Skilled Nursing Facility Evacuations: Exercising & Responding as a Health Care Coalition

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California Hospital Association

Presenter

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Director of Emergency Preparedness
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Dr. Jenkins is the System Director of Emergency Preparedness at Sharp HealthCare in San Diego and an Assistant Professor of Nursing at San Diego State University. She is passionate about health equity in emergency management, and the nurse's unique role in disaster response and recovery.

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Presenter

Donna Johnson
Senior Emergency Services Coordinator, Public Health Preparedness and Response Branch
County of San Diego Health & Human Services Agency

Ms. Johnson provides coordination support for the Public Health Preparedness and Response Branch, which oversees the local preparedness and response activities. She coordinates with citizens, public officials, and representatives of stakeholder groups including emergency managers, first responder agencies, healthcare providers, military, academia, and state and federal partners. Ms. Johnson assists in the coordination of various disaster preparedness grants. She functions as a Medical Health Operational Area Coordinator Duty Officer.

Presenter

Trish Muth-Masayon, MPH, MBA
Emergency Manager
Sharp HealthCare

Trish Muth-Masayon, MPH, MBA is the Regional Emergency Manager for Sharp HealthCare in over three hospitals, three skilled nursing facilities and three hospice homes. Before that, she worked for the County of San Diego Public Health Preparedness and Response Branch helping to coordinate the training and exercise program for the San Diego Healthcare Disaster Coalition and as one of the Medical Health Operational Area Coordinator Duty Officers during the Golden Hills Post Acute Care Evacuation.

Presenter

Kyle Whimpey, NHA
Executive Director
Somerset Sub Acute & Care

Of the 9 years in health care, Mr. Whimpey spent 7 of them in the skilled nursing industry, primarily dedicated to administrative roles with organizations that include PACs, Aspen Skilled Healthcare, and most recently both Golden Hill Post-Acute Care & Somerset Sub Acute & Care. His operational leadership has impacted various regions including Northern California, West Los Angeles, San Diego, South Carolina, and Tennessee.

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Disclosure of Relevant Financial Relationships

Danisha Jenkins, PhD, RN, CCRN, NEA-BC, NHDP-BC reports no relevant financial relationships or relationships she has with ineligible companies of any amount during the past 24 months.

Donna Johnson reports no relevant financial relationships or relationships she has with ineligible companies of any amount during the past 24 months.

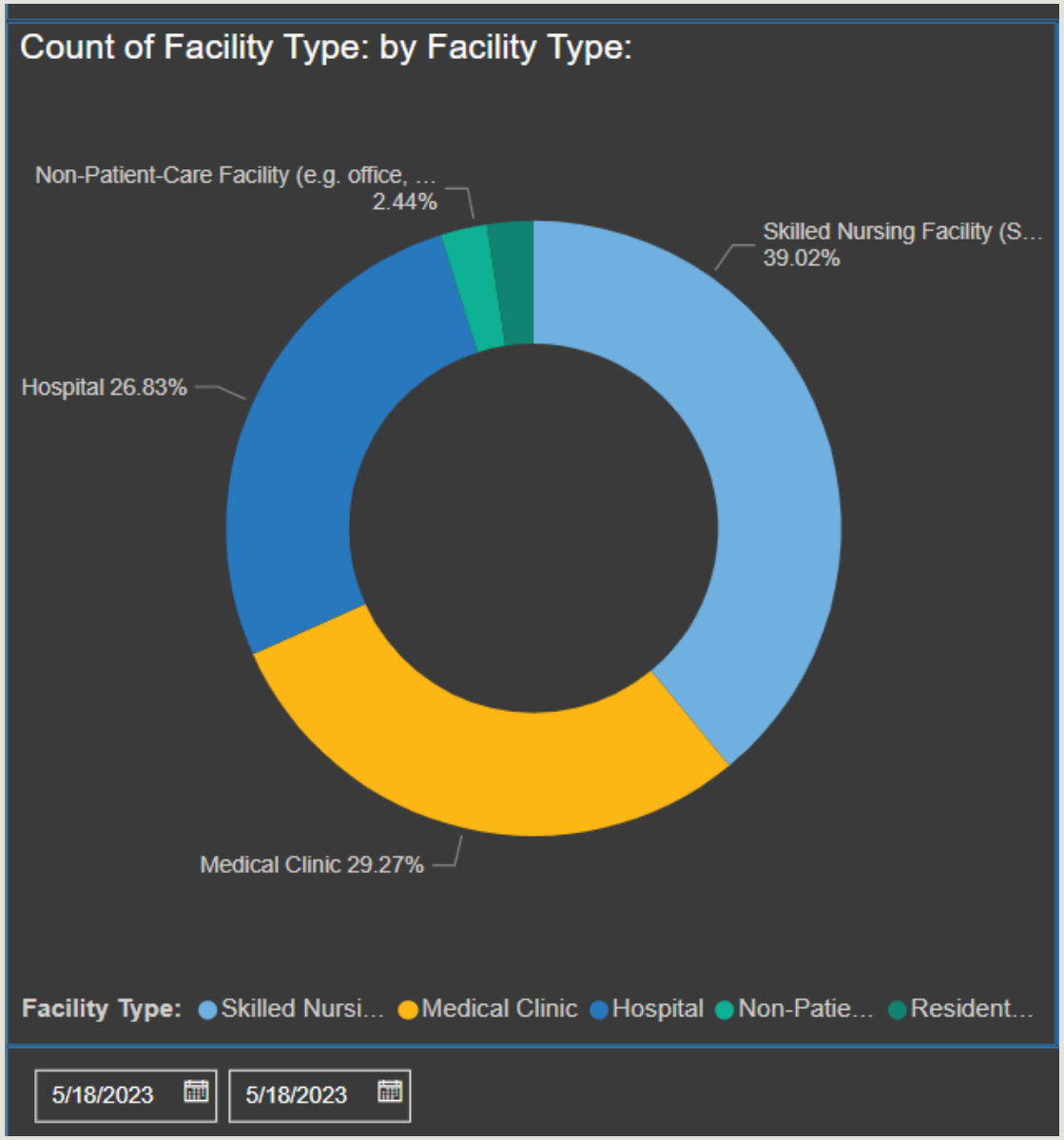
Kyle Whimpey, NHA reports no relevant financial relationships or relationships he has with ineligible companies of any amount during the past 24 months.

Trish Muth-Masayon, MPH, MBA reports no relevant financial relationships or relationships she has with ineligible companies of any amount during the past 24 months.

Learning Objectives

- Identify areas of improvement for the implementation of a regional patient tracking process flow
- To improve overall emergency preparedness and response across the healthcare coalition

San Diego Regional Medical & Health Wildfire Evacuation & Surge Full-Scale Exercise (May 2023)



Participants from SDHDC included:

- Hospitals
- Skilled Nursing Facilities
- Behavioral Health Hospitals and clinics
- Medical Clinics
- Non-Patient Care Facilities (i.e. Corporate Command Centers)
- Residential Care Facility for the Elderly
- Long Term Care Facilities
- Dialysis Centers
- Home Health Agencies

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San Diego Regional Medical & Health Wildfire Evacuation & Surge Full-Scale Exercise (May 2023)

San Diego MRSE Exercise Planning Timeline

- **Concepts & Objectives Meeting:** October 19, 2022
- **Initial Planning Meeting:** February 17, 2023, 10:00a.m.-12:00p.m.
- **Scenario and Performance Measures Tracking Meeting:** March 3, 2023, 10:00a.m.-12:00p.m.
- **Mid- Planning Meeting:** March 17, 2023, 10:00a.m.-12:00p.m.
- **TableTop Exercise (TTX) Planning Meeting:** March 31, 2023, 10:00a.m.-12:00p.m.
- **Master Sequence Event List (MSEL) Meeting** April 14, 2023, 10:00a.m.-12:00p.m.
- **TableTop Exercise Virtual Sessions:** Friday April 21, 2023 9:00a.m. – 1:00p.m. or Wednesday April 26, 2023 12:00p.m. – 4:00p.m.
- **Final Planning Meeting** April 28, 2023 10:00a.m.-12:00p.m.
- **Controller and Evaluator Training (C&E)** May 4, 2023 9:00 a.m. – 11:00 a.m.
- **Full Scale Exercise** Thursday, May 18, 2023 8:00 a.m. – 12:00 p.m.
- **After Action Conference** June 1, 2023 10:00 a.m. – 12:00 p.m.
- **Each Facility/Agency's AAR/IP is due to PHPR by COB on June 1, 2023**
- **Final Approved AAR** is due to CDPH by June 30, 2023 and will be shared with participants. This includes all data required for the Surge Tool Estimator.

