overall goal of the Workgroup on Improved Decision Making will be to develop decision-making guidance for nursing homes that integrates many factors, including patient acuity levels, ethics and the facility's capacity to shelter in place.

6. Relationships Across Networks

The 2006 and 2007 Nursing Home Hurricane Summits produced new relationships between nursing home associations and associations representing other disciplines and industries. The working partnership between representatives of the nursing home associations and motorcarrier associations has been extraordinarily productive, with motorcarrier representatives actively participating in the Summit and inroads made at the federal level to provide information to the U.S. Health and Human Services Assistant Secretary for Preparedness and Response workgroup on transportation. In addition, the partnerships between representatives of the southern coastal states' nursing home associations and ESF-8 offices have also been very productive.

Networking Activities to Date

The following activities are a sampling of the networking outcomes of the 2006 and 2007 Hurricane Summits.

Transportation and LTC:

► Presentation by the Florida Health Care Association to the Florida Motorcarriers Association, scheduled for July 2007

► Presentation by the American Health Care Association to the National United Motorcarriers Association, scheduled for January 2008

► "Motorcarriers and LTC Discussion Forum," a national discussion, currently being planned by the Workgroup on Evacuation Transportation and scheduled for October 2007

► Presentation by the Florida Health Care Association and the American Health Care Association to the Texas Health Care Association, July 2007

Emergency Management and LTC:

► Presentations by representatives of the John A. Hartford Foundation's Grant on Hurricane and Disaster Preparedness to:

- The National Medical Directors Association, March 2007
- The Region IV ESF-8 Coalition, February 2007
- American Society on Aging, March 2007
- The Statewide Emergency Management Directors', October 2006
- Gerontological Society of America Annual Conference, November 2006
- The American Health Care Association, October 2007

► Presentation by Ray Runo, Director of Florida's Dept of Health EOC, to the Florida Health Care Association members, July 2007

► Conference call discussion between FHCA and the University of Georgia Medical College DHHS grantees regarding template development for disaster decision making, July 2007

A Vision for the Future:
Caring for Vulnerable Elders During a Disaster

Assisting nursing homes to withstand natural disasters and other catastrophic events is not merely a function of conducting training sessions and approving disaster plans. As evidenced by the dialogue of the 2007 Hurricane Summit, assisting nursing homes to be adequately prepared requires action on many fronts. Foremost is information and awareness, and much has been accomplished in this area through the efforts of LTC representatives participating in ESF-8 activities in their respective states. Likewise, emergency managers are becomingly more aware of the complex nature of nursing home evacuation decision making and in all but two coastal states, there is a "LTC desk" in the ESF-8 Emergency Operations Center.

While this achievement is significant, it is not sufficient to accomplish the breadth of changes needed. The road ahead is no doubt challenging, but the important task before us is to objectively examine how the local, state, and federal government and the provider community can better coordinate disaster recovery efforts for vulnerable elders. Amy Berman of the John A. Hartford Foundation advised Summit delegates that "we need to understand, as a nation, that schools close and businesses close, but long-term care facilities can't close." Ms. Berman's statement reminds us that a nursing home is not like a school or business. What then, is a nursing home like? Discussants at the Summit provided vivid profiles of nursing home populations and the comparison was striking– the high acuity of approximately one-third of the nursing home population requires skilled care services similar to a hospital and as such, must be integrated into disaster planning and response with the same level of consideration and care. Assisted living facilities are also an important part of the LTC continuum and should be included in the disaster planning coordination at the local and state levels.

Greater integration of LTC in emergency preparedness and response on behalf of vulnerable elders requires an individual and collective commitment to systems change. Our challenge is to build systems and resources that will support the following vision for the care of vulnerable elders during disasters.

