



2024 Virginia Long Term Care Infrastructure Pilot Program Education Series

April 2024

OPENING REMARKS

Welcome

+ Jennifer Koeniger, ALFA

VLIPP Project Emergency Preparedness Project Coordinator

OPENING REMARKS

The Jensen Hughes Team



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The Jensen Hughes Team



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[jensenhughes.com](https://www.jensenhughes.com)

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The Jensen Hughes Team



Nick Gabriele
VP, Global Service Line Leader
Healthcare + Emergency Management



AGENDA

Enhancing Your Preparedness for the next Emergency

- | | |
|--------------------|---|
| 10:00am – 12:00pm | Top CMS Emergency Management (E-Tag) Citations
The First Hour of Your Emergency
Incident Command System (ICS) Positions and How They Interact |
| 12:00pm – 12:15 pm | Break |
| 12:15pm – 2:00 pm | Tabletop Exercise
Question & Answer Session |

Top Cited Deficiencies for Emergency Preparedness

EP - Tags

- + Virginia
- + Nationally
- + Our clients



Why This Topic?

- + Heightened State-Level Enforcement - key focal points for the OIG's enforcement efforts in 2023.
- + More than half of states failed to meet nursing home surveying requirements between 2015 and 2018.
- + Nursing home facilities should anticipate deeper scrutiny and more frequent follow-up from state agencies.



Why This Topic?

Emphasis on Emergency Preparedness:

- + The OIG also continues to devote attention to addressing **perceived deficiencies in nursing home emergency preparedness**, as highlighted by the COVID-19 pandemic's impact on nursing homes.
- + The 2023 Budget Justification **focuses on preparing nursing homes for future potential emergencies beyond pandemics, including natural disasters or environmental emergencies.**



Why This Topic?

Emphasis on Emergency Preparedness:

- + *Involving community leaders, including fire and rescue agencies, in emergency planning.*
- + Revising and enhancing such emergency preparedness is now one way for nursing homes to avoid enforcement actions that allege inadequate policy drafting potentially.



Top Cited Deficiencies For Emergency Preparedness in 2023



E0039 – EP Testing Requirements

- + Conduct two exercises to test the EP plan annually, including unannounced staff drills using the emergency procedures.
- + *One of the exercises should be community-based 1-facility based.*
- + An additional exercise:
 - + Full-scale exercise that is community-based or facility-based.
 - + *Tabletop exercise.*
- + Analyze the facility's response.
- + **Maintain documentation of all drills and exercises for three years.**
- + Revise the emergency plan based on lessons learned.

Top Cited Deficiencies For Emergency Preparedness in 2023

E0039 – EP Testing Requirements

Common Deficiencies:

- + Two drills were not conducted.
- + A community-based drill was not conducted, and the facility did not document the efforts to identify a full-scale, community-based exercise.
 - + Dated, personnel, agencies contacted, the reason for the inability to participate.
- + **No documentation of the exercise (*After Action Report*). (**Homework**)**
- + **No documentation of the analysis, facility response, and how the emergency program was updated (*Improvement Plan*). (**Homework**)**



Top Cited Deficiencies For Emergency Preparedness in 2023

E0037 – EP Training Program

The training program must include all the following:

- + Initial training in emergency preparedness policies and procedures for all new and existing staff, contracted staff, and volunteers.
- + Demonstrate staff knowledge of emergency procedures.
- + Annual training.
- + Maintain documentation of the training.

Common Deficiencies:

- + No record of training.
- + No documentation of who was trained.
- + No documentation of the subject matter of the training.



Top Cited Deficiencies For Emergency Preparedness in 2023

E0031 – Emergency Officials Contact Information

Must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.

- + Federal, State, tribal, regional, or local emergency preparedness staff.
- + The State Licensing and Certification Agency.
- + The Office of the State Long-Term Care Ombudsman.
- + Other sources of assistance.
 - + Name some of your other sources?

Common Deficiencies:

- + No record of contact information.
- + No documentation review and update.



Top Cited Deficiencies For Emergency Preparedness in 2023

E0007 – Patient Population

Address patient/client population, including, but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans. Initial training in emergency preparedness policies and procedures for all new and existing staff, contracted staff, and volunteers.

+ Annual review & update.

Common Deficiencies:

- + Did not address at-risk populations served (Mobility, non-English, etc.)
- + Delegations of Authority and Succession Planning

Top Cited Deficiencies For Emergency Preparedness in 2023

E0035 – LTC and ICF/IID Sharing Plan with Patients

Develop and maintain an emergency preparedness communication plan. Annual review & update. A method for sharing information from the emergency plan, that the facility has determined is appropriate, with residents [or clients] and their families or representatives.

- + You have flexibility in deciding what information from the emergency plan should be shared, as well as the timing and manner in which it should be disseminated.
- + Create a quick “Fact Sheet” or informational brochure...highlighting the major section.

