

# The San Diego Model—A Skilled Nursing Disaster Preparedness and Response Plan

## Introduction

In response to their experience in the wildfires of 2007, skilled nursing facilities and county emergency planners in San Diego County have developed a unique and creative Skilled Nursing Disaster Preparedness and Response Plan that seeks to address directly the coordination of one kind of Long-Term Care facility (LTC) during a disaster involving evacuations. Having identified key barriers to effective disaster response for this highly vulnerable population, the plan’s primary focus is on enhancing communication among facilities and with the County’s emergency management system in the case of disaster, especially one that may involve evacuation.

This document describes the San Diego plan and the process by which it was developed. While the experience and needs of other counties may be different, it is hoped that the San Diego experience may serve as a model for other counties as they seek to address the particular issues associated with LTC facilities in an evacuation situation. The approach taken by San Diego may be adapted for use in other counties.

### Key Elements of the “San Diego Model”

- A **plan** for coordination of skilled nursing facilities facing a disaster, including a **communication tree** with contact info
- A **collaborative process** that led to the plan and continues to build alliances
- A **formal agreement** among facilities that address key issues, and
- **Specific innovations** that resulted from the process, including:
  - A long term care seat at the Medical Operations Center
  - An agreement among facilities clarifying roles in case of evacuation
  - An agreed set rate for facilities receiving patients in the event of evacuation

# Background

## Recognizing the Problem

The 2007 San Diego wildfires threatened several skilled nursing and other long term care facilities with smoke and the need to evacuate. As a result of that event, a working group of individuals comprised of representatives from the San Diego County Emergency Medical Services Agency (EMS), the San Diego Health Care Association, the California Association of Health Facilities, the Hospital Association of San Diego and Imperial Counties, and various representatives from nursing homes in San Diego county came together and developed a Skilled Nursing Facility Disaster Preparedness Task Force. This group worked together to develop a countywide, uniform plan to facilitate the timely and effective evacuation and relocation of nursing home residents in the event of a disaster.

The Task Force was motivated by recognition that there were key gaps in preparedness for LTC facilities. In particular:

- No clear plan existed in the county that specifically addressed these facilities and their potential need to evacuate;
- LTC facilities were not specifically represented in the County's Departmental Operations Center(DOC)/Medical Operations Center (MOC) (i.e., the relevant departmental operating center);
- No up to date contact information was available for the responsible administrators at these facilities to talk to each other and no communication plan existed; and,
- Facilities had very different expectations and understandings as to the appropriate rates to charge for receiving evacuated patients

Drawing on this awareness, the Task Force sought to integrate skilled nursing facilities (SNFs) into the County disaster planning effort. In particular, the Task Force sought to recreate the network concept that existed for hospitals and Emergency Medical Services, extending that model to the county's SNFs. The results include a planning process and a "seat at the table," a formal agreement, and a simple, yet effective communications protocol to ensure that disaster responses involving SNFs occur smoothly.

## Developing the Plan

As noted above, the original Task Force addressing this issue was composed of stakeholders from across the county. This group looked to find an approach to meet the needs of all of the county's more than 90 skilled nursing facilities.

First, the group worked with County Geographic Information System (GIS) resources to understand where the facilities are located within the county. Reviewing this information, the Task Force found a reasonable distribution of facilities across seven pre-existing geographic regions defined by the Health and Human Services Agency (HHSA). The Task Force postulated that communication among a smaller, regionally based group of facilities would be preferable to a system that attempted to manage

communication with all of the county’s SNFs. The GIS effort was important because it allowed various stakeholders to quickly identify which facility was in which region.

Taking advantage of a scheduled “rap session” for SNF facilities, the Task Force presented the idea of developing a communication plan with facility representatives. They also reviewed the maps and concluded that a plan based on the geographic distribution represented a manageable approach by ensuring that groups would be made up of no more than about 10-15 facilities. This initial rap session was also used to discuss the actual history of wildfire evacuation and, importantly, to identify individuals willing to serve as area coordinators for each of the geographic regions.

