



Disaster Preparedness: Planning Now Can Prevent Tragedy Later



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As the Founding Executive Director of the University of the Sciences in Philadelphia's Health Policy Institute, Dr. Stefanacci is building on his recent tenure as a Centers for Medicare and Medicaid Services (CMS) Health Policy Scholar. In that role, he spent a year working on policy development and implementation of the Medicare Part D Pharmacy Benefit, particularly regarding access issues for frail elders.

Dr. Stefanacci has a long and passionate history in long term care. Having served as medical director for several nursing facilities and continuing care retirement communities, he is well versed in the needs of LTC facility residents. Additionally, Dr. Stefanacci's geriatric experience includes over a decade as a medical director of a large primary care private practice, a full risk provider group, a Medicare + Choice HMO (M+C), and—currently—a Program for All-inclusive Care (PACE) program in Philadelphia.

A graduate of A.T. Still University, Dr. Stefanacci completed his clinical training at the University of Medicine and Dentistry of New Jersey in Internal Medicine and a fellowship in geriatrics at the same institution.

Dr. Stefanacci serves on the board of trustees at A.T. Still and for the National PACE Association. He also is an active member of the American Medical Directors Association (AMDA), American Society of Consultant Pharmacists (ASCP), and American Geriatrics Society (AGS). Recently, he was recognized as a American Geriatrics Society Fellow (AGSF). In addition to writing and lecturing extensively, Dr. Stefanacci serves on the editorial boards of *Caring for the Ages*, *LTC Interface*, *Jefferson's Health Policy Newsletter*, and *The Journal of Quality Healthcare*.

I was going to address our changing health care system in my editorial for this issue. But that was before Hurricane Katrina. Suddenly, we all were reminded how brutal and cruel nature can be and how precarious yet precious life is. I have wanted to reach out and save every one of the crying, stranded, frightened, and desperate people I've seen on television and in the newspapers. And I've been reminded how fiercely I would want to protect and save my own residents in a similar situation.

Emergency preparedness is a priority for every facility. However, we tend to talk about it hypothetically. We put our plans in place, but we don't really expect ever to need them. Now, Hurricane Katrina has taught us a hard—and tragic—lesson. We learned that disasters can happen to anyone—even to us—and that they can occur in the blink of an eye. Then nothing is the same.

Elderly individuals—those living in long term care facilities as well in the community at large—were among those who perished in the hurricane and the flood that followed. How many of us have watched the news coverage and pondered how we would have fared? Would we have been leaders, heroes, helpers, or victims? Could we have protected our residents and kept them safe and healthy? Do we have policies, procedures, and plans in place to deal with a similar disaster in our communities?

Over the years, my father often told me that it is necessary to have “proper planning to prevent poor performance.” And nowhere is planning more important than when it comes to preparing for disasters. If we've learned one lesson from this national tragedy, let it be that we must implement disaster planning

now that can save lives in the future.

Start by Setting Priorities

Of course, I'm not suggesting that facilities in Hawaii plan for blizzards or that those in the Arizona desert plan for floods. It is important for each facility to begin by determining what catastrophic events are most likely to occur in its location. A catastrophic hurricane has long been considered to be a real possibility for New Orleans. Elsewhere, West Coast facilities need mudslide and earthquake preparation. Of course, facilities everywhere must be prepared to deal with fires, terrorist attacks, water shortages or contamination, infectious disease outbreaks, and missing residents (ie, residents who wander off the grounds of the facility).

All disasters call for some common actions. These include:

- Protecting the safety of residents and staff
- When possible, transporting residents and staff to a safe location
- Provision of drinkable water
- Provision of uncontaminated food
- Access to medical services (including prescription medications)
- Maintaining electrical power

Team leaders at the facility should meet and discuss how to successfully address all of these areas. If necessary, they should seek the input of disaster planning experts or other outside consultants. At the minimum, facilities should have specific steps in place to manage each action area. These steps should be realistic and practical to carry out; and taking these steps should result, for example, in all residents having access to clean drinking water during a hurricane.

When possible, it will be useful to stage dry runs or exercises that enable facility leaders and staff to

test their action plans and to ensure that everyone is comfortable with their roles and responsibilities. These may be coordinated with local rescue squads or ambulance companies that want to test their own skills and procedures as well. Such activities can be win-win and help remind local citizens and politicians that the facility and its residents are a vital and active part of the community.

Who Will Take the Lead?

No disaster plan can function effectively without strong leadership. So even before disaster priorities can be accessed and plans put into place, a facility must have the leadership necessary to follow through with these plans. It is important to remember that plans are likely to collect dust on the shelf or even remain incomplete unless there is leadership—and the necessary resources—to carry them out.

So who will take the lead on disaster planning in your facility? And who will be the leaders when an actual disaster occurs? The ideal leader has the facility as a top priority. A top-notch director of nursing may be a strong leader generally. However, she is not a good choice to lead during a crisis if she has five children or cares for a sick father. A leader designated to carry out a successful disaster plan needs to be able to focus completely on the facility and cannot do so if he or she is concerned—even rightfully so—about others. This is not to say that those with children cannot make excellent leaders. Instead, I would suggest that plans include provisions for the families and other loved ones of those staff involved in carrying out disaster planning. When leaders are confident that their loved ones are safe, they are free to focus their attention on the ALF residents.

The Action Plan

Each emergency plan will require


stocking supplies and assuring access to what is commonly referred to as “hard” items such as transportation, food, water, and medical supplies. But it also requires assuring “soft” coverage as well. This means establishing communication channels and contingency plans that allow for fluidant movement as the situation changes. It is essential to be prepared for the unexpected. For example, what will happen if water supplies are destroyed or contaminated? Crisis leaders need to be flexible and able to think on their feet. Otherwise, an unanticipated problem can result in chaos.

Continuous Improvement: Living, Breathing Plans

Once the ALF has developed its disaster plan, it is vital that this plan not be placed in a notebook and forgotten. Instead, it must be continuously tested and improved. This process of continuous improvement must include a constant re-evaluation of potential problems, tweaking of current plans, development of new ones, and constant testing and retesting. It is important to do all of this without creating undue fears and stress for staff or residents. In fact, you can implement exercises in a way that is fun and that involves everyone.

I don't think anyone will soon forget the images we have seen coming out of Louisiana and Mississippi in recent weeks. However, we can offer our help and donations to help hurricane victims get their lives back. And we can help ensure that our facilities are prepared to deal with whatever disaster that might befall them.

Watch a future issue for a more detailed article about emergency preparedness. In the meantime, share your disaster planning experiences and ideas with us. Let us know how you've handled a crisis situation or what you are doing to plan for potential disasters. ALC



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your
input.

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