Common Deficiencies:

- + No method for sharing demonstrated



Top Cited Deficiencies For Emergency Preparedness in 2023

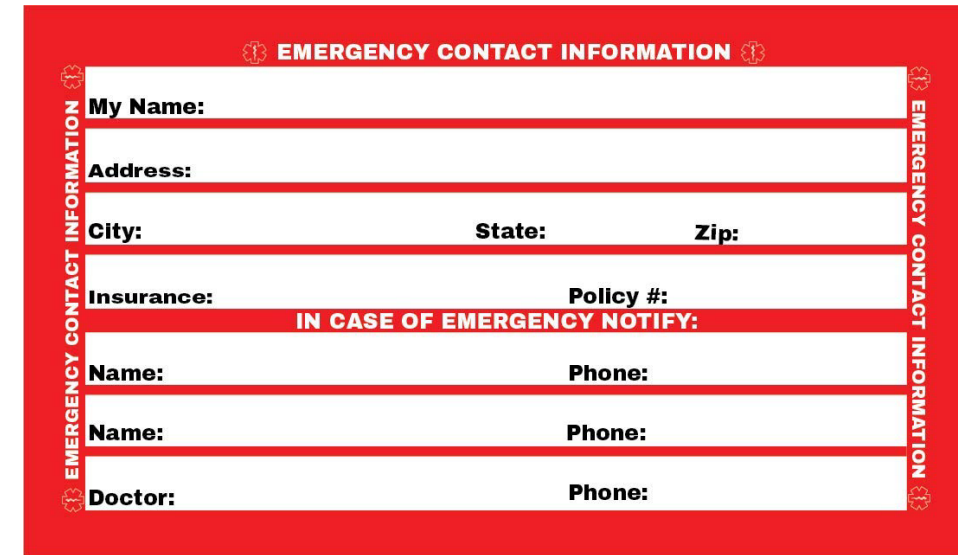
E0030 – Name and Contact Information

The communication plan must include names and contact information for the following:

- + Staff
- + Entities providing services under arrangement
- + Resident's physicians
- + Other facilities
- + Volunteers

Common Deficiencies:

- + The names and contact information of staff and vendors were not correct/updated.
- + *The list was updated and replaced in one location, but old contacts and contact information were left in the plan as well.*



The image shows a red-bordered form titled "EMERGENCY CONTACT INFORMATION". The form is divided into several sections for data entry:

- My Name:** A single-line text field.
- Address:** A single-line text field.
- City:**, **State:**, and **Zip:** Three separate text fields for location information.
- Insurance:** and **Policy #:** Two separate text fields.
- IN CASE OF EMERGENCY NOTIFY:** A section header for emergency contacts.
- Name:** and **Phone:** Two separate text fields for the first emergency contact.
- Name:** and **Phone:** Two separate text fields for the second emergency contact.
- Doctor:** and **Phone:** Two separate text fields for a doctor's contact information.

The form has a vertical label "EMERGENCY CONTACT INFORMATION" on both the left and right sides.

Top Cited Deficiencies For Emergency Preparedness in 2023

E0023 – Policies & Procedures for medical documentation

In addition to any existing requirements for patient records found in existing laws, under this standard, facilities are required to ensure that patient records are secure and readily available to support continuity of care during an emergency.

Must include:

- + Preserves patient information.
- + Protects confidentiality of patient information.
- + Secures and maintains the availability of records.



Medical record

Common Deficiencies:

- + No policies and procedures that documents the medical record documentation system addresses as outlined.

Top Cited Deficiencies For Emergency Preparedness in 2023

E0022 – Shelter In Place

A means to shelter in place for patients, staff, and volunteers who remain in the [facility].

- + Required to have policies and procedures for sheltering in place which align with the facility's risk assessment.
- + Include in their policies and procedures the criteria for determining which patients and staff that would be sheltered in place.
- + Include a means for sheltering all patients, staff, and volunteers who remain in the facility in the event that an evacuation cannot be executed.

Common Deficiencies:

- + No policies and procedures for how it will provide a means to shelter in place for patients, staff and volunteers who remain in a facility.
- + P&Ps not aligned with the facility's emergency plan and risk assessment.

Top Cited Deficiencies For Emergency Preparedness in 2023

E0024 – Policies/Procedures- Volunteers and Staffing

The EP must include the use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integrating State and Federally designated healthcare professionals to address surge needs during an emergency.

Common Deficiencies:

- + No policies and procedures to facilitate the process of volunteer support.
- + No privileging and credentialing processes for healthcare volunteers.

D. DISASTER CREDENTIALING AND PRIVILEGING

As a long-term care facility evacuates, it is likely that staff and clinicians from one facility will be working at other facilities throughout the duration of the disaster as they help to care for their residents at the RAFs.

This situation may also occur if physicians, nurses, and other care providers from around the community and surrounding communities volunteer their time during a disaster.

Each LTC-MAP member facility should have an internal procedure for credentialing of emergency providers / volunteers and granting of temporary privileges in a disaster. These internal procedures should follow the base requirements from The Joint Commission and HEALTH. In order to activate these internal procedures, the facility's Emergency Operations Plan has to be activated. The facility Administrator or designee must determine that the facility is unable to handle the immediate resident needs with their existing staff. Some of the baseline Background Check information the facilities should consider including:

- OIG and State HEALTH/DHS Exclusion List
- State Licensure List: License 2000 (<https://healthri.mylicense.com/Verification/>)
- Sex Offenders Registry.

All volunteers will have a facility ID badge affixed to them and be signed in to the facility via a Labor Pool. All outside volunteers must also wear a facility nametag and have 2 picture IDs with them at all times.

The LTC-MAP facilities, in collaboration with HEALTH, will use any standardized systems for verifying the credentials of long-term care providers once the systems are in place.

As soon as the immediate situation is under control, not to exceed 72 hours unless communication is disrupted (this must be documented), the verification process of credentials and privileges of individuals who have received disaster privileges must be completed. This privileging process must comply with HEALTH regulations and RI statutes for granting temporary privileges to fulfill an important resident need.

Within 72 hours, the organization will determine the need to continue this disaster privileging policy.