A VISION FOR THE FUTURE:

- All nursing homes are included in the National Response Plan for disaster preparedness.
- The National Disaster Management System supports the evacuation and care of LTC residents.
- All nursing homes have reliable access to appropriate evacuation transportation.
- Each state and local Emergency Operations Center considers nursing home power restoration a priority.
- An infrastructure and policy framework supports electronic access to uniform health information of nursing home residents.
- Emergency communication equipment and protocols effectively connect nursing home providers with local, state and federal emergency response agencies.
- Regional mutual aid support plans among healthcare providers coordinate the allocation of resources such as transportation, generators, staff and receiving facilities.

Continuing Considerations

► **Disaster planning and response for community-based seniors.** There are many "independent seniors" who live in senior housing or in single family homes who would be unable to plan for a disaster or make arrangements for an evacuation. Those who dwell in mobile homes are of special concern. In addition, the nursing home population is mobile, with the average length of stay 14 days for the short-term, rehabilitative population which accounts for one third of the nursing home population at any point in time. A discussion of vulnerable frail elders should also include those living in assisted living facilities and outside of a residential care setting.

► **Care of returning nursing home residents.** A Louisiana geriatrician, Dr. Charles Cefalu, voiced his concern regarding the very poor health condition of returning NH residents. It takes a long time for such patients to improve their level of heath, and some may never return to their previous heath status. Staffing is also a consideration in caring for returning nursing home patients. Nursing homes may be able to re-open, but may not be able to provide care to the full extent of their license due to insufficient numbers of certified nursing assistants and other care professionals. A 300-bed nursing home might only be able to take 150 returning patients due to staffing limitations.

► **Increasing the capacity to respond to emerging clinical conditions**. One delegate asked how one should respond when the closest emergency room is your own facility. This provocative question sparked a discussion regarding the limited access that nursing home clinical staff have to external health professionals. Suggestions for further examination included a closer alignment with the American Medical Directors Association and hospitals to strengthen clinical education for long-term care nurses. This topic will be recommended to the National LTC Senior Clinicians Group for guidance.

► **Preparing and responding to the threat of an influenza pandemic.** Although the Summit's theme was hurricanes, delegates stressed that disaster planning must take an all-hazards approach. Of particular concern was the impact of an influenza pandemic in long-term care communities. Topics raised at the Summit were life and death decision making (e.g., ventilator access) and availability of staff. In addition, pandemic flu planning, from a public health perspective, may also include the use of nursing homes as temporary health facilities.

► **Assisting ESF-8 partners to develop asset typing that meets the specific needs of nursing home settings and residents.** Asset typing refers to the categorization and description of resources commonly exchanged in disasters through mutual aid agreements, as described in the National Defense Plan. The Region IV ESF-8 Coalition is already engaged in asset typing activities, and nursing home associations in the southeastern coastal states should request to provide assistance on typing assets for LTC populations.

► **National, regional, state and local planning for the future development and location of LTC residential facilities should take into consideration the storm surge and flood prone areas' hazard risks.** Relocation financial assistance should be included in the planning considerations, since 80% of LTC funding is through Medicaid and Medicare. LTC is a public/private partnership.

Appendices

Appendix A

Delegates to the 2007
Nursing Home Hurricane Summit
&
National Advisory Committee Meeting

Delegates to the 2007 Nursing Home Hurricane Summit & National Advisory Committee Meeting

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Appendix B

Copy of Summit Agendas

National Advisory Committee Meeting

May 21, 2007

Don CeSar Beach Resort & Spa
St. Pete Beach, Florida

AGENDA – Monday, May 21, 2007..... Meeting Room: North Terrace

8:30 a.m.
Continental Breakfast

9:00 -- 9:15a.m.
Welcome & Charge ..... LuMarie Polivka-West, Principal Investigator
Hurricane & Disaster Preparedness for LTC Facilities, Funded by The John A. Hartford Foundation

Special Remarks ..... Amy Berman, Program Officer
The John A. Hartford Foundation

9:15 – 10: 30a.m.