Robust Schedule and Exercise Planning Team

Additional Training Sessions for SDHDC:

- WebEOC
- Patient Tracking – LEMSIS
- TRAIN Training
- MOC Responder
- Specialized Training for Scenario
- HICS
- NHICS

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San Diego Regional Medical & Health Wildfire Evacuation & Surge Full-Scale Exercise (May 2023)

Scenario:
Multiple Wildfires have impacted San Diego. Multiple hospitals and behavioral health in-patient facilities are forced to begin planning for an emergent evacuation. Facilities not evacuating are being requested to assist with finding temporary space for evacuating patients and staff. The County of San Diego (CoSD) Medical Operations Center (MOC) was activated and coordinated transportation resources, assisted evacuating facilities with patient tracking and finding temporary beds for evacuating patients and staff.

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San Diego Regional Medical & Health Wildfire Evacuation & Surge Full-Scale Exercise (May 2023)

Scenario (cont.):
The following is a list of facilities who practiced evacuating: Alvarado Hospital, Alvarado Parkway Institute, Scripps Memorial Hospital Encinitas, Scripps Mercy Chula Vista, Sharp Chula Vista Medical Center and Birch Patrick SNF, Sharp Coronado Hospital and the Villas SNF and UC San Diego Thornton Hospital.

Other participating facilities prepared to begin receiving an influx of patients and staff from evacuating facilities and preparing surge space.

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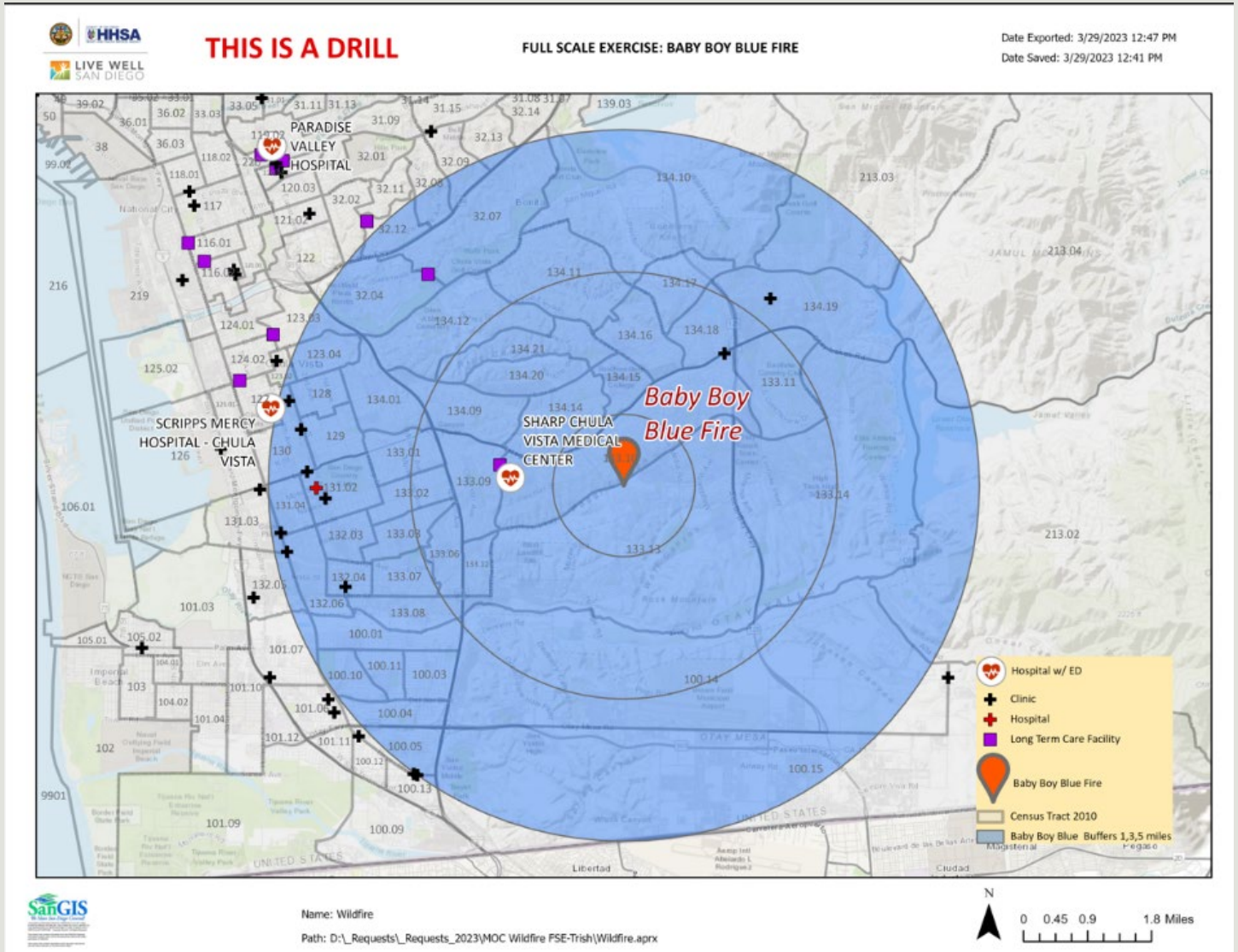
San Diego Regional Medical & Health Wildfire Evacuation & Surge Full-Scale Exercise (May 2023)



Example of GIS Map generated to support the scenario during planning & included in the player briefing.

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San Diego Regional Medical & Health Wildfire Evacuation & Surge Full-Scale Exercise (May 2023)

The San Diego Healthcare Disaster Coalition (SDHDC) Exercise Planning Team conducted a Full-Scale Exercise (FSE) on May 18, 2023 to practice evacuating 20%, or approximately 1,200 of the total 6,445 licensed acute beds (including 955 licensed ICU beds in San Diego).

FSE Results:

- 458 patients were placed into appropriate beds out of 1062 (the total number of evacuating patients via day of Census from Evacuating Facilities) by 12:00p, when the exercise ended.
- The 604 remaining patients were still in progress at the time the exercise concluded.
- Since 2019, the San Diego OA has lost critical ambulance resources, causing a need to plan for alternate modes of medical transport during emergent evacuations. This is a challenge for transporting high acuity patients.

San Diego Regional Medical & Health Wildfire Evacuation & Surge Full-Scale Exercise (May 2023)

San Diego Regional Patient Tracking Process Flow Pilot

- This Patient Tracking Process Flow was drafted by the San Diego Healthcare Disaster Coalition (SDHDC) and the San Diego MRSE exercise planning team to pilot at the May 18, 2023, San Diego Regional Medical & Health Wildfire Evacuation and Surge Full Scale Exercise (FSE).
- This document is meant to show the chronological process from patient evacuation all the way through arrival at a receiving facility. Some artificialities have been piloted for the FSE and noted on this form.

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San Diego Regional Medical & Health Wildfire Evacuation & Surge Full-Scale Exercise (May 2023)

Corrective Actions Identified for the Region:

- Identify electronic options for tracking patient during a MCI/disaster to allow for real-time patient tracking
- The Patient Tracking electronic module needs to be tested more frequently to ensure staff familiarity with the system.
- Conduct a Patient Tracking Drill for a longer period of time (~a week) to allow for more staff to get practice in at the facilities on “receiving patients” bi-annually

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San Diego Regional Medical & Health Wildfire Evacuation & Surge Full-Scale Exercise (May 2023)

Corrective Actions Identified for the Region:

- Plan to work with County OES, EMS, the Ambulance Coordinator and the RDMHS program to explore additional transportation resources to include military, school districts and private transportation companies (gurney van and wheelchair).
- Facilities are encouraged explore relationships with community stakeholders to increase surge capacity for busses, vans, and other modes of transport that can assist during emergent evacuations.
- Identify new ways to categorize evacuating patients with special circumstances to ensure COOP and the continuity of healthcare service delivery can be prioritized when identifying receiving facilities.