Top Cited Deficiencies For Emergency Preparedness in 2023

E0015 – Subsistence Needs for Staff and Residents

The Provision of subsistence needs for staff and residents, whether they **evacuate or shelter in place**, shall include:

- + Food, water, medical and pharmaceutical supplies.
- + Alternate source of energy to maintain:
 - Temperatures to protect resident health and safety (heating and cooling) and for food storage.
 - Emergency lighting.
 - Fire detection, extinguishing, and alarm systems.
 - Sewage and waste disposal.

Top Cited Deficiencies For Emergency Preparedness in 2023

E0015 – Subsistence Needs for Staff and Residents

Common Deficiencies:

- + Did not comply with all requirements of the regulation.



Licensed Assisted Living

Specifically – Part IX Emergency Preparedness

(https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/code_regulations/regulations/final_alf_reg.pdf)



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

The facility shall develop a written emergency preparedness and response plan

- + Documentation of initial and **annual contact with the local emergency coordinator**
- + Analysis of the facility's potential hazards... that would disrupt normal operation of the facility
- + Written emergency management policies and procedures
- + Supporting documents that would be needed in an emergency

Licensed Assisted Living

Written Emergency Response Procedures for:

- + Assessing the situation
- + Protecting residents
- + Staff
- + Volunteers
- + Visitors
- + Equipment
- + Medications
- + Vital Records
- + Restoring Services



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

Licensed Assisted Living

Commonalities with CMS

- + Plan Development with Community Partners
- + Evacuation Strategies (FBE Plan)
 - + Immediate
 - + Delayed
- + Training
- + Testing
- + Providing the plan to Residents (They need to know what to do)



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

The First Hour of Your Emergency

**(including Incident Command System (ICS)
Positions and How They Interact)**

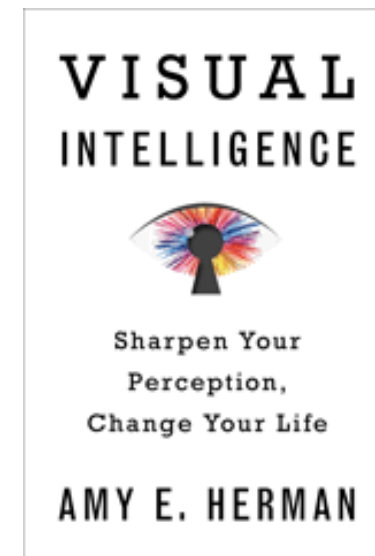
The First Hour of Your Emergency

Recognition of an Emergency



Perceptual Filters:

- + Confirmation Bias
- + Seeing what we're told to see
- + Change Blindness
- + Inattentional Blindness



The First Hour of Your Emergency

Recognition of an Emergency

An emergency incident ***has or is*** occurring:

- + Fire/smoke condition
- + Internal Flooding
- + Loss of Power / Generator Failure
- + Loss of Heat or Air Conditioning
- + Others...

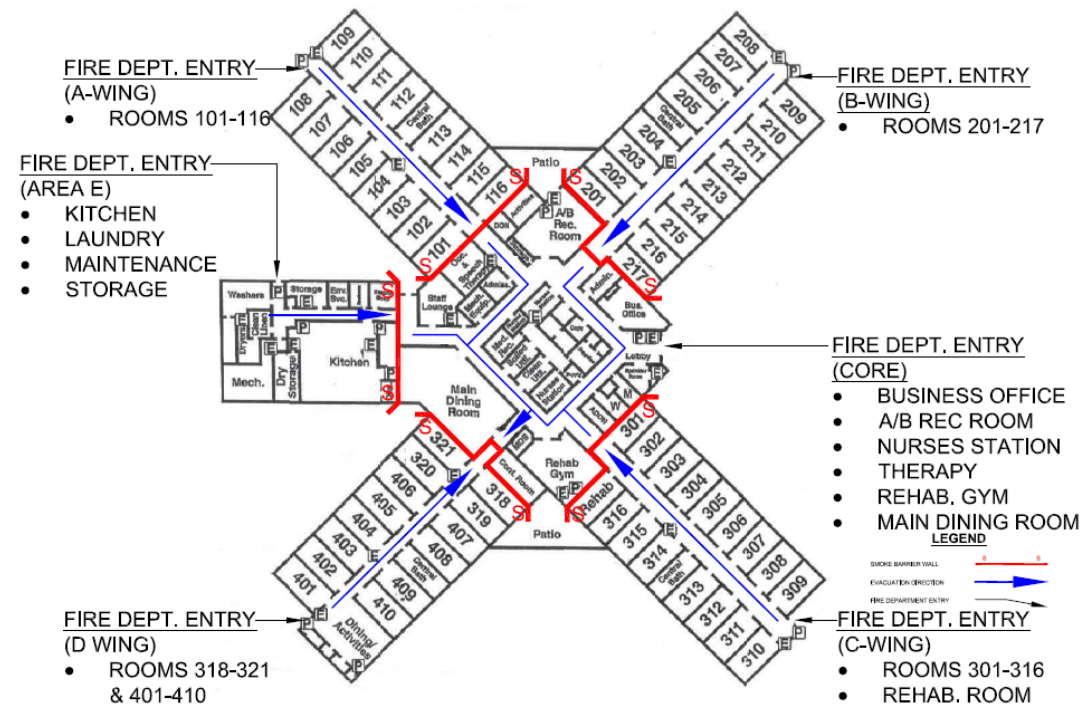


The First Hour of Your Emergency

Life Safety Preservation Actions

Internal relocation of staff & residents (Areas of Safe Refuge):