National Overview & Discussion of Policies
- ❖ National Response Plan.....Ray Runo, Director
  Florida Dept. of Health, Office of Emergency Operations
- ❖ CMS Emergency Preparedness Regulations.....Janice Zalen
  Senior Director of Special Programs, Am. Health Care Association
- ❖ Stafford Act .....LuMarie Polivka-West

Discussion: State, Federal and DHHS Changes and Impact on Policy and Practice
- ❖ Joe Donchess, Executive Director, Louisiana Nursing Home Association
- ❖ Janice Zalen, Senior Director of Special Programs, American Health Care Association
- ❖ Bob Asztalos, Representing the Office of The Honorable Ginny Brown-Waite

10:30 a.m.....Break

10:45 – 11:30

Evacuation Decision-Making: The CEO Perspective ..... Scott Bell, President, Delta Health Group
- ❖ What role does the nursing home administrator have in deciding on an evacuation?
- ❖ Who does the CEO hold accountable for good disaster preparedness at the facility level, the corporate level?
- ❖ What are the transportation challenges during an evacuation

11:30 a.m. – 12:15 p.m. Working Lunch

Discussion: Evacuation Decision-Making.....LuMarie Polivka-West, Facilitator
- ❖ Impact of Evacuations on Resident Acuity Levels & Vice Versa.....Vince Mor, Ph.D., Brown Univ.
- ❖ Role of the Medical Director & Other Clinicians ..... Bruce Robinson, M.D., Sarasota Memorial Hospital
  Irene Fleshner, Senior VP, Clinical Operations, Genesis Healthcare Corp.
- ❖ Difficult Decision-Making & Ethics.....Msgr. Charles Fahey, Fordham University

12:15 p.m. **Recap and Issues to Carry Forward**

12:30 p.m. **ADJOURN**

2007 Nursing Home Hurricane Summit

May 21 – 22, 2007

Don CeSar Beach Resort & Spa
St. Pete Beach, Florida

AGENDA – Monday, May 21, 2007 ..... King Charles Ballroom

1:00 p.m
Welcome & Introductions ..... LuMarie Polivka-West, Principal Investigator
Hurricane & Disaster Preparedness for LTC Facilities, Funded by The John A. Hartford Foundation
David P. Sylvester, Board President
Florida Health Care Association
Robin A. Bleier, Chair
Florida Health Care Association Disaster Preparedness Committee

1:15 p.m.
Opening Remarks ..... Amy Berman, Program Officer
The John A. Hartford Foundation
Bill Phelan, Executive Director
Florida Health Care Association

1:30 p.m.
Remarks from the National Advisory Committee ..... Advisory Committee Members
- ❖ Evacuation Decision-Making and Transportation
- ❖ Legislation and Public Policy; Congressional Update

2:00 p.m.
State Briefings: Achievements, Challenges and Unresolved Issues
State Health Care Assn. & ESF8 Representatives:
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, Texas and Virginia

3:45 p.m.

4:00 p.m.
Showcase of Tools for Disaster Planning and Preparedness

- ❖ **The John A. Hartford Foundation-Sponsored Tools ..... Ray Runo, Director**
Florida Department of Health, Office of Emergency Operations
Saif Fakih, Senior Software Engineer & Project Manager
USF Center for 21st Century Teaching Excellence, Media Innovation Team
Lee Ann Griffin, Assistant Director of Quality & Regulatory Services
Florida Health Care Association
- ❖ **Florida's Emergency Status System ..... Molly McKinstry, Bureau Chief, LTC Services**
Florida Agency for Health Care Administration

5:00 p.m.
Review, Critique and Discussion

5:45 p.m. – Adjourn for the Day

Nursing Home Hurricane Summit

AGENDA – Tuesday, May 22, 2007 ..... King Charles Ballroom

7:30 a.m. ..... **Breakfast Buffet**

8:00 -- 9:30 a.m. ..... **Summit Reflections**

- **State Executives & ESF8 Representatives (8:00 – 8:45 a.m.)..... Kathy Hyer, Facilitator**
  Alabama; Florida; Georgia; Louisiana; Mississippi; North Carolina; Texas; Virginia