San Diego Regional Medical & Health Wildfire Evacuation & Surge Full-Scale Exercise (May 2023)

Sharp Coronado AAR Snippets

- Full Facility Evacuation drilled during the FSE of the Hospital and co-located Skilled Nursing Facility/ subacute unit:
  - Evacuating census:

Hospital	36 patients
Skilled Nursing and Sub Acute	79 patients

- **Acute Care was able to evacuate more quickly than ambulances were able to arrive, *or* receiving beds assigned by MOC.**
- Some staff would need to return home to help evacuate families and dependents.
- Staff noted in the AAR that they wondered if the documentation they prepared for each patient's evacuation go-kit would be sufficient for receiving facilities.
  - 20 minutes per patient to copy all the items and they are accessed in different places in the medical record.
    - Dedicate staff member to pull records
    - Would abandon this is if life safety concerns edged up in priority.

San Diego Regional Medical & Health Wildfire Evacuation & Surge Full-Scale Exercise (May 2023)

Exercise Planning Team Acknowledgements

This multi-phase training and exercise program was produced with input, advice, and assistance from a planning workgroup of local health care and public health representatives in San Diego County, including:

External Partners: Sharp HealthCare, Scripps Health, Palomar Health, UC San Diego Health, St. Paul's Skilled Nursing Facility, Seacrest Village, Alvarado Parkway Institute, ARES, Oceanview Post Acute, Kaiser Permanente, Paradise Valley, Bayview and Alvarado Hospitals, Balboa Naval Medical Center, Health Center Partners

County of San Diego Agencies: Public Health Services, Office of Emergency Services, Emergency Medical Services, County Fire, Edgemoor Skilled Nursing Facility

Regional and State Partners: California Department of Public Health, Regional Disaster Medical and Health Specialist (Region VI)

Together, we are more resilient. Thank you for being a part of these efforts.

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Setting the Stage in San Diego

- Wettest January day on record
- 4th wettest day (recorded)
- 8 records broken

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County of San Diego Emergency Operations Center

- County of San Diego EOC activated to a Level III on 1/22 at 1300 and increased to a Level II on 1/24.
- Local Emergency proclaimed by the County of San Diego the evening of 1/22.
- County EOC Efforts:
    - Non-congregate emergency temporary lodging program
    - Uber Eats meal program
    - Local Assistance Center
    - Disaster Recovery Center
    - Sandbag procurement
- FEMA and CalOES verified public damages exceeded $30.8 million.

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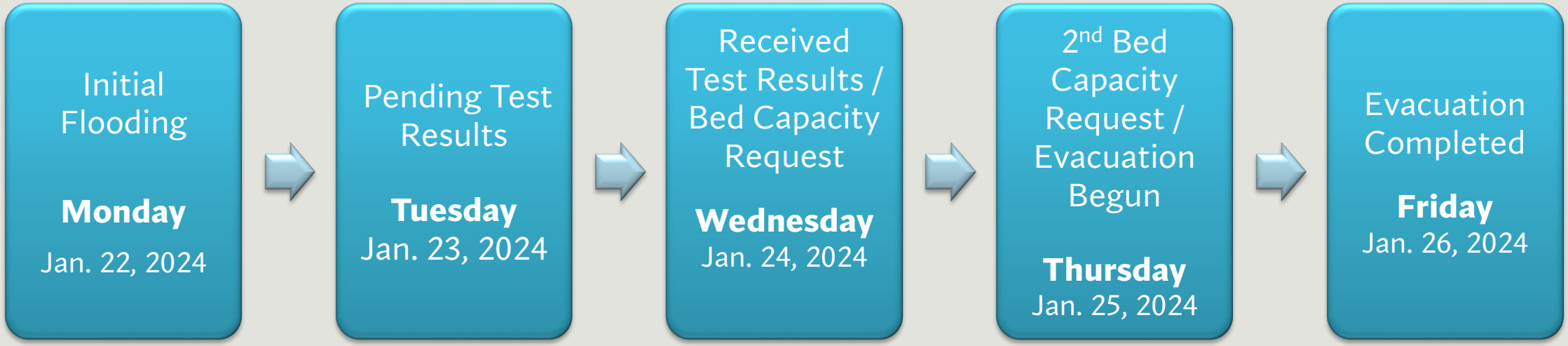
Timeline: Golden Hills Post Acute Care Evacuation (GHPAC)



88 SNF Residents

22 Sub-Acute Residents

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Monday, January 22, 2024

Initial Flooding at GHPAC

Flash flooding in the courtyard and roof intrusion from rain

County Healthcare Associated Infection (HAI) Team onsite by coincidence

San Diego Medical Health Operational Area Coordinator (MHOAC) Duty Officer contacted GHPAC

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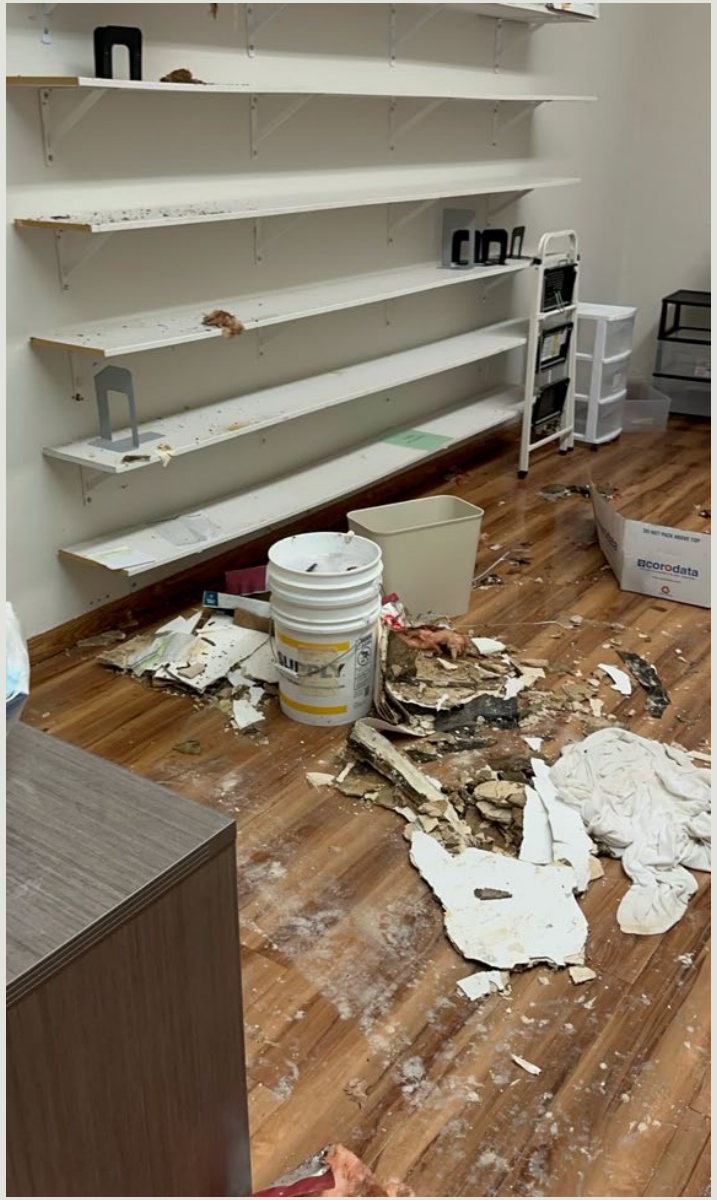
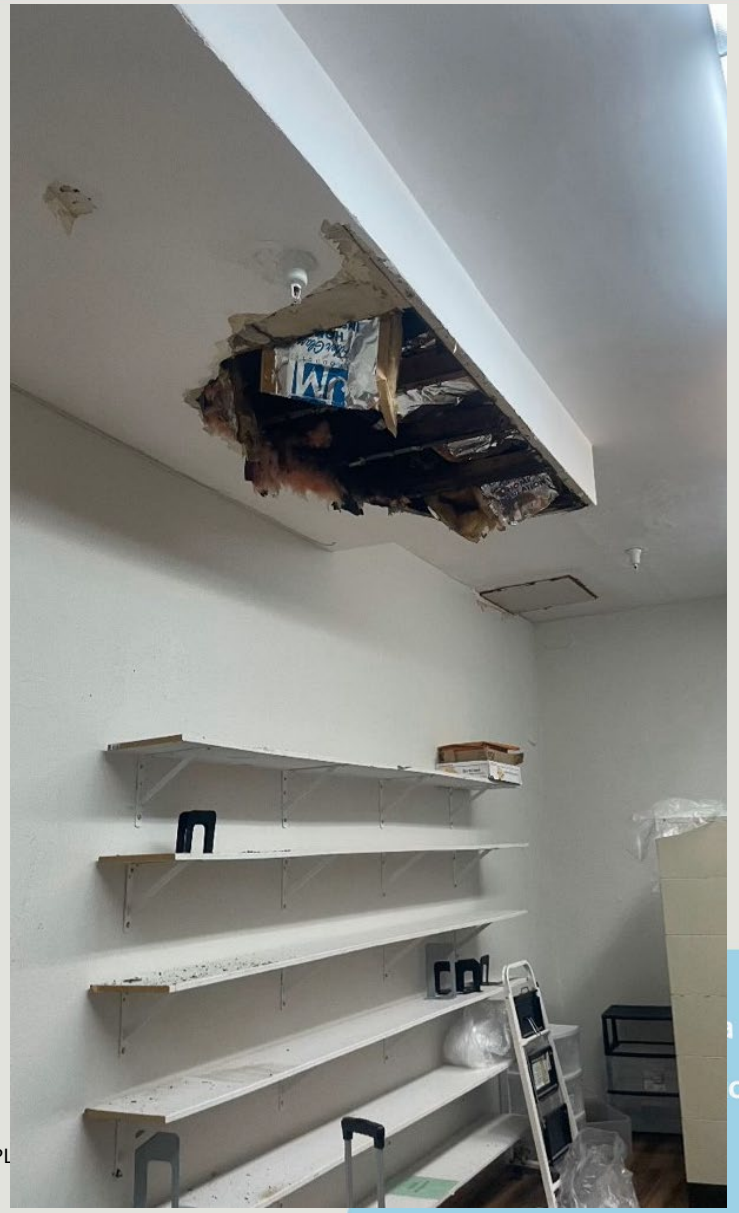
Monday, January 22, 2024