- + R.A.C.E. fire plan
- + Defend in Place
- + Fire/smoke barriers & compartments



The First Hour of Your Emergency

Life Safety Preservation Actions

Internal relocation of staff & residents (Areas of Safe Refuge):

- + Internal Flooding / Building damage
- + Loss of Power / Generator Failure
 - + Oxygen dependent residents
 - + Emergency Lighting
- + Loss of Heat or A/C
 - + Internal Warming / Cooling Stations



The First Hour of Your Emergency

Notifications

- + **911** – Immediate response from police, fire, EMS
- + Internal – Leadership Team (Administrator, DON, Maintenance, etc.)
 - Phone Tree, Electronic Notification System
- + Local Healthcare Coalition
- + VA Dept of Health
 - (804) 864-7035 (Emergency Preparedness)
- + VA Department of Social Services
 - Statewide Toll-Free # 1-800-543-7545



The First Hour of Your Emergency

Activate Facility Incident Command Center

Administrator's Office / Conference Room

+ Assign NHICS Roles to Leadership Team

+ Command Staff

- ***Incident Commander***
- Safety / Security Officer
- Liaison / Public Information Officer
- Medical Director / Technical Specialist

+ General Staff

- Section Chiefs (Operations, Planning, Logistics, Finance)



Nursing Home Incident Command System (NHICS)

PLANNING





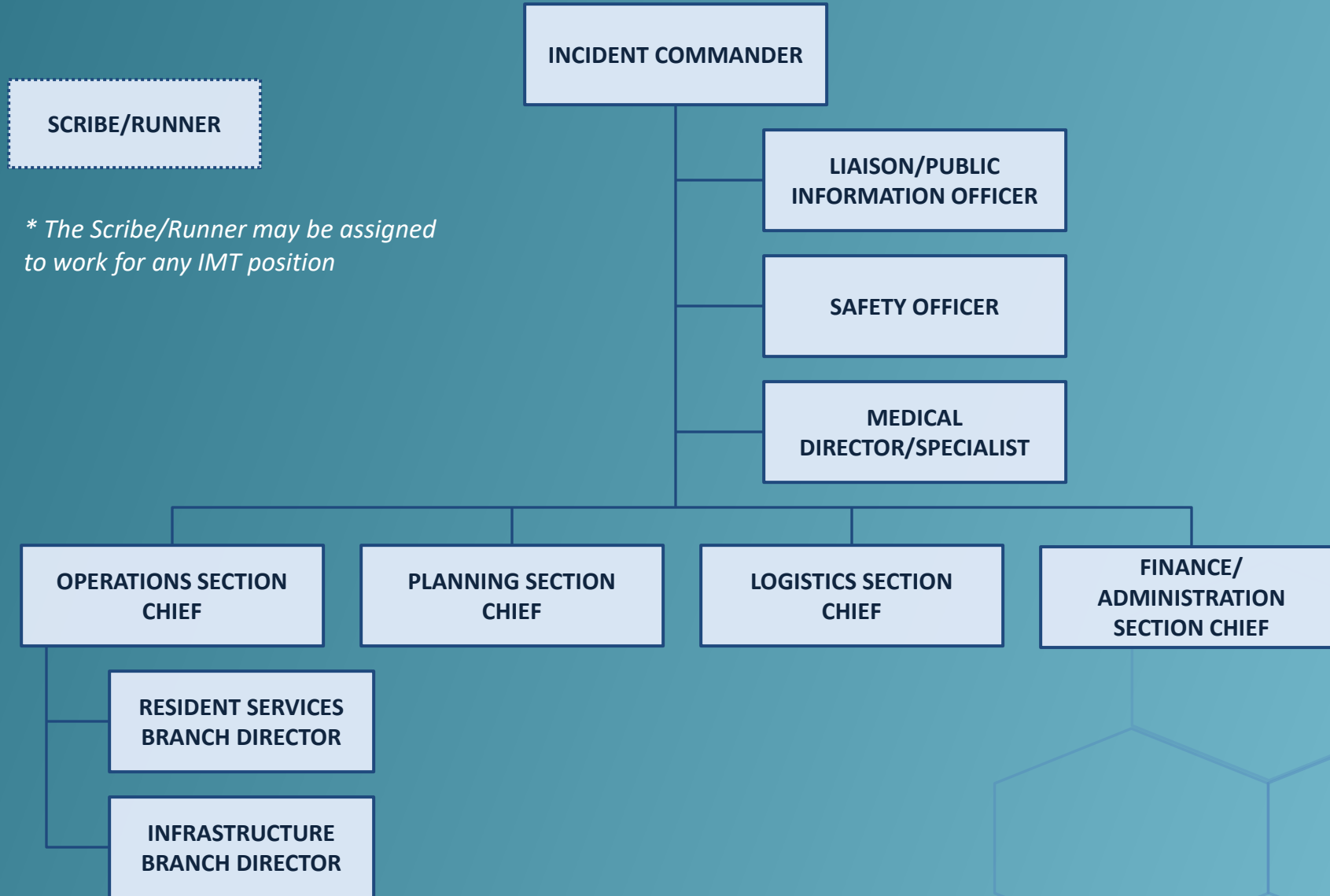
Incident Command – A Brief History

- Adopted for use in the 1970's - California Fire Service
 - Based on military hierarchy
- Virtually all disaster response agencies utilize Incident Command
- Key Concepts –
 - **Unity of Command**
 - **Unified Command**
 - **Common Terminology**
 - **Management by Objectives**
 - **Flexible and Scalable**