- **National and Other Summit Delegates (8:45 – 9:30 a.m.).....LuMarie Polivka-West, Facilitator**

9:30 – 10:00 a.m. .....**Identification of Ongoing Challenges**

- ✓ *What is the progress in transportation planning? What are the continued challenges?*
- ✓ *How far have we come in our partnerships between states and ESF8/Emergency Management operations?*
- ✓ *What policy, regulatory, and/or legislative changes are needed (federal; state; local)?*
- ✓ *What have we learned about evacuation versus sheltering in place decision-making?*
- ✓ *Are there new or emerging challenges?*

10:00 – 10:15

10:15 – 11:45 p.m. ..... **Next Steps for Addressing Challenges**

- ✓ *Associations & Advocacy Groups*
- ✓ *Local*
- ✓ *State*
- ✓ *Federal*

12:00 p.m. .....Program Adjourns

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Appendix C

Progress in Southern Coastal States

FHCA and John A. Hartford Foundation
2007 Hurricane Summit
Follow-up Questionnaire to 2006 Summit

At the 2006 Hurricane Summit nursing home providers identified the following issues as areas that should be addressed to improve nursing home disaster preparedness. Please respond to each statement below indicating the level of progress that has been made in your state during the past year.

On a scale of 1 to 4, where 1 represents "A Great Deal of Progress", and 4 represents "Worse than in 2005", circle the response to indicate how much progress has been made to…	**Average**
1. Revise disaster preparedness guides based on the FHCA guide?	1.67
2. Develop and refine disaster preparedness guides at the state level?	1.58
3. Educate NH providers regarding the role of the ESF8s?	1.71
4. Develop and refine disaster preparedness guides in LTC facilities?	1.65
5. Establish resident tracking and case management systems?	2.22
6. Develop effective communication systems?	1.95
7. Review transportation services available to LTC facilities during emergencies?	2.09
8. Examine the cost-effectiveness of reimbursing LTC facilities for hazard mitigation activities?	2.33
9. Examine the appropriateness of LTC facilities to shelter frail community-dwelling elders with special needs?	2.32
10. Develop methods to streamline the complex transport of residents, staff and their family members, and equipment?	2.1
11. Evaluate ethics, legal issues, and liability regarding evacuation?	2.2
12. Provide guidance for evacuation decision making by the NH association?	1.8
13. Provide guidance for evacuation decision making by the Emergency Management office?	1.95
14. Improve evacuation tracking systems?	2.1
15. Change NH priority for restoration of electricity?	2.1
16. Change legislature regarding requirements for generators?	2.65
17. Address reimbursement for facility expenses in disasters?	2.58
18. Address reimbursement for evacuation?	2.63
19. Should the disaster preparedness guides be procedures manuals?	1.5
20. Is your LTC association represented in the State ESF-8 or Emergency management structure?	1.07
21. Is data needed to help determine if partial evacuations are needed (ie, evacuate only certain residents because of their health risk?)	1.21
22. Since 2005 are ESF8s at the state more sensitive to disaster preparedness, response and recovery issues of LTC facilities?	1
23. Are NHs more aware of Emergency Management functions and role during disasters?	1.05
Please rank order the following 6 statements in terms of importance where 1 being "Most important" and 6 being "Least important."	
24. Developing effective communication systems	3.1
25. Developing transportation system for evacuation of nursing home residents	2.29
26. Establishing resident tracking system	3.86
27. Coordinating emergency management systems with NH services	3.95
28. Establishing decision-making criteria and guidelines for resident evacuation	2.95
29. Development and refinement of disaster preparedness guides	4.24