Following this initial organization, the County Emergency Medical Services agency sent a letter to all Skilled Nursing Facilities Administrators. This letter (attached) described the idea of creating a countywide plan for SNFs recounted the process described above, and alerted all facilities that their individual area coordinator would be contacting them with further information about the program. In addition to informing all facilities of the plan, the letter served to give the official endorsement of the County’s Health and Human Services Agency.

The Task Force, now composed of both the original stakeholders and the area coordinators, made individual contact with each of the facilities, using the letter as an official introduction. In these meetings, the Task Force was able to build relationships and develop the trust that was necessary in order to have facilities feel confident in sharing sensitive information such as personal contact data. In these meetings, the Task Force was able to collect contact information for each of the facilities, which was compiled in hard copy form, allowing for use in an emergency. It was critical that the Task Force reassured the facilities that the information would only be used for this purpose.

Regular meetings were established. The Task Force now meets on a monthly basis. Activities have moved beyond the simple collection of contact information and a process has completed the development a Memorandum of Agreement (MOA) among the facilities. This agreement, signed already by over 60% of the facilities, is not a legally binding document. Rather, it is an agreement among facilities indicating their willingness to help. The object is to facilitate the process of finding like beds for patients in the case of evacuation and to facilitate the sharing of resources. It is also designed to facilitate the process of reimbursement following an evacuation. (MOA attached).

**Key Factors in Plan Development:**

- A full **understanding** of where the facilities are in the County
- Taking advantage of **existing meeting opportunities**
- Identification of willing and capable **area leaders**
- Securing **official support** from the County
- Building **trusting relationships** with the facilities—including face-to-face meetings

## The Plan

The above described process resulted in the development of an innovative plan which is described in some detail below.

### Key Innovations in the San Diego Plan:

- Improved **communication** and **relationships** among SNFs.
- A system of **communication and representation** for the SNFs at the MOC
- A **countywide agreement** among SNF relating to:
  - Agreement to receive evacuated patients
  - Agreement on roles of evacuating and receiving facilities during evacuation
  - Agreement on daily billing rate for evacuated patients

### Purpose and Authority

The purpose of the County's Skilled Nursing Facility Disaster Preparedness and Response Plan is to ensure timely and efficient communication regarding the status of these facilities in San Diego County during widespread disasters. This plan allows for the systematic collection and reporting of critical information regarding bed availability, evacuation status, and other resource-related issues. This information will be managed at the San Diego Medical Operations Center, the county designated entity for the purposes of emergency medical planning and response.

This plan is issued under the joint authority of the San Diego County Emergency Medical Services Agency Administrator and the San Diego County Public Health Officer (*California Health and Safety Code, Division 2.5, Article 4, Sections 1797.150*) requiring the development of medical and health disaster plans for the Operational Area.

The San Diego County Emergency Medical Services Agency oversees and regulates the provision of all pre-hospital care and medical transport (*California Health and Safety Code, Division 2.5, Article 4, Section 1797.220, 1797.222 and 1798 to 1798.6*).

The San Diego County Public Health Officer will oversee all decisions made by "at risk" facilities and may under the emergency powers granted by State law (*California Health and Safety Code, Division 101, Section 101040 and 101080*) order evacuations or sheltering-in-place or countermand decisions to evacuate.

### Emergency Medical Services Medical Operations Center

The EMS Medical Operations Center (MOC), Departmental Operations Center (DOC), developed after the 2003 wildfires, serves as the primary point of contact for the County's medical system within the Emergency Operations Center. This plan calls for the County's SNF facilities to be represented at the MOC by a designated area coordinator.

### Skilled Nursing Facility Area Disaster Coordinators

For the purposes of this plan, San Diego County has been divided into the seven (7) areas described above, with a roughly equal distribution of all the county's skilled nursing facilities. Each area has designated a SNF Area Disaster Coordinator (AC) who works at one of the SNFs in that area and is typically the administrator. San Diego County EMS has provided maps to the ACs showing the boundaries of the areas and the location of the SNFs within each of these areas as well as a list of facility names and contact information. (Map attached) Each AC is responsible to identify a primary and secondary contact at each SNF in their area, and to obtain personal phone numbers and email information for these contacts. The ACs are also responsible to convene initial and periodic meetings or conference calls, and drills with the facilities in their area, to ensure that the contact information is current and all facilities are familiar with this plan.

