

**LONG TERM CARE & HOME HEALTH EMERGENCY MANAGEMENT COLLABORATIVE
(LTCHHEMC)
MEETING - AUGUST 26, 2011**

1. INTRODUCTIONS AND PURPOSE

- Brief hand survey of who represented various medical and emergency management groups
- Purpose of meeting is to form a multi-group, multi-agency collaborative committee which will meet on a regular basis to discuss and plan for the emergency needs of LTC and HH organizations

2. PREPAREDNESS SURVEYS AND AGGREGATE ANALYSIS

- Survey showed that organizations typically represent many groups and have an average of 20 employees per facility
- Less than ¼ have a designated emergency management or disaster planning staff member
- Most facilities have an emergency plan as required under state regulation
- Nearly 4/5 do not use social media for message communication
- 61% had formal & informal response agreement
- 54% had support resources – for staff and clients
- Will reapply that survey to determine need for new metrics that can be used as performance measures

3. EMERGENCY MANAGEMENT OVERVIEW

A. EOCs, DDCs, DOCs, MAC-G, ROCs, CMOCs, 2-1-1 TAR

- Important for each facility to understand how the response system works. Harris County and City of Houston explained the local – to-state organization chart, how the group works together, and how facilities can access this system.
- TAR was discussed as tool to find citizens with transportation needs.
- CMOC was created to try to organize the medical response needs for hospitals. Began with 8 hospitals and has grown to a multi-county resource. CMOC has to be activated by a city, county, public health authority, or the State.
- CMOC sits at the Houston Emergency Center, so has access to other key agency partners.
- Medical requests are automatically routed to CMOC in order to optimize response for life safety

B. Information and Reporting Systems / Needs Before & During Events

- A good example of canvassing facilities was the past H1N1 outbreak. This might be a DSHS request to answer surveys, provide reports, or phone contact. Information is used by the region and the State to keep the public informed and various decision-makers briefed.

- Use various systems to collect and analyze this information: WebEOC, EM Track, EM System, etc. May not see these systems at the facility level, but are used by local, regional, and state response agencies.

C. Strategic National Stockpile (SNS) and other Public Health Preparedness Programs

- The SNS system is designed to provide a national mutual aid response to local, regional, and state health authorities. It is part of the CDC and is a stockpile of various medications. System is designed to be activated in national emergencies.
- It can be accessed by regional/state health authorities to bring large quantities of pre-packed items for public health distribution during outbreaks.
- SNS planning is designed to provide a dispensing plan and multi-agency system to get needed meds to the public.
- Texas Chempak is a forward staged SNS asset system. Resources are already placed in selected communities for selected medications which would need to be distributed in “minutes” versus “answers”.
- RODS is Real-Time Outbreak Detection system. Monitors pharmacies, supply houses, hospitals to detect any emerging outbreaks such as food poisoning, etc. that need a quick response. Local facilities would contact local health authority to report.
- BioWatch is an environmental monitoring program for harmful biological agents which could be used for terrorism
- Sentinal Influenza Network
- Public Health Lab Response Program
- Houston Community Preparedness Partners
- Coalition of Service Providers for Linguistically Isolated and Limited English Proficiency Populations. In Houston, 45% don’t speak English at home and 25% have limited English in public. Survey has shown there are distinct population pockets in Harris County. This information has aided in targeting the right populations with the right messages.

D. Storm Tracking Information, Current Tropical Systems

- Live Example: Hurricane Irene
 - East Coast impact area has 33M persons to evacuate if Cat 3
 - NOAA was able to predict Irene 20 days out
 - NOAA has new prediction for Gulf storm as Sept. 9th
- Critical for facilities to start gathering and implementing key information at 120 hours before arrival of tropical force winds on Galveston coast

4. LIST SERVE AND OTHER COMMUNICATION STRATEGIES

- List Serve will be used to blast email message to facilities. Can sign up through ltchhemc@list.setrac.org. Will be broad, general information
- Email address now is : lithhemc@houstontx.gov
- Both items are available to all facilities to use, but will be monitored for appropriate use. Use email for private question or direct facility-to-facility. Use List Serve for group questions or scheduling.
- Houston Alert System is based on “Send Word Now” system which can be used as an emergency blast with request receipt to make sure that message was received. It can also be replied with additional information.

5. LTC / HH OPEN FORUM

- Houston brochure on “Disaster Preparedness” has been a great resource. A facility talked about how they used it and other Houston-provided information to train 200+ staff and work on their emergency plan. Brochure had great contact information.
- Annual workshop was great resource for getting information.
- Future meetings could be training sessions on how to get information, look at messaging, and how to get better planning.
- Audience - Harris, Galveston, Brazoria, Fort Bend, Montgomery, RAC-R, CMOC, DSHS, Houston (OEM, MOHS, Health, Mayor Office)
- Invitation made to all to attend Regional Hospital Preparedness Council (RHPC) Regional Symposium in September. Register at www.rhpc.org.
- Next RHPC Board meeting is Sept.9th – all invited. Meeting is every other month.
- Really liked conference calls during H1H1 outbreak. Was informative and reassuring.
- Can set up the meetings as conference calls, webinar, etc. to help with travel.
- Where are the contact phone numbers for facilities to use to contact for situations such as food-borne illnesses and other emergencies? Asked by home health/ personal care facility. Good next meeting would be to discuss who should be on that list. Maybe do a gap analysis to develop/update a list or procedure.
- Will post all of today’s slides on the LTCHHEMC website
- Is there anything being done about facilities that are not reporting things that should be reported? DSHS does monitor facilities and handles non-reporting issues. Dr. offices are included in this monitoring. Have been able to catch/correlate with RODS. 832-393-5080 is the City of Houston 24-hour number to answer questions on infectious diseases.
- Have Subject-Matter-Experts (SME) give presentations at meetings. Examples might be water loss, shelter-in-place, etc. Not all facilities have the same emergencies. The opportunity to learn from what others have been through and how they have revised their plans according to their own lessons learned would be valuable.
- Schedules: proposed 4th Friday of given month. Proposed dates = 9-23-11, 10-28-11. 1-29-12. Show of hands vote = 9-23-11

6. DISTRIBUTION AND REQUESTS FOR IDENTIFICATION VESTS

- Neon orange vests for medical special needs patients were demonstrated. Vests are mesh with over-the-head opening and plastic pouch in front to hold medical records.
- Form was passed out to place order.
- 100 vests were made available to group after meeting
- Vests are free and provided by SETRAC.

MEETING ADJOURNED