Southern Coastal States, At a Glance
Current Systems

STATE	LTC Seat at State EOC	Tracking Systems	Evacuation Decisions	Transportation	Communication Strategies
AL	**Yes**	• Alabama Incident Management System (AIMS) tracks beds & facility status • Resident tracking not automated	• Opinions differ re: who makes the decision – facility owners, Governor or EOC. There is pressure from the Governor & other state officials to evacuate NHs instead of remaining in place; we are working to educate them regarding this issue.	• AL Dept. of Public Health is proposing to purchase kits to retrofit school buses at the cost of $500,000. This remains a huge concern for us.	• AIMS includes phone trees (cell phones) • Satellite phones are being issued to NHs • Also using Ham operators
FL	**Yes**	• Emergency Status System (ESS) tracks beds & facility status • Resident tracking not automated	• Owners/facility administrators have the final responsibility & authority unless there is an imminent danger to human life. Local Boards of County Commissioners in conjunction with Local Emergency Managers /State Emergency Operations Center conducts oversight and support and coordinates with the Florida Healthcare Association and facility administrators.	• As part of the state licensure requirements, facilities are required to have evacuation plans inclusive of transportation systems. • Still working to improve access and utilization of private transportation systems • Should there be a problem with timely access to transportation resources for an evacuation; the state EOC coordinates additional transportation resource deployments to ensure timely evacuation as requested.	• Emergency Status System (ESS) • Satellite phones and ham radios are recommended • Telephone tree with national transport carriers being developed
GA	**NO**	• Database for tracking beds & transp. resources under development • Resident tracking not automated	• Local EM offices in 159 counties	• Still a concern; integrating transportation into the tracking system database	• Ham radios are being promoted for disaster preparedness
LA	**Yes**	• Web EOC tracks needs across agencies and resource allocation	• Owners (local EOCs/Governor have the authority to issue mandatory evacuations)	• Still a concern; integrating transportation into the tracking system database	• Accessing federal HHS for funding for 800 MHz radio phones • IGEA Care: Rapid Response Communication System
MS	**Yes**	• Paper system tracks availability of NH beds	• Owners (local EOC does have the authority to issue the evacuation order) • Shelter is a major concern- the state does not provide shelters for long term care residents	• Still a huge concern-working with transportation companies to coordinate resources	• The NH Association has purchased 10 satellite phones • Also using Ham operators
NC	**NO**	• Manual system (fax). The NC State Medical Asset/ Resource Tracking Tool (SMARTT) tracks assets, but NHs are not included • Resident tracking not automated	• Owners in conjunction with local EM office		
TX	**Yes**	• Database tracks beds • Resident tracking not automated	• NHs in the wind & surge zones must evacuate during a mandatory evacuation	• Still a concern; facilities offered registration & some are offered agreements. Contracts are costly.	

Appendix D

Congressional Letters

United States Senate
WASHINGTON, DC 20510–0905

BILL NELSON
FLORIDA

May 21, 2007

Dear Guests:

Welcome to the 2007 Nursing Home Hurricane Summit! As the senior Senator of this great state, I have witnessed the damage and devastation caused by hurricanes firsthand and all too often.

Hurricanes are our nation's most expensive natural disasters, and we are not doing enough to study these complex systems. The National Hurricane Center provides important information for predicting the path and strength of hurricanes and other major storms. For the people of Florida, it is a vital resource. However, much is needed to improve the National Hurricane Center's capabilities. I will continue to press for more funding for the National Hurricane Center to ensure it has the tools necessary to carry out their efforts to warn and educate the public of approaching storms.

Florida is better prepared than many states, but we must be vigilant in improving and reforming our hurricane response system. In the wake of the eight hurricanes which struck our state in 2004 and 2005, I asked the administration and Congress to provide additional disaster relief funds for Florida so that individuals and communities impacted by the hurricanes got the help they needed to rebuild.

With the 2007 Hurricane Season approaching, I will continue to work to provide Florida the resources it needs to prepare for hurricanes, and to support increased funding for hurricane research.