In a disaster, (i.e., fire, earthquake), the following actions will occur:

- The Area Coordinator will contact the representative of each facility within their area. The AC will accomplish this via provided cell phone and/or e-mail contact information.
- The facility contact will ascertain the number of available beds plus any additional capacity within their respective facility and report this information to the AC.
- The facility contact will also report on their status in terms of an urgent or anticipated need to evacuate, and other critical information regarding needs and resources. Ideally, this will be reported via phone, e-mail or text within 30 minutes of the initial request for bed availability.

An "on-call" monthly rotation will be established among the seven ACs to identify which AC will report to the Medical Operations Center (MOC)/DOC during a disaster. The AC at the MOC/DOC will receive and track bed availability reported by the six other ACs. This information will then be reported to the appropriate representatives at the MOC/DOC. This means that in addition to having a "seat at the table" for planning purposes, the SNF community now has a liaison seat in the MOC/DOC during disasters, consistent with California's Standardized Emergency Management System.

### Control of Resident Dispersal

The Incident Commander at the MOC/DOC will make the ultimate decisions on evacuations, transportation resources, and patient dispersal to receiving facilities. The AC within the MOC/DOC is a liaison between the ACs reporting information from the SNF facilities in the County.

### Memorandum of Agreement

As noted above, an MOA has been developed (attached as Appendix A). The document is a means of having all SNF's in the county agree to uniform expectations for sending and receiving residents, including such areas as critical resident information, supplies, resources, responsibilities, and reimbursement. While it is not a legally binding document, it does articulate a clear agreement and understanding among the County's SNF community on key issues related to disaster response.

Specific issues addressed by the MOA include:

- Agreement to participate in the distribution of patients from an impacted facility;
- Agreement to communicate the need for or actual evacuation to the designated Area Coordinator;
- Agreement to provide a minimum set of information on patients to be evacuated;
- Agreement on minimum documentation, medication, and other items to accompany patients in case of evacuation;
- Agreements on the sharing of personnel and other resources between/among facilities;
- Agreement on staff support for personnel accompanying evacuated patients; and,
- Agreement on rate of reimbursement to receiving facilities in the case of evacuation.

## **Plans for Maintenance and Expansion**

The County recognizes that staff turnover in SNF facilities makes the maintenance of an accurate and up-to-date spreadsheet of contact information difficult. Maintaining the list as current is a top priority as the program goes forth.

Discussions are also underway to consider whether this type of program is feasible with other facility – types such as intermediate care facilities for the developmentally disabled and residential care facilities for the elderly. Expanding this approach to include assisted living facilities has been discussed. The County intends to continue to assess the efficacy of this program and look to other facilities as appropriate.

## **Appendices**

The following appendices are appended to this document:

### **Appendix A – Memorandum of Agreement**

The current draft MOA, circa March 2009, is included in this package. Subsequent changes to the MOA are possible, as approval is still pending with some entities.