INCIDENT MANAGEMENT TEAM (IMT)

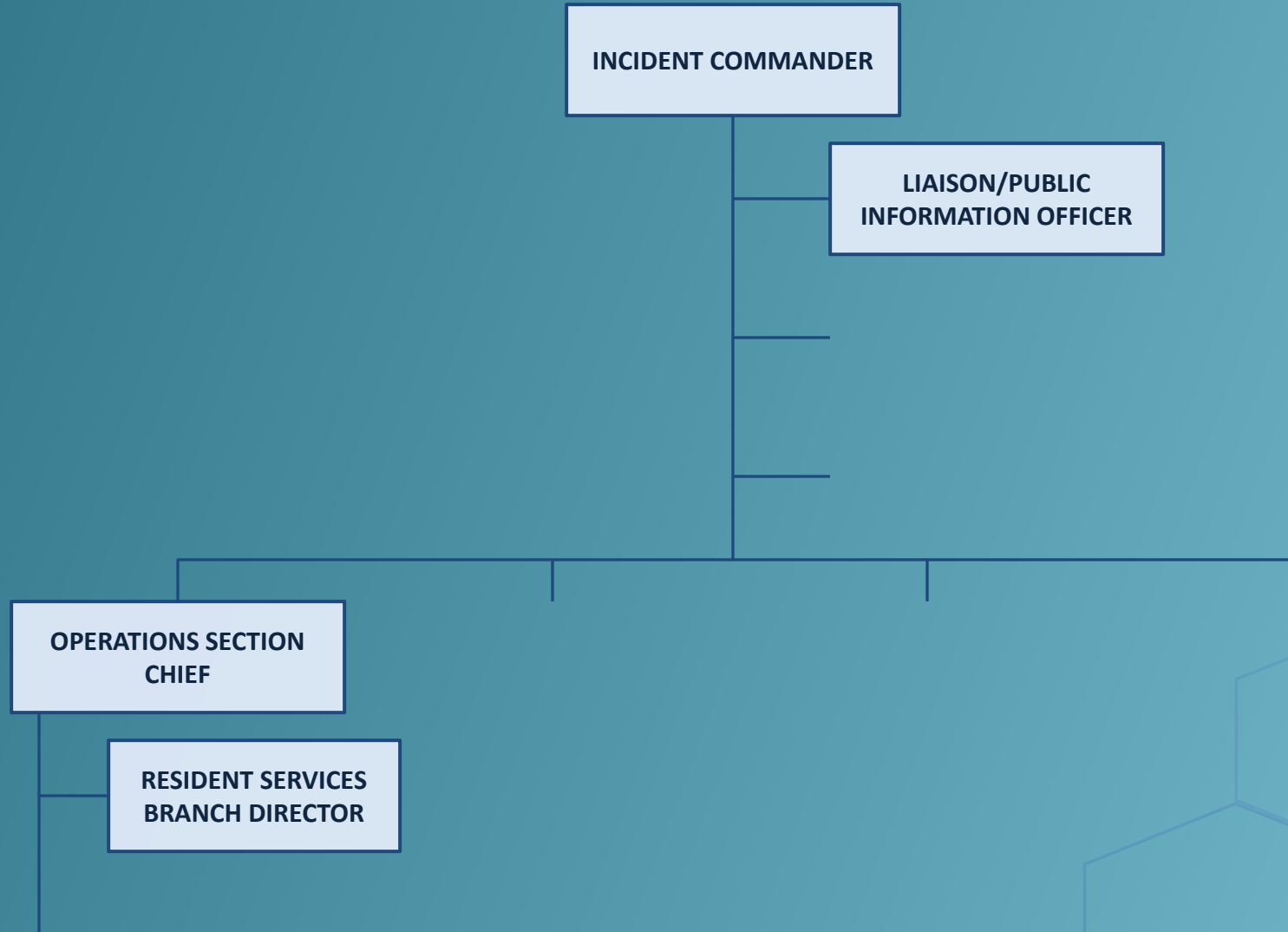


SCRIBE/RUNNER

** The Scribe/Runner may be assigned to work for any IMT position*

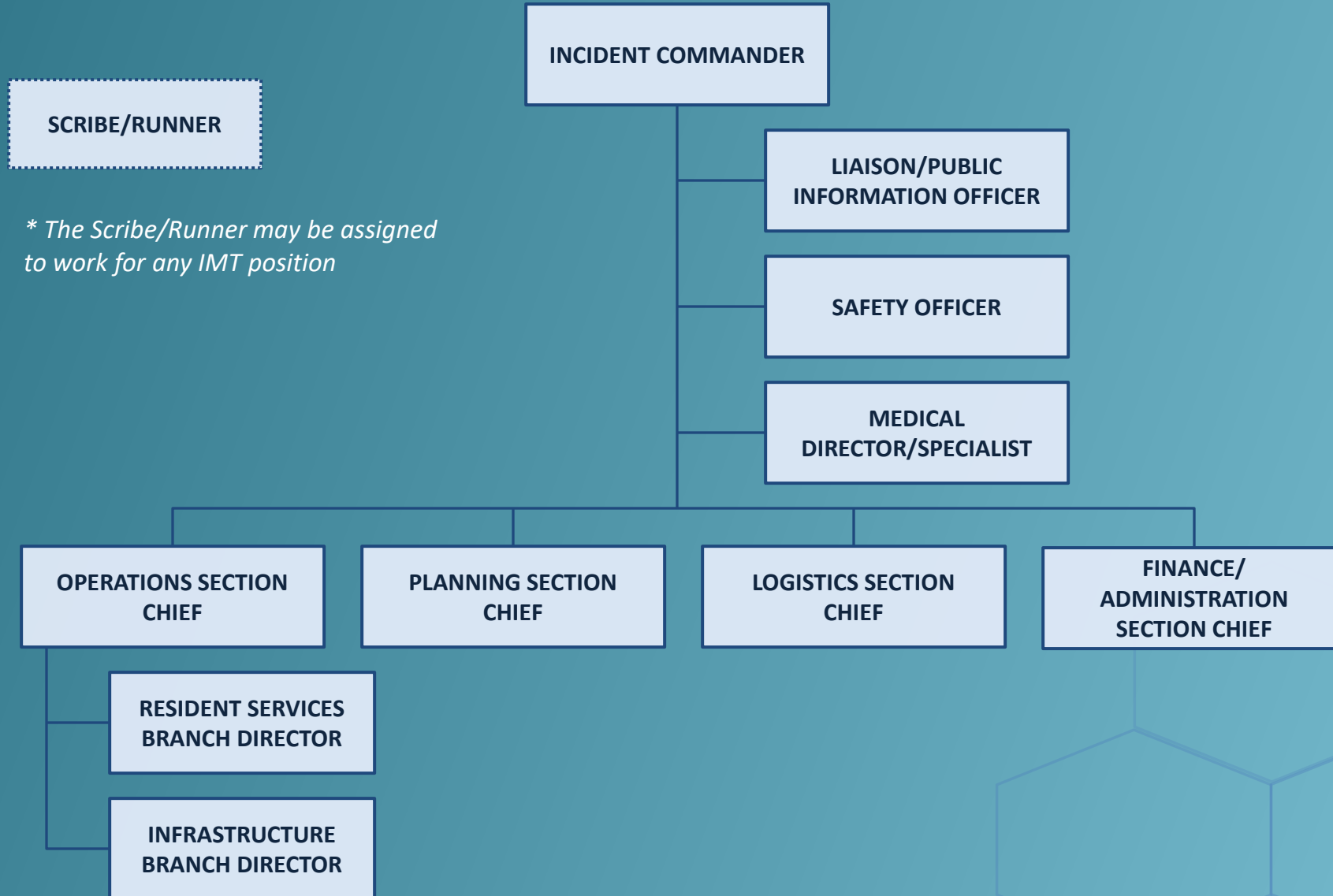


Missing Resident IMT





Full Evacuation IMT



SCRIBE/RUNNER

** The Scribe/Runner may be assigned to work for any IMT position*



Incident Action Plan (IAP) Quick Start

The NHICS 200: Incident Action Plan (IAP) Quick Start is designed to:

- Be used at the onset of an activation
- Assist the Incident Commander by reducing the time spent filling out forms
- ***May be the only form needed for smaller activations***



Next Steps – Convene IMT And Develop the IAP

INCIDENT ACTION PLAN (IAP) QUICK START

COMBINES NHICS FORMS 201+202+203+204+215A

1. INCIDENT NAME	2. OPERATIONAL PERIOD		
	DATE:	FROM:	TO:
	TIME:	FROM:	TO:
3. SITUATION SUMMARY			
4. WEATHER/ENVIRONMENTAL IMPLICATIONS FOR PERIOD (INCLUDES AS APPROPRIATE: FORECAST, DAYLIGHT)			
1.			
2.			
3.			
4.			

PURPOSE: COMBINES NHICS FORMS 201+202+203+204+215A
ORIGINATION: INCIDENT COMMANDER OR PLANNING SECTION CHIEF
COPIES TO: ALL IMT STAFF

INCIDENT ACTION PLAN (IAP) QUICK START

COMBINES NHICS FORMS 201+202+203+204+215A

5. CURRENT ORGANIZATION	
(Fill in additional positions as appropriate)	
INCIDENT COMMANDER	

PURPOSE: COMBINES NHICS FORMS 201+202+203+204+215A
ORIGINATION: INCIDENT COMMANDER OR PLANNING SECTION CHIEF
COPIES TO: ALL IMT STAFF

INCIDENT ACTION PLAN (IAP) QUICK START

COMBINES NHICS FORMS 201+202+203+204+215A