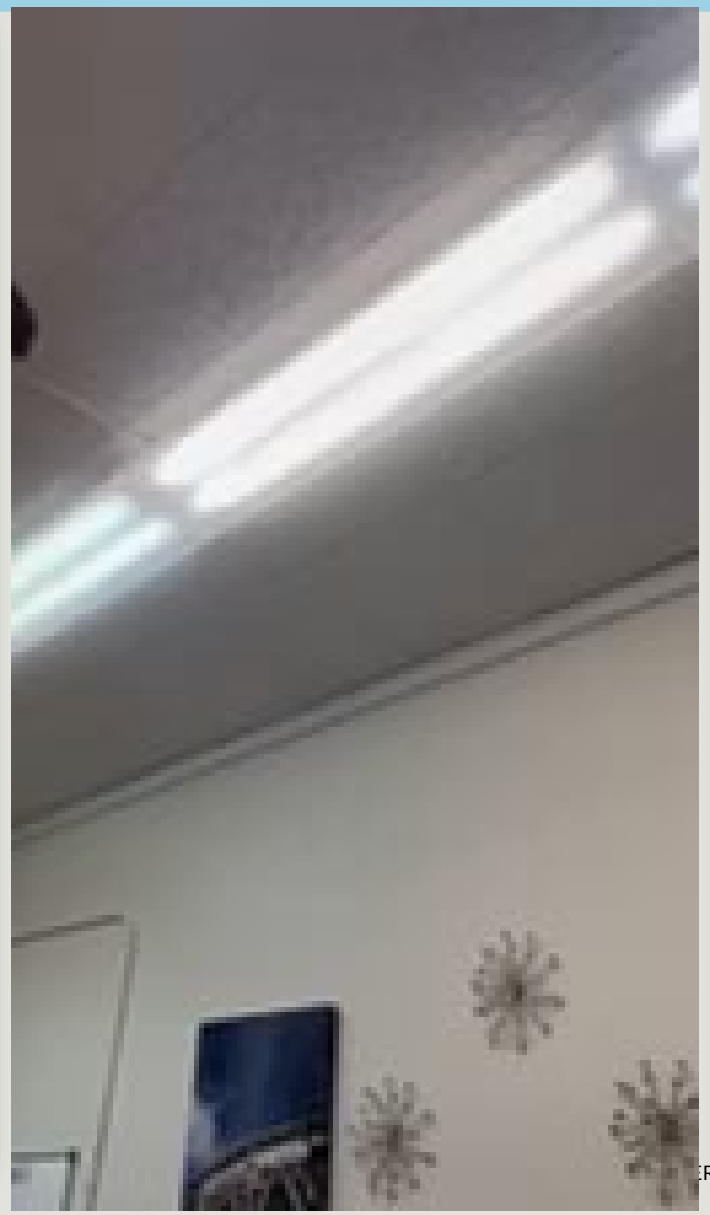
- GHPAC activated NHICS, worked with vendors & officially requested Sandbags from County.
- San Diego MHOAC DO could only find empty sandbags
  - Worked with Cities, County OES and CalFire
  - Sand was not available at local retailers at this time
  - Request was ***not*** filled.