Sincerely,

Bill Nelson

GINNY BROWN-WAITE
5TH DISTRICT, FLORIDA

COMMITTEE ON HOMELAND SECURITY

COMMITTEE ON
FINANCIAL SERVICES

COMMITTEE ON
VETERANS' AFFAIRS

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May 21, 2007

Ms. LuMarie Polivka-West
Principle Investigator
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307 W Park Ave
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Dear LuMarie:

Thank you for inviting me to serve on the national advisory committee for the implantation of the "Hurricane and Disaster Preparedness for Long Term Care" project. Unfortunately, I am unable to attend today's meeting because I am in Washington, D.C., voting on legislation. I look forward to hearing a full account of today's activities.

The Government Accountability Office (GAO) recently published a report citing the alarming number of nursing homes repeatedly cited for poor patient care. Of the 63 nursing homes studied, 27 providers were cited 69 times for deficiencies that endangered patients. Congress and nursing homes must ensure that their residents receive quality care and must take decisive action to correct these problems.

Additionally, Hurricane Katrina highlighted the lack of preparedness that nursing homes have in the event of a disaster. A surprisingly large number of facilities do not even have an evacuation plan and few states require one by law. This hole in the security of America's most frail is inexcusable.

Consequentially, I have reintroduced H.R. 1476, the Senior Safety and Dignity Act. This legislation includes background checks for potential nursing home care employees and requires nursing homes to be prepared for an emergency and possible evacuation. H.R. 1476 will give seniors the protections they need and is a valuable part of the House Suburban Caucus agenda. I look forward to working with my colleagues in passing this important piece of legislation.

Again, thank you for inviting me to participate, and I look forward to working with the American Health Care Association in the future.

Sincerely,

Ginny Brown-Waite
Member of Congress

GBW:aw

Appendix E

The JAHF Hurricane and Disaster Preparedness for LTC (Grant Overview)

Hurricane & Disaster Preparedness for Long-Term Care Facilities

A project funded by
The John A. Hartford Foundation

Project Summary

In February 2006, The John A. Hartford Foundation (JAHF) funded a Nursing Home "Hurricane Summit," sponsored by Florida Health Care Association, of representatives from the six Gulf Coast States affected by hurricane damage during 2005 (Louisiana, Mississippi, Alabama, Texas and Florida), including Georgia, a receiving state for hurricane evacuees. The Summit evaluated disaster–preparedness, response and recovery of nursing homes and identified gaps that impeded safe resident evacuation and disaster response. The meeting identified emergency response system issues that require improved coordination between nursing homes and State and local emergency responders. The *Hurricane and Disaster Preparedness for Long-Term Care Facilities* project builds on the knowledge gained at the Nursing Home Hurricane Summit, the experience of emergency management staff during the four 2004 Florida hurricanes and the 2005 Hurricanes (Katrina and Rita), as well as the Federal Government's interest in improving disaster preparedness.

Primary Objective: This project's primary objective is to ensure the safety and quality of care of frail elders living in nursing homes during a natural disaster by helping nursing homes and state and local emergency responders improve disaster preparedness, response, and recovery.

Goals: To achieve this objective, the project will:

I. Develop a new nursing home Disaster Planning Guide and software for national use,
II. Develop and test nursing home disaster training materials, and
III. Disseminate these materials regionally at the 2007 gulf coast state Hurricane Summit, and nationally in 2008 in partnership with American Health Care Association at their annual meeting and other national meetings.

For more information, please contact:
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National Advisory Committee

Hurricane & Disaster Preparedness for LTC Facilities
A project funded by The John A. Hartford Foundation

Florida Health Care Association

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Expert Panel
Hurricane & Disaster Preparedness for LTC Facilities
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The Role of the Expert Panel:

- Advise project staff, via email or phone, on topics related to the expertise and interest of Panel members.
- Review the disaster plans of two selected nursing homes as well as the procedures and requirements used by the local EOC to review/approve the plans
- Assist in the identification of gaps in both the plans and the EOC's procedures and requirements for reviewing them
- Assist in the development and testing of disaster preparedness training materials and exercise(s)

Expertise	Name & Address	Telephone, Fax, Email
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