6. INCIDENT OBJECTIVES		
6a. OBJECTIVES	6b. STRATEGIES/ TACTICS	6c. RESOURCES REQUIRED
7. HEALTH AND SAFETY BRIEFING IDENTIFY POTENTIAL INCIDENT HEALTH AND SAFETY HAZARDS AND DEVELOP NECESSARY MEASURES (REMOVE HAZARD, PROVIDE PERSONAL PROTECTIVE EQUIPMENT, WARN PEOPLE OF THE HAZARD) TO PROTECT RESPONDERS FROM THOSE HAZARDS		
1.		
2.		
3.		
4.		
8. ATTACHMENTS (MARK IF EXTRA DOCUMENTATION IS ATTACHED)		
<input type="checkbox"/> NHICS 251: FACILITY SYSTEM STATUS REPORT <input type="checkbox"/> NHICS 254: EMERGENCY ADMIT TRACKING <input type="checkbox"/> NHICS 255: MASTER RESIDENT EVACUATION TRACKING <input type="checkbox"/> NHICS 215A: INCIDENT ACTION PLAN (IAP) SAFETY ANALYSIS <input type="checkbox"/> TRAFFIC PLAN		<input type="checkbox"/> INCIDENT MAP <input type="checkbox"/> OTHER:
9. PREPARED BY	PRINT NAME:	SIGNATURE:
	DATE/TIME:	FACILITY:

PURPOSE: COMBINES NHICS FORMS 201+202+203+204+215A
ORIGINATION: INCIDENT COMMANDER OR PLANNING SECTION CHIEF
COPIES TO: ALL IMT STAFF

CLEAR

INCIDENT ACTION PLAN (IAP) QUICK START

COMBINES NHICS FORMS 201+202+203+204+215A



INSTRUCTIONS

PURPOSE: Provides a faster approach to developing the IAP by combining NHICS Forms 201, 202, 203, 204 and 215A. You may use the IAP Quick Start during the early stage of an incident or if it is expected to be a short duration incident or it meets the needs of the incident at any time. If the full complement of NHICS Forms are needed, transition to their individual use.

