American Health Care Association

National Center for Assisted Living

STATEMENT
Of
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Of the Florida Health Care Association

On Behalf Of The
American Health Care Association & National Center for Assisted Living
And Florida Health Care Association

Before The
U.S. Senate Special Committee on Aging
Hearing On
Hurricane and Disaster Preparedness for Long Term Care Facilities

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Good morning. My name is LuMarie Polivka-West, Senior Vice President with the Florida Health Care Association (FHCA) in Tallahassee, Florida. I also serve as the Principal Investigator for a national effort funded by the John A. Hartford Foundation focused on "Hurricane and Disaster Preparedness for Long term Care Facilities." I am here today on behalf of the 1.5 million frail older Americans who reside in long term care facilities every day – a group at particularly high risk during disasters. I want to thank Chairman Herb Kohl, Ranking Member Mel Martinez, and the other members of the Senate Special Committee on Aging for providing this important national forum to discuss the unique challenges faced by older adults in long term care facilities during disasters.

As a member of the American Health Care Association's Disaster Planning Committee, I see firsthand how disasters affect the long term care community. The 2005 hurricane season revealed that nursing homes and assisted living communities, unlike hospitals, were not incorporated into local and national emergency response systems. During hurricane planning, nursing home administrators did not have the same knowledge or guidance about when and if they should evacuate as hospitals did. Following several hurricanes during that season, utility services did not understand the special needs of the frail elderly and those with disabilities in nursing homes and assisted living communities, leaving them without electricity and telephone services because of a lack of prioritization.

Hurricane Katrina especially focused national attention on the disproportionate vulnerability and mortality of elders during disasters. When Katrina hit, only 15 percent of the population in New Orleans was age sixty and older, yet data from Knight-Ridder found that 74 percent of hurricane-related deaths were in that age group. These elderly citizens did not all die from the disastrous flooding. Many died from the heat,

when lack of electricity to long term care facilities caused dehydration, spoiled medications, or otherwise negatively impacted critical medical treatments and care services. Some individuals were evacuated without their life-saving medications. Due to a lack of coordination, some very ill, aged individuals were left on tarmacs without identification, separated from medical records and medications, and transported to other states.

Many states lacked policies to prioritize long term care facilities for utility restoration. As a result, in most states, long term care facilities caring for elders with immediate needs such as oxygen and dialysis, requiring refrigeration for medications, and desperately needing phone service to link with medical providers had the same priority for utility restoration as the local convenience store. Despite the frail community they served, some skilled nursing facilities and assisted living residences were left without power for over two weeks. In stark contrast, hospitals in those same areas were prioritized for rapid restoration of service.

In February 2006, the John A. Hartford Foundation responded to the events of Hurricanes Katrina, Rita, and Wilma by supporting a *Gulf Coast Hurricane Summit* that identified issues critical to improving future nursing home preparedness. The grant to the Florida Health Care Education and Development Foundation aimed to improve disaster preparedness for nursing homes through three primary activities:

- The development of a disaster planning guide and software for nursing homes and assisted living facilities modeled after Florida Health Care Association's template and including new Centers for Disease Control guidance
- The creation of training "exercises" to test the readiness of nursing home and assisted living staff in a disaster, and
- The convening of annual hurricane summits with national dissemination of findings and materials in collaboration with the American Health Care Association and National Center for Assisted Living (AHCA/NCAL).

Along with the collaboration with AHCA/NCAL, the effort has included the strong support of partners such as the University of South Florida, AARP, the Florida Department of Health, and Federal collaborators participating in the Summits. The first Hurricane Summit, held in February 2006, brought together state long term care leaders of the Gulf Coast states and two federal partners, the Department of Health and Human Services' Office of Disaster Preparedness and the Office of the Inspector General.