Monday, January 22, 2024





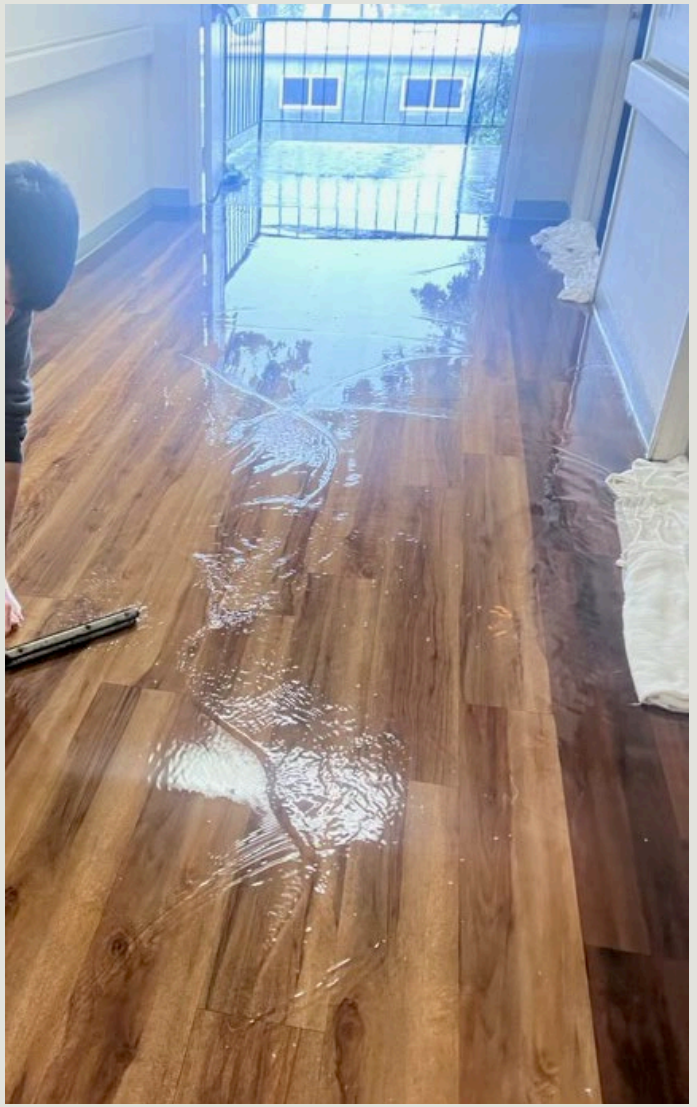
Monday, January 22, 2024



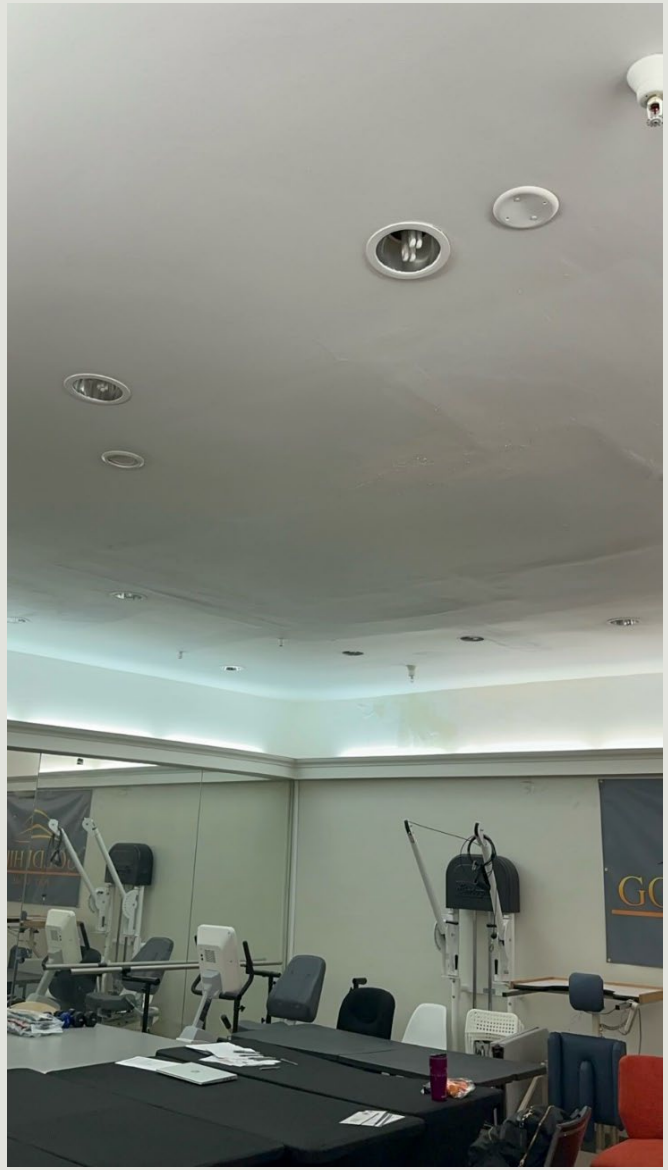
Tuesday January 23, 2024

GHPAC Shelter In Place Operations continued:

- Remained in contact with the San Diego MHOAC Duty Officer while awaiting the results from vendors.
- Relocating residents within the facility as needed
- Compromised emergency and food supplies
- Implemented alternate feeding methods
- Flooded Administrative Offices and records
- Floodwater seeping through the foundation



Wednesday January 24, 2024: Decision to Evacuation



Multiple factors influencing GHPAC's decision to evacuate:
Technical support for evacuation considerations

- Industrial Hygienist Vendor and other experts
  - Flood/Fire Abatement Companies
- County of San Diego- Public Health Services
  - PHPR, EISB, HAI
- CDPH Local Licensing
- County of San Diego HazMat Team
- San Diego Air Pollution Control District

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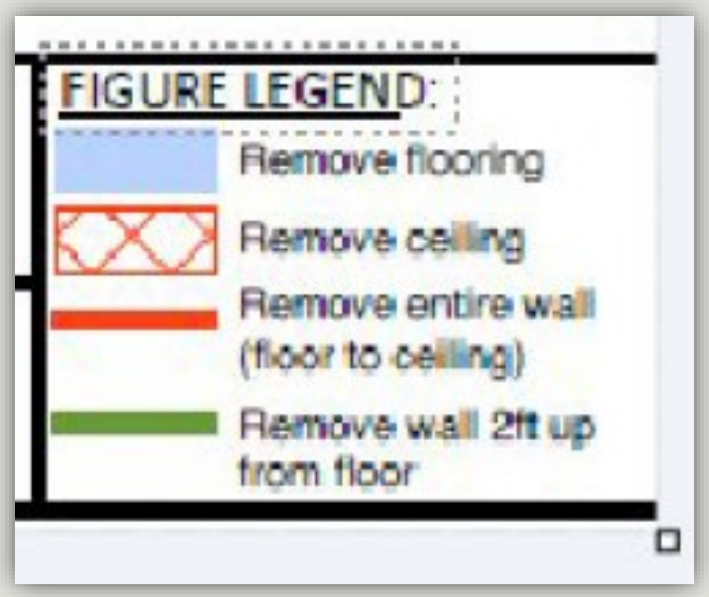
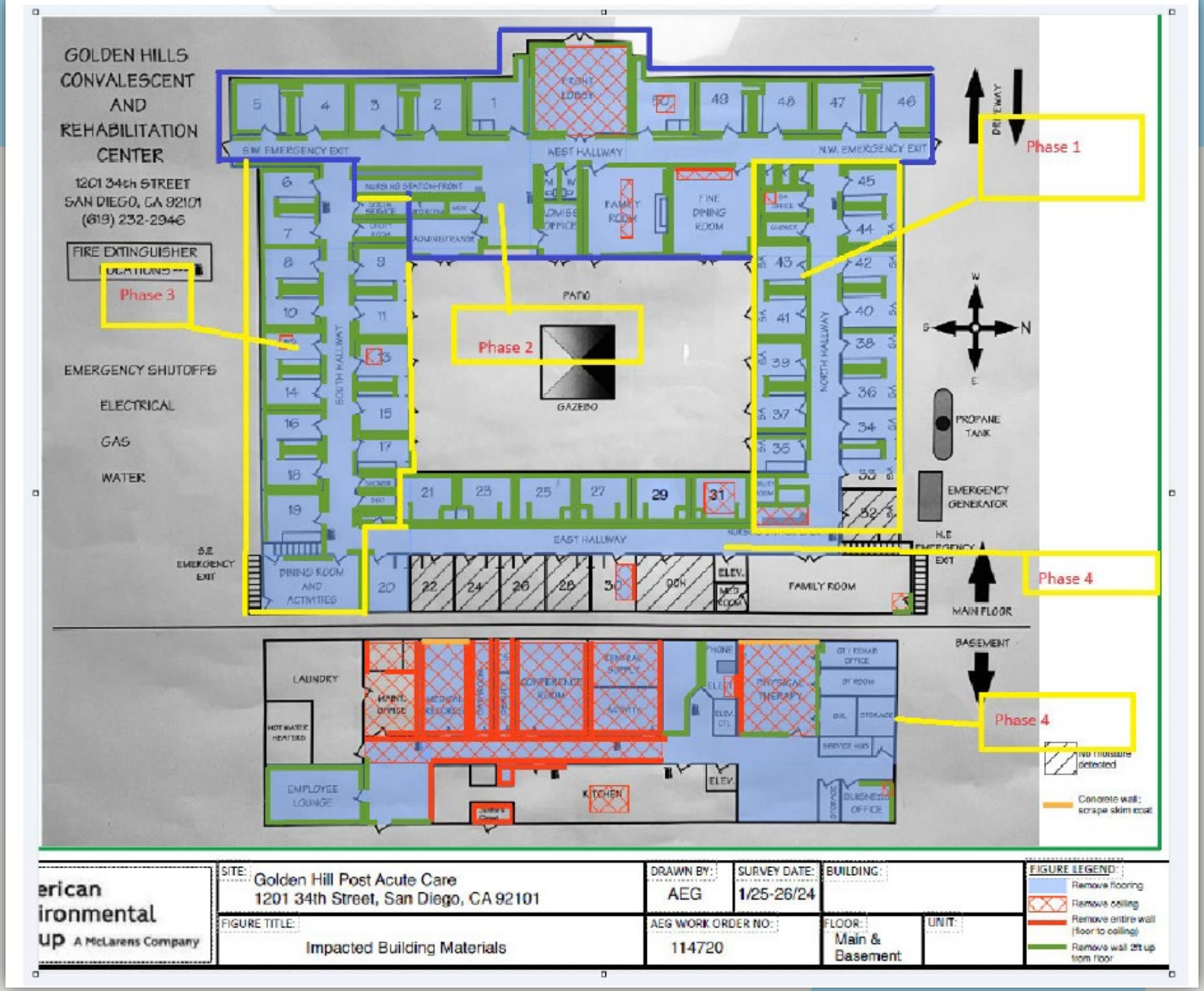
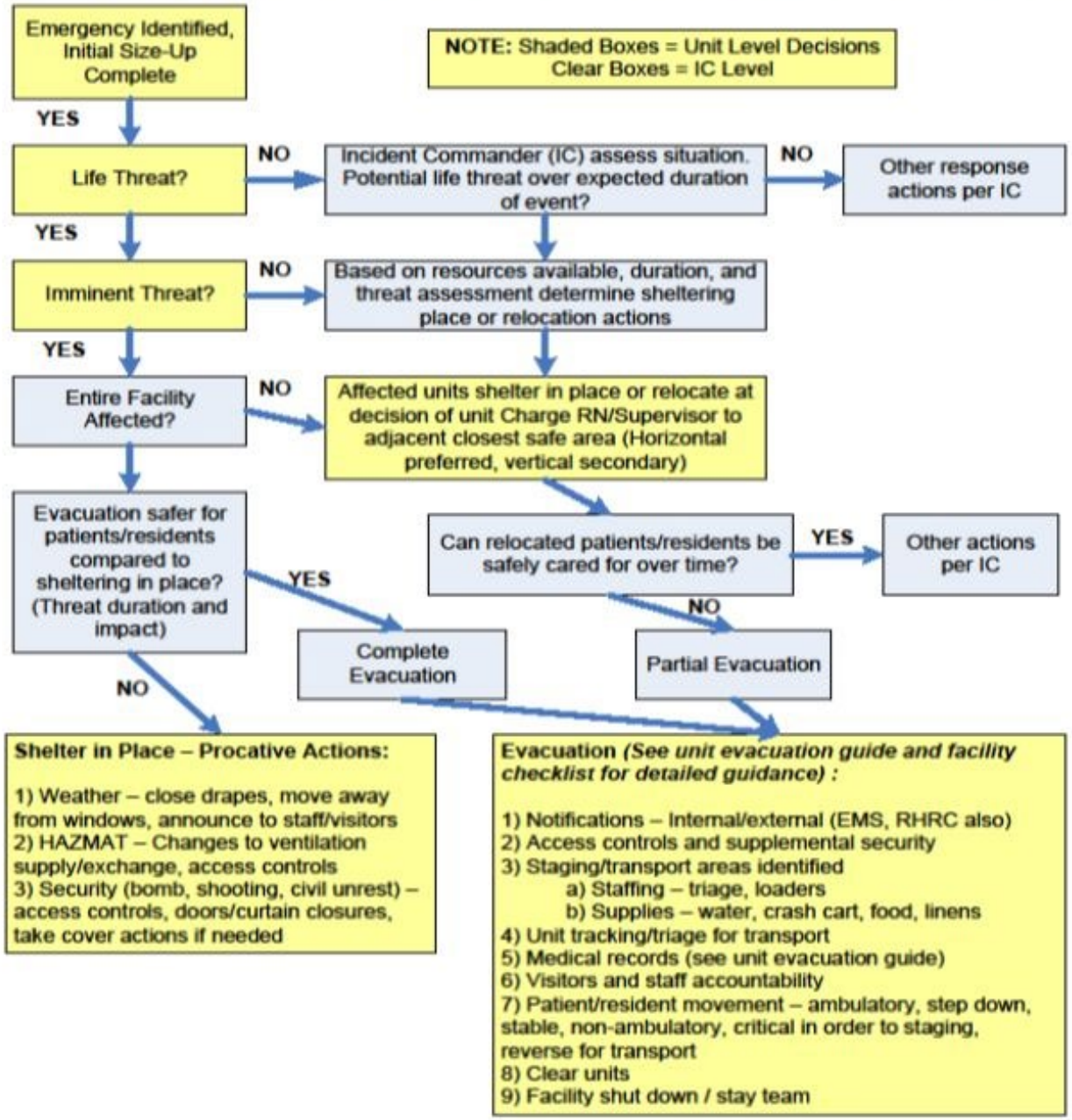
GHPAC Moisture Mapping Results