ORIGINATION: Incident Commander or Planning Section Chief

COPIES TO: All IMT staff

NOTES: If additional pages are needed for any form page, use a blank NHICS IAP Quick Start and repaginate as needed. Additions may be made to the form to meet the organization's needs.

* Three versions of the IMT Chart are available in NHICS 2016. Formats are Adobe Acrobat fillable PDF, Visio and Microsoft Word.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Situation Summary	Enter brief situation summary.
4	Weather/Environmental Implications for period	Enter forecast information.
5	Current Organization	Enter the names of the individuals assigned to each position on the Incident Management Team chart. Modify the chart as necessary.
6	Incident Objectives	
	6.a Objectives	Enter each objective separately. Adjust objectives for each operational period as needed.
	6.b Strategies/Tactics	For each objective, document the strategy/tactic to accomplish that objective.
	6.c Resources Required	For each strategy/tactic, document the resources required to accomplish that objective.
6.d Assigned to	For each strategy/tactic, document the Section or Branch assigned to that objective.	
7	Health and Safety Briefing	Summary of health and safety issues and instructions.
8	Attachments	Attach additional NHICS forms and supporting documents as needed.
9	Prepared By	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.

PURPOSE: COMBINES NHICS FORMS 201+202+203+204+215A
ORIGINATION: INCIDENT COMMANDER OR PLANNING SECTION CHIEF
COPIES TO: ALL IMT STAFF

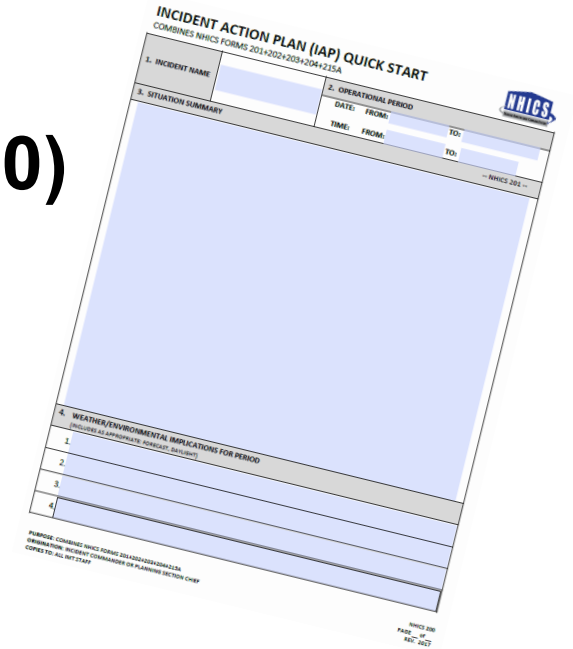
The First Hour of Your Emergency

Activate Facility Incident Command Center

Administrator's Office / Conference Room

+ Develop **Incident Action Plan (IAP) (NHICS Form 200)**

- + Incident Name
- + Operational Period (Date/Time)
- + Situational Summary
- + Weather / Environmental Implications
- + NHICS Organization Chart (Names in Boxes)
- + Incident Objectives (Strategies, Tactics, Resources, Assigned to)
- + Health & Safety Briefing



The image shows a form titled "INCIDENT ACTION PLAN (IAP) QUICK START" with the subtitle "COMBINES NHICS FORMS 201+202+203+204+205+206+215A". The form is divided into several sections: 1. INCIDENT NAME, 2. OPERATIONAL PERIOD (with sub-sections for DATE and TIME, each with FROM and TO fields), 3. SITUATIONAL SUMMARY (a large blue-shaded area), and 4. WEATHER/ENVIRONMENTAL IMPLICATIONS FOR PERIOD (with sub-sections 1, 2, 3, and 4). The NHICS logo is visible in the top right corner. At the bottom, there is a footer: "PURPOSE: COMBINE NHICS FORMS 201+202+203+204+205+206+215A. OPERATIONAL PERIOD: WEATHER/ENVIRONMENTAL IMPLICATIONS FOR PERIOD. COVER TO: ALL IAT STAFF. NHICS 200. PAGE 1 OF 2. REC-1022".

The First Hour of Your Emergency

Decision Point

+ Shelter in Place Vs. Evacuation

+ ***Is your facility safe for the continued occupancy of staff and residents?***



The First Hour of Your Emergency

Decision Point

INCIDENT COMMANDER

With input from Facility Leadership (Administrator, Director of Nursing & Maintenance Director) and Emergency Agencies, decide if facility will shelter-in-place or evacuate.

Consider future issues that will make evacuation difficult (e.g., road conditions, flood, downed trees, air contaminants).