The first Long Term Care Hurricane Summit identified a major problem – long term care providers were not incorporated into existing emergency response systems and plans – at the federal, state, or local levels. Long term care was an afterthought. Vulnerable medically frail elderly and disabled patients and residents were largely dependent upon the limited capability of each individual provider and their individual disaster plan, which was not coordinated with governmental emergency efforts. To resolve this problem, the 2006 and 2007 Hurricane Summit participants recommended that the National Response Plan incorporate long term care facilities in its unified, all-discipline, all hazards approach to disaster planning, response and recovery. This recommendation matches up with the Post-Katrina Emergency Reform Act, which charged the Federal Emergency Management Agency (FEMA) with responsibility for developing a coordinated and integrated national preparedness system.

In January 2008, the Department of Homeland Security issued the National Response Framework (NRF) to replace the National Response Plan. While the National Response Plan had no mention of special needs populations, the NRF minimally included individuals with special needs. Specifically, at several places in

the NRF, it mentions "Individuals with special needs, including those with service animals." However, "individuals with special needs" is an umbrella term, covering many diverse groups of people. Those individuals residing in long term care facilities remain undifferentiated at the national level in disaster planning to this day.

The American Health Care Association, National Center for Assisted Living, and the Florida Health Care Association believe that the NRF and national guidelines should more fully address the very disparate special needs population and should specifically identify fragile individuals who live in long term care settings. Without this expansion, the NRF does not correct problems that came to light in our national response to Hurricanes Katrina and Rita. During that extremely difficult time, although federal assets were directed to the disaster states, long term care received, at best, extremely limited federal assistance because long term care was not in the National Response Plan. Clearly, identifying long term care in national preparation and response policy is important both to ensure that federal assets are directed to long term care settings as needed and to ensure that state and local governments receive clear guidance on the importance of responding to the needs of this vulnerable population during times of disaster.

On a more positive note, we have been impressed with the Department of Health and Human Services Office of the Assistant Secretary for Preparedness & Response who, since Hurricanes Katrina and Rita, plan comprehensively and integrate long term care into their planning, gap analyses, and other preparedness activities.

At the state level, nursing homes and assisted living facilities caring for these vulnerable citizens are tasked with establishing and maintaining emergency or disaster plans for the care and protection of residents. But the plans become ineffective if the resources are unavailable and needs of these older adults are not considered by local and national disaster response systems.

When disastrous conditions arise, long term care facilities must take quick, decisive action to follow through on their plans. Emergencies can be relatively localized events like tornadoes and wildfires, or may encompass large geographic regions as in the case of earthquakes, hurricanes, and pandemic flu. The speed at which events unfold can vary greatly. Hurricane Katrina was tracked as a monster storm for two to three days prior to landfall, while Hurricane Wilma intensified explosively, catching many in south Florida off-guard.

While planning for every scenario is impossible, the disaster mitigation and response plans developed under the auspices of the John A. Hartford Foundation grant for nursing homes and assisted living facilities are comprehensive by design, incorporating extensive protocols and agreements to facilitate the appropriate sheltering-in-place whenever possible or if necessary, the guidance for safe evacuation. *The Emergency Management Guide for Nursing Homes* is nationally recognized as the most comprehensive emergency response template, and is recommended for use by the long term care profession at large.

Laws and regulations in most states now require comprehensive emergency planning to ensure the protection of long term care facility residents; their proper nutrition and hydration; adequate staffing before, during, and after an event; and maintenance of essential communications with both families and government officials. There are also requirements for the safe transportation of all of our frail, elderly and disabled residents in the event conditions warrant swift relocation.

Redundancy in disaster planning is critical, as it is a certainty that resources will be stretched thin by constantly changing conditions. Facilities are encouraged to enter into contracts with multiple vendors for

the provision of food, water, emergency power, and evacuation transportation. We learned this through the experiences of eight major hurricanes in 2004-05 and by bringing together the expertise across the southeastern states and our federal partners.

When Hurricane Charley made landfall on August 13, 2004, for example, it was not expected to turn into Port Charlotte, Florida as a strong, Category 4 storm with winds reported up to 180 miles per hour in Punta Gorda, Florida. Roofs were simply blown away from hospitals, nursing homes, assisted living facilities, and residential homes across a wide swath of southwest Florida, up through Orlando and northeast to Jacksonville.