- Results received Wednesday around noon (delayed)





Sheltering, Relocation, and Evacuation Decision Tree



Tool for Facilities to refer to when considering evacuation vs. sheltering in place.

Best Practice

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GHPAC Next Steps:

Notify Community of Evacuation

- San Diego MHOAC Duty Officer
- CDPH Licensing

Patient census and patient triage

- Reverse Triage/Decompression
- For Transportation Type
- To place at an appropriate facility
- Infection Control, Pain Management

Notify facility's contracted transport agencies of the evacuation, and see if they have the resources in place to handle the census

Continue Shelter in Place procedures

San Diego MHOAC Next Steps

Notify Medical Health Branch at the County EOC and Public Health Officer of the Facility Evacuation

- Begin process to activate County Medical Operations Center (MOC) emergently
- Activate the County Healthcare Provider Status Team
  - Request bed capacity from San Diego SNF's via emergency email
- Confer with CDPH Local Licensing, and PHS Healthcare Associated Infection (HAI) Team, County HazMat.
- Notify County EMS Duty Officer and discuss potential of activating Ambulance Coordinator.
- Calls with County Chief Geriatric Officer, Facility Medical Director, Sharp HealthCare Corporate, HAI Team and direct chain of command.
- Notified Regional Disaster Medical Health Specialist

Drive back from NHICS Training to Activate the MOC!