Shelter-in-Place

Evacuate

The First Hour of Your Emergency

Evacuation Actions

- + ***Communicate with VDH / DSS / RHCC the decision to evacuate.***
 - + Evacuating census & Categories of Care
 - + Transportation Requirements (Ambulatory, Wheelchair, Ambulance)
- + Establish Holding Area(s)
- + Establish Vehicle Staging Area(s)
- + ***Prepare residents for evacuation / relocation***
- + Use Forms (Resident Emergency Evacuation Forms & Tracking Sheets)

The First Hour of Your Emergency

Evacuation Actions – Key pieces of your plan

- + **Internal Holding Areas**
- + **Stop Over Points (pre-identified)**
 - + The Emergency Room should not be your 1st choice!
 - + SNF vs. AL options
- + **Communication with local responders (pre & during)**
 - + Statewide Long-Term Care Mutual Aid Plan (LTC-MAP)
- + **Resident Tracking**



The First Hour of Your Emergency

Quick Reference Guide – The First Hour of Emergency

- + Recognition**
- + Life Safety Preservation Actions**
- + Notifications**
 - + 911, VDH, DSS, Local Healthcare Coalition (RHCC)
- + Activate Facility Incident Command Center**
 - + NHICS Positions
- + Decision Point**
 - + Evacuate vs. Shelter in Place
- + Evacuation Actions**

For Information and Resources

Virginia Long Term Care Infrastructure Pilot Project

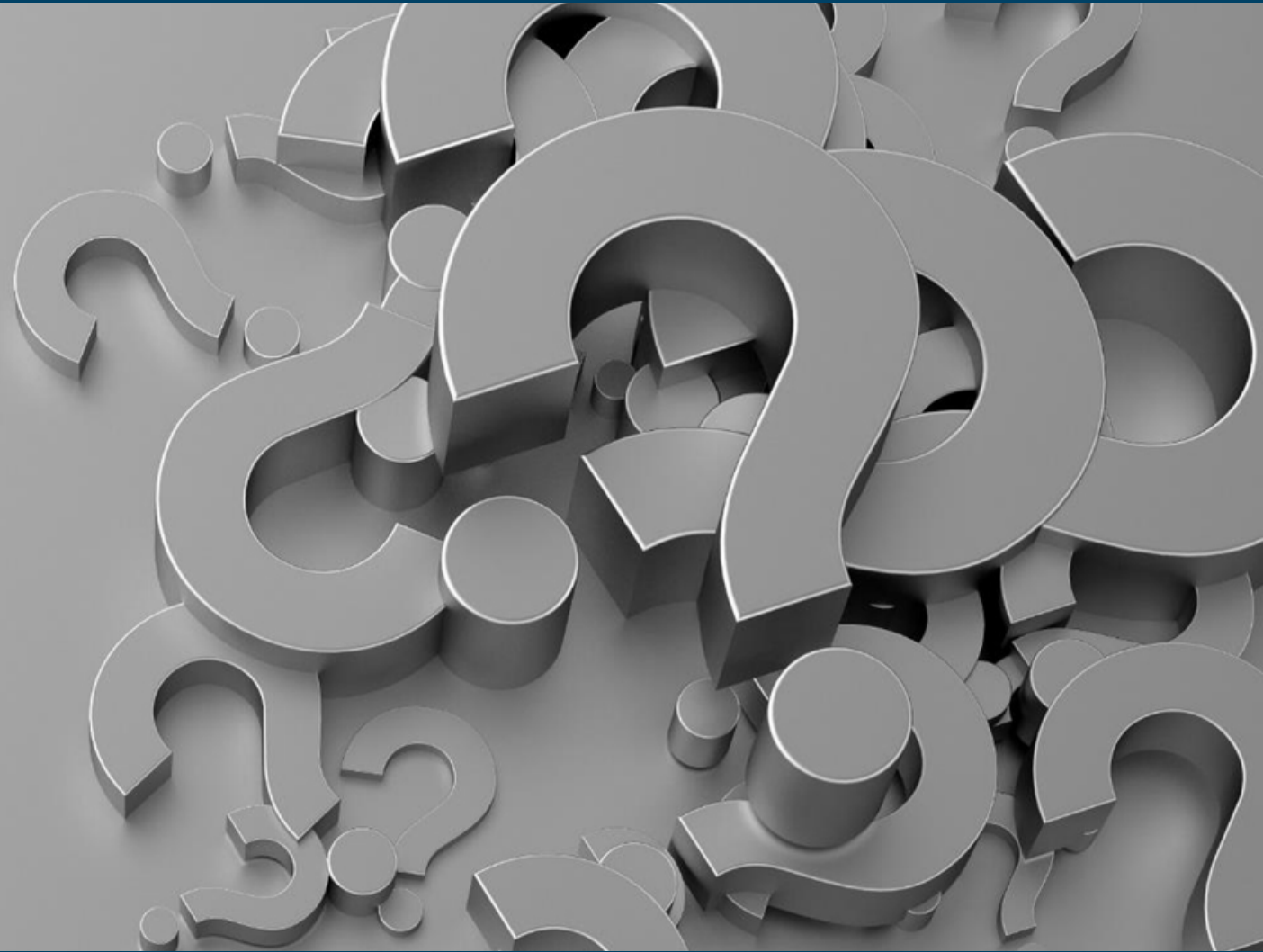


<https://www.vhca.org/vlipp/>



VHCA EMPrep emprep@vhca.org

Questions?



Thank you!
We would appreciate your feedback

2024 Virginia Long Term Care
Infrastructure Pilot Program
Education Presentation



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Break

Break (15 Minutes)



15 Minute Countdown Timer

The next session will start in

15

00