Facility contracts with emergency transport collapsed as ambulances were used by hospitals for evacuation in southwest Florida, significantly decreasing the ability to safely transport nursing home and assisted living residents. Thousands of nursing home and assisted living facility residents were properly and effectively evacuated from the St. Petersburg and Tampa areas into central Florida around Orlando. Unfortunately, that is precisely the direction Hurricane Charley followed, damaging the facilities that had accepted the evacuees from Tampa and St. Petersburg. Consequently, the day after Hurricane Charley wreaked havoc and destruction throughout central Florida, emergency transport was desperately needed through the southern half of the state as well. We learned the importance of long term care facilities hardening their physical plants even more to withstand the force of such winds because of the gaps in evacuation transportation.

Hurricanes Charley, Gustav and Ike forced nursing homes to ask an important question: "Is total evacuation before hurricanes best for residents?" With funding from The National Institute on Aging, researchers from Brown University and the University of South Florida are examining nursing home residents' deaths and hospitalizations for facilities that evacuated residents versus those that sheltered residents in place. Preliminary analyses from the research grant, "Strategic Approach to Facilitating Evacuation by Health Assessment of Vulnerable Elderly in Nursing Homes" (SAFE HAVEN) suggest that evacuation is difficult for nursing home residents. If the study results continue to indicate that nursing home residents may fare better staying in buildings that will not be flooded, the federal and state governments should help with the "hardening" of physical plants to withstand the force of winds.

Unfortunately, under current law, for-profit long term care providers including those that provide "medical, rehabilitation, and temporary or permanent custodial care facilities…for the aged and disabled," are precluded from accessing funding available through the *Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act)*, which allows the President of the United States to declare federal disaster areas which enables authorities to access a wide range of federal aid. As a result, less than one third of all of our nation's nursing facilities, the 26.5 percent that are not for profit, are eligible for this critical and necessary federal assistance. Passage of the *Nursing Home Emergency Assistance Ac*t would rectify this disparity.

I spoke before the National Transportation Safety Board in August 2006 after the Wilmer, Texas bus accident that took the lives of 23 elders trying to evacuate from a Houston assisted living facility. My message explained how transportation during an evacuation is a resource-intensive undertaking. Cognitively-impaired and physically incapacitated residents of nursing homes and assisted living facilities cannot simply be "herded" onto buses and vans. Handicapped-accessible vehicles, equipped with wheel-chair lifts, are required to safely, comfortably, and properly transport the most fragile elders. Residents undergoing rehabilitation or suffering from a debilitating illness may require more specialized transportation in ambulances.

Whichever form of specialized transportation is required, the equipment is expensive to acquire and maintain. Specialized vehicles are a high-cost item for any entity operating them – be they public health agencies, hospitals and nursing homes, or private ambulance companies. As a result – and this is among the most important points that I want to leave you with today – the number of available ground transport vehicles in any region is insufficient to meet the transport demand created by a large scale, mass evacuation. Capacity simply will not meet demand – and this is the issue at hand. It is for this reason that resources must be shared and the needs of older adults in long term care facilities must be part of the National Preparedness Guidelines, especially since the demographic projections show sharp increases in this population during the coming years.

For example, Duval County in Florida, which encompasses the City of Jacksonville, has a total capacity of 9,450 licensed beds, including all eleven hospitals, thirty nursing homes, and sixty-six assisted living facilities. Yet, there are only 107 ground-based, medical transport vehicles licensed to operate in Duval County that could be utilized to transport frail, ill, or injured individuals. Logically, as a solution, school buses, metro buses and private charter bus companies have the potential to provide an additional means of evacuation.

Clearly, the ability to implement an effective, smooth mass evacuation of patients from an impacted area remains an unresolved issue. The Region IV Unified Planning Coalition, made up of the emergency operations officers of all the states in Region IV, has developed a standard patient movement concept of operations in which "patient" is defined more broadly to include long term care residents. This patient movement concept could be, we believe, a model for the nation.