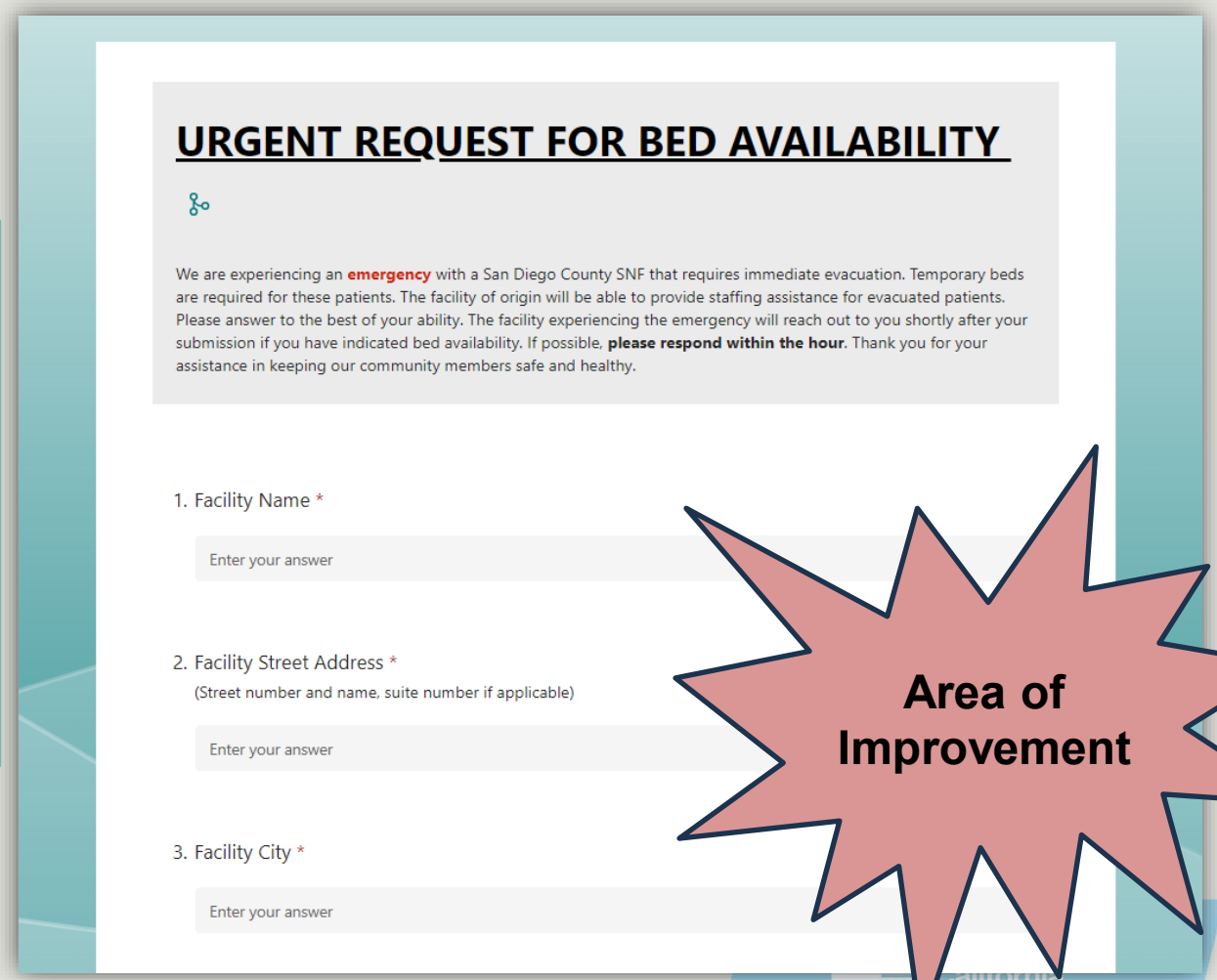
Wednesday, January 24, 2024

The HCPS Team sent a bed capacity MS Forms survey to all SNFs

As of 6:25 PM, the survey received 15 responses, 7 of which cited open beds.

The HCPS Team put together a phone call campaign to reach 58 SNFs via phone from 6:30 PM-8:00 PM

5 of the facilities reached had open beds



URGENT REQUEST FOR BED AVAILABILITY

We are experiencing an **emergency** with a San Diego County SNF that requires immediate evacuation. Temporary beds are required for these patients. The facility of origin will be able to provide staffing assistance for evacuated patients. Please answer to the best of your ability. The facility experiencing the emergency will reach out to you shortly after your submission if you have indicated bed availability. If possible, **please respond within the hour**. Thank you for your assistance in keeping our community members safe and healthy.

1. Facility Name *

Enter your answer

2. Facility Street Address *

(Street number and name, suite number if applicable)

Enter your answer

3. Facility City *

Enter your answer

Area of Improvement

San Diego Medical Operations Center (MOC) Priorities

- Support the GHPAC as the lead agency, and ***establish ground truth***
- Monitor the situation, vet information & provide updates to the County and Region
  - Provide Infection Control support for any patients with special precautions via EISB
  - Sent over guidance for GHPAC
- Coordinate with CDPH to avoid duplicating efforts
- Support SNF and Subacute patients evacuating to "Like" Beds at San Diego SNFs ASAP
  - Bed Capacity Request for SNFs (ongoing until evacuation was complete)
  - *Load Leveling*
  - Infection Control
- Support Transport Agencies and Receiving Facilities
  - Infection Control
- Inform San Diego Hospitals and County EMS of evolving situation, with a note to stand by as we attempted to first direct evacuating patients to SNF's

GHPAC Staffing

- Surge staffing plan
  - Recall staffing
  - Utilizing staff from other Ensign Facilities
  - Avoided use of agency
- Goal: Keep staff working during building repairs (estimated 3-5 months initially)
- Staff Recognition and Retention

Miscommunication between MOC and GHPAC:

- Staffing sent with evacuating residents was NOT available after all

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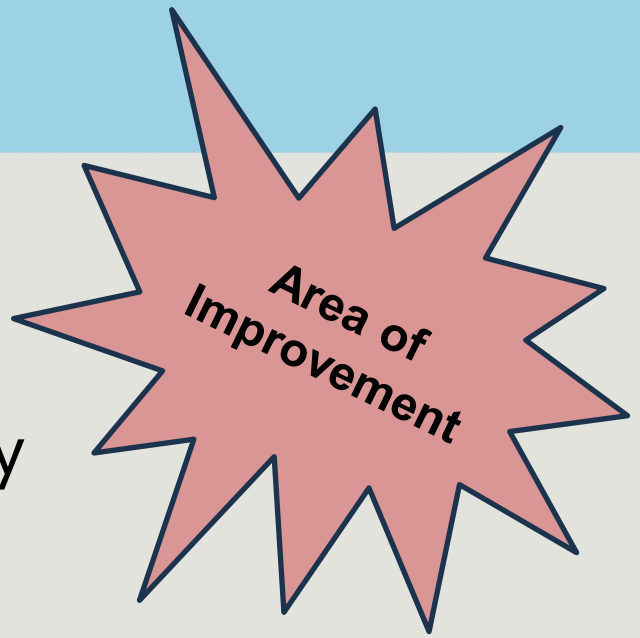
Preparing Patients for Evacuation



- Patient census and patient triage
  - Reverse Triage/Decompression
  - Prepare for Transport to Receiving Facility
- Placement at appropriate facility types
  - Patient Admissions/Transfer Agreements
  - Placements would change based on certain resident factors
    - ✓ acuity, gender, special precautions, individual patient reimbursement rates
- Pharmacy Coordination
  - Pain Management
  - Prepare medications

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TRAIN Tool

What is it? Main goal of the tool is to aid in the evacuation of medically fragile patients in a timely and organized manner that prioritizes safety.

Triage by Resource Allocation for Inpatients (TRAIN)

- Triage Tool for Emergency Management of in-patient patients for Evacuation and Patient Classification
- Tool can be implemented to accurately assess patients ***quickly*** and ***easily*** for needs

The purpose of TRAIN is to color group patients by various categories

- Allows for easy recognition of patient care needs

Benefit of using the TRAIN method is it focuses on 3 things:

- Level of Acuity
- Transportation Needs
- Align Transfer Location with Services Needed

https://www.stanfordchildrens.org/en/research-innovation/train.html

SNF TRAIN Tool-
Developed by San Diego Healthcare Disaster Coalition

Transport	Car (Non-ambulance)	BLS (2 EMT Team)	ALS (1 EMT, 1 Paramedic)	CCT (EMT/Paramedics & RN)	Specialized (Staffed depending on need)
Mobility	Car/Wheelchair	Wheelchair/Stretcher	Wheelchair/Stretcher	Stretcher/Immobile	Stretcher/ Immobile/Bariatric
Monitoring Level/ Stability	Routine Vitals	Routine Vitals + O2 sat; Moderately stable	Frequent Vitals + Cardiac Monitoring; Interventions possible	Continuous; changing status; Interventions probable	Specialized OR requirements; Equipment or Scarce resources; Complexity
Pharmacy	PO Meds	IV Lock	IV Fluids – IV Drip without titration	Titrated IV Drip; TPN Dependent	IV Drip ≥2, type and monitoring requirement
Isolation Status		BASED ON MEDICAL NEED			Highly Infectious Patient

Life Support	**Minimal =**	O2; peripheral IV; Trach (non-vent and does not require deep suction during transport)
	Moderate =	CPAP/BiPAP/Hi-Flow; Continuous Nebulizer; Stable home/long-term vent (requires transport with RN or RT to maintain ventilator support)
	Maximal =	New Ventilator; External Pacemaker; Highly specialized equipment
Pharmacy	**IV Drip =**	Pharmacologic agents that cannot be discontinued for transport, that require active monitoring. IV drips that can be maintained safely at current rate vs. those that need close monitoring and possible titration en route to destination (i.e. vasopressors, insulin, etc.)
Mobility	**Car (vehicle) =**	Able to get in and out of non-ambulance car, van, or bus; sit up; follow commands
	Wheelchair =	Some impairment related to mobility; unable to ambulate for long distances
	Stretcher =	Unable to ambulate or contraindicated due to current medical status/condition
	Immobile=	Unsafe to move without specialized equipment; non-ambulatory;
	Bariatric =	Patient whose weight exceeds 350 pounds and who requires special equipment for transport

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TRAIN Internal Assessment Form Tool for Facilities

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1							Type of Table Used (✓One)				TRANSPORT CATEGORY (✓ One)							
2	#	UNIT / FLOOR	ROOM #	Gender	Age	NICU	PEDS	OB	ADULT	BHS	CAR	BLS	ALS	CCT	SPECIALIZED	Isolation?	Specialized Transport Needs	Receiving Location
3	1																	
4	2																	
5	3																	
6	4																	
7	5																	
8	6																	
9	7																	
10	8																	
11	9																	
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17	15																	
18	16																	
19	17																	
20	18																	
21	19																	

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TRAIN Facility Wide Form

FACILITY_____ EVACUATIONCATEGORIES DATE_____TIME_____	
EVACUATION ("TRAIN" Categories)	TOTAL COUNT
Ambulatory to Evacuate	
BLS to Evacuate	
ALS to Evacuate	
CCT	
SPECIALIZED	

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Working with Managed Care Plans

- Leveraged existing relationships with Managed Care Plans
- Patient centered
- Activate emergency support directly for the resident
- Molina Healthcare and CHG supportive
  - Enacted higher reimbursement for certain custodial residents to help get them evacuated quickly

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Friday January 26, 2024

Full Facility Evacuation was complete by ~9:00am

- Less than 48 hours after evacuation was ordered
- Would have been sooner, but the last resident did not want to leave
- Resident belonging reunification was the next major project
  - Inventory, protect, and deliver to residents at new facilities

Medical Operations Center downgraded to a level 3 activation once all residents had left GHPAC safely.