### **Appendix B—GIS Maps of County Residential Facilities**

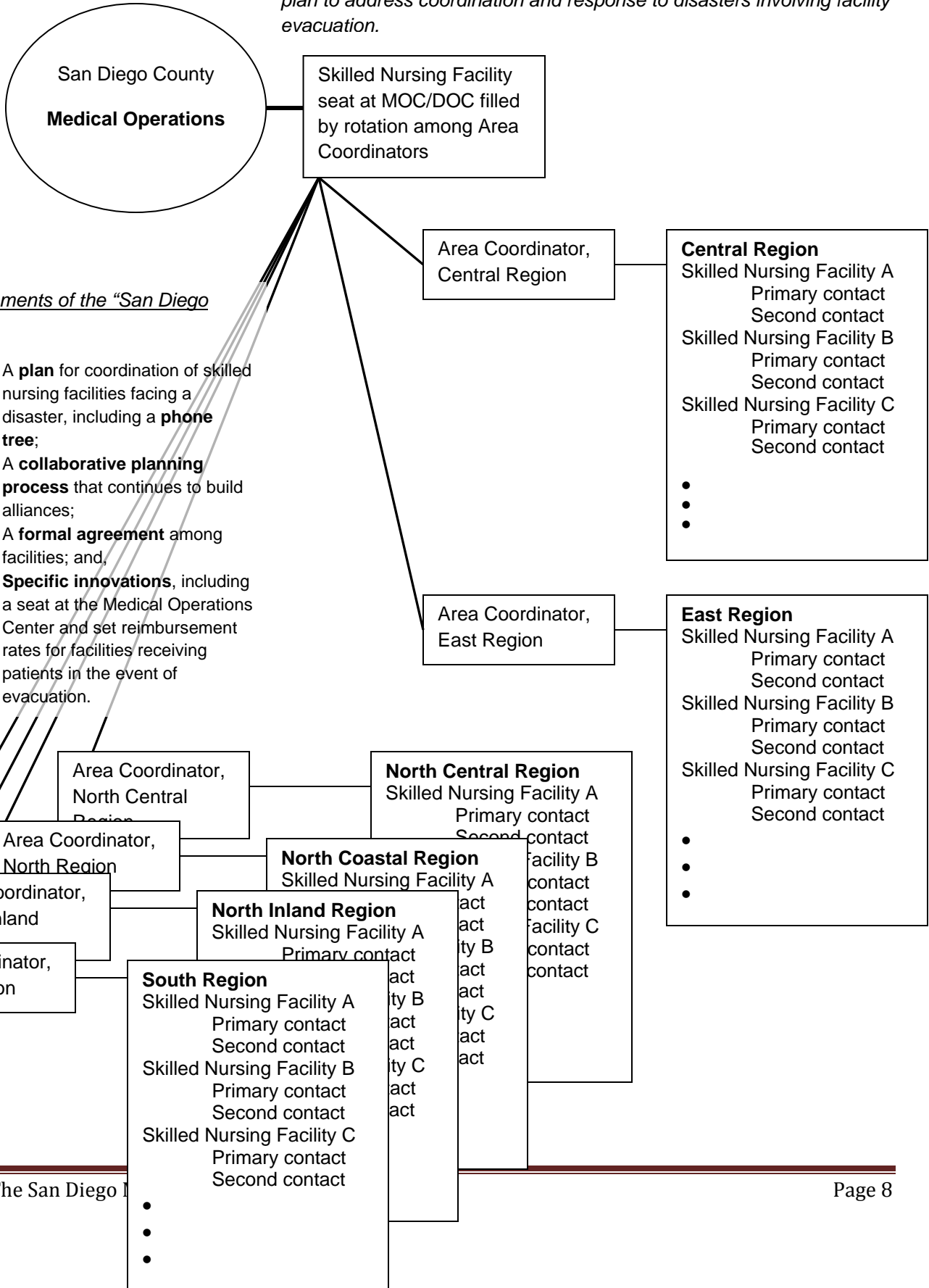
Two maps are included. These maps depict the seven regions utilized by the County’s Health and Human Services Agency, and plot skilled nursing facilities in each region of the county. One of the maps also indicates the borders of recent fires.

### **Appendix C—Copy of County Letter to Facilities**

Finally, a copy of the county letter to skilled nursing facilities is appended.

# The San Diego Model – A Skilled Nursing Disaster Preparedness and Response Plan

In the aftermath of the 2007 wildfires, skilled nursing facilities and county emergency planners in San Diego County developed a unique and creative plan to address coordination and response to disasters involving facility evacuation.



Key Elements of the “San Diego Model”

- A **plan** for coordination of skilled nursing facilities facing a disaster, including a **phone tree**;
- A **collaborative planning process** that continues to build alliances;
- A **formal agreement** among facilities; and,
- **Specific innovations**, including a seat at the Medical Operations Center and set reimbursement rates for facilities receiving patients in the event of evacuation.