- Updated the EOC, Region and State

County HAI Team followed up with receiving facilities to continue to offer support.

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Best Practices from Receiving/ Surging Facilities

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First steps:

- Early notification about significant events in community
- Begin to identify stakeholders

Stakeholders:

- Entity leadership
- Infection Prevention
- Human resources – emergency credentialing
- Internal agency leadership – emergency onboarding and education
- Legal and finance – contracts
- Pharmacy

Sharp Coronado Hospital and SNF- What Went Well?

"We responded to this event as we would hope others would respond for us."

- Great communication and communication support from county partners
- Great communication from Golden Hill around patient selection. Open to discussions about appropriateness of patients
    - i.e. when a planned transfer patient was identified to be bariatric, they were open to assigning a new patient as the unit they were targeted for had limited staff and lift capabilities

What Can We Work On?

- Contract agreements take a lot of time. Opportunities for ready to go transfer agreements.
- Staffing agreements are also needed and take a lot of time.
- SCO was poised to open a full unit with staff support, just waiting for a Yes/No decision. The sooner the decision the better, however understandable that evacuating site is evaluating all options.
- SCO confirmed AAR Observation from 2023 MRSE during response- re evacuation go kit contents.

Cohorting to Optimize Infection Control

This table is from CDPH Cohorting Guidance document

Table 1. Principles of Patient or Resident Cohorting by MDRO Type

Organism	Examples	Cohorting Recommendations
Candida auris (*C. auris*)	N/A	**Cohort patients or residents with *C. auris* together with others that have *C. auris*, whenever possible**
Carbapenemase-producing organism (CPO)	Bacteria producing one or more carbapenemases, such as KPC, IMP, VIM, OXA, NDM,[1] e.g., • KPC-*Escherichia coli* • NDM-*Acinetobacter baumannii* • VIM-*Pseudomonas aeruginosa*	1. **Prioritize cohorting by the same carbapenemase(s) and organism combination**, e.g., • KPC-*E. coli* with KPC-*E. coli* • NDM/KPC-*E. coli* with NDM/KPC-*E. coli* 2. **If not possible, cohort by carbapenemase(s)**, e.g., • KPC with KPC • NDM/OXA-23 with NDM/OXA-23 • Patient or resident with KPC, OXA-48, and NDM carbapenemases with another patient or resident that has KPC, OXA-48, and NDM carbapenemases
Carbapenem-resistant organism (CRO) (not tested for	Carbapenem-resistant • Enterobacterales (CRE) • *P. aeruginosa* (CRPA) • *A. baumannii* (CRAB)	**Cohort by organism combination**, e.g., • CRPA with CRPA • Patient or resident with CRE and CRAB with another patient or resident with

The Main Principle:
Place “like with like”: residents with similar organisms should be grouped together.

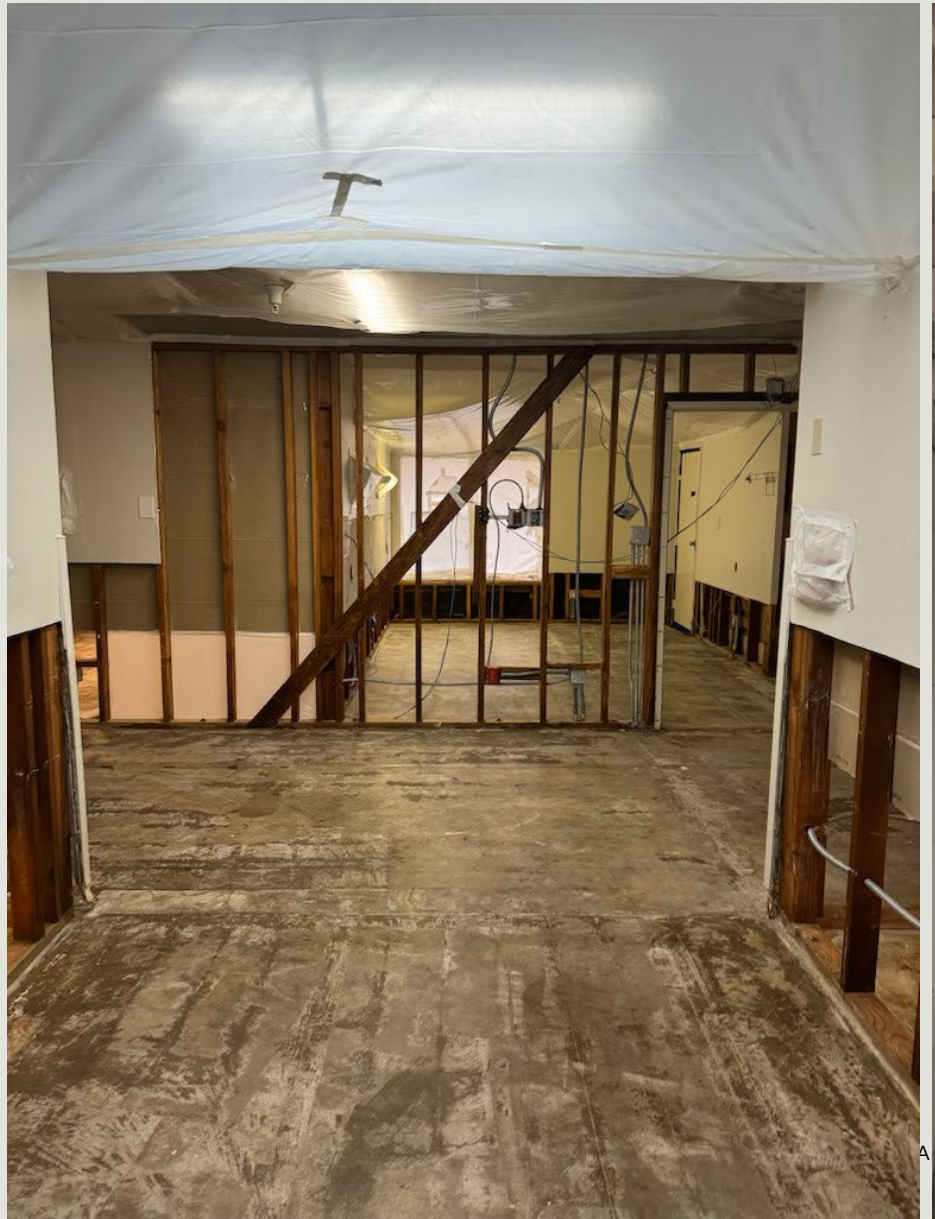
Resource

CDPH General Cohorting Guidance for Healthcare Facilities
https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/MDROCohorting.pdf

Path to Repatriation: Golden Hills Post Acute Care

Time Frame

- Dependent on permitting process...
  - Worst case scenario: 1 year
- Estimated 5 million repair costs to building
  - Insurance covered up to 75%



Path to Repatriation: Golden Hills Post Acute Care

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Questions?

San Diego Healthcare Disaster Coalition
Collaboration - Integration - Coordination

COUNTY OF SAN DIEGO Health and Human Services Agency | LIVE WELL SAN DIEGO

SHARP

GOLDEN HILL POST ACUTE CARE

California Hospital Association

Thank you

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