Facilities contracting with third-party, commercial transportation companies rely upon those companies to provide safe, properly maintained, and clean vehicles with trained, competent operators. Indeed, the burden of vehicle maintenance and legal liability is placed upon the licensed owner and operator, as defined and enforced by both federal and state laws and regulations.

At the threat of any major storm, Florida Health Care Association (FHCA), representing the majority of the state's long term care facilities, is in continuous communications with representatives from the state Emergency Operations Center (EOC), Florida Department of Health, Agency for Health Care Administration, and Florida Power & Light, and coordinates volunteer members of the Association's disaster preparedness committee to assist long term care facilities in every region in Florida. This is the model that is promoted for every state to follow to ensure that the needs of our vulnerable residents are integrated into and coordinated with relevant agencies.

FHCA has a comprehensive emergency preparedness page on its Web site and has a number of resources available to help facilities continuously enhance their disaster plans. Many of these have been developed by FHCA in partnership with the John A. Hartford Foundation, University of South Florida and the Florida Department of Health. These include:

- The Emergency Management Guide for Nursing Homes, which provides an overview of how to develop a comprehensive emergency plan, details for creating policies and procedures and a template for conducting training and exercises based on the Department of Homeland Security Exercise and Evaluation Program;

- The Comprehensive Emergency Management Software Application for Nursing Homes, which offers a step-by-step development of individualized emergency plans that reflect the facilities particular hazards and vulnerabilities;
- The National Criteria on Evacuation Decision Making, which identifies key decision-making markers that may be used in any emergency event, with a special focus on hurricanes and tropical storms;
- The Nursing Home Incident Command System, which is a uniform management tool modeled after the federal Emergency Management System that helps to integrate equipment, personnel, procedures, and communications operating within a common organizational structure;
- Year-round training on emergency preparedness, tabletop exercises and mock disaster drills;
- Resources on transportation, psychological first aid, volunteer support;
- Weekly emergency preparedness tips; and
- Resource links to important emergency resources.

Our goal is to keep facilities informed, up-to-date and disaster-ready by being proactive with these types of tools. The American Health Care Association and National Center for Assisted Living help disseminate relevant and appropriate information to long term care facilities across the nation and also actively work to educate the national membership to be disaster-ready.

To better prepare ourselves for any disaster, there are six broad areas to assess as we review, revamp, and recalibrate how to prepare and respond to large-scale disasters and evacuations:

- First, the National Disaster Medical System should be reconfigured to support the evacuation and care of nursing home patients/residents, assisted living residents, and people residing in residential care facilities for the elderly and developmentally disabled. The 2006 Government Accountability Office (GAO) study, *Disaster Preparedness: Limitations in Federal Evacuation Assistance Should Be Addressed*, found that this is a serious limitation.

- Second, it is essential that we, as a nation, finally expedite the development of interoperable electronic health records (EHRs). Our nation's lack of an interoperable electronic health information infrastructure that houses and allows access to personal health and medical information left evacuees of Hurricanes Katrina and Rita without sufficient records to allow caregivers to make appropriate and safe decisions about immediate care. It is safe to speculate that some lives may have been saved last year, and lives could be saved in the future, if our state and federal governments work together to make electronic health information uniformly available in the field, and not just an item on our public policy wish list.

- Third, the *Stafford Act* excludes for-profit nursing homes that provide care to the publicly funded Medicare and Medicaid residents from receiving federal financial assistance during and after disasters. As a result, less than one third of all of our nation's nursing facilities are eligible for this critical and necessary federal assistance. In many localities, for-profit nursing facilities may be the only long term care provider available and thereby should be provided with equal access to federal resources so that they may continue or resume care of their patients and others in the community. We support the *Nursing Home Emergency Assistance Act of 2009 (H.R. 1494)*, which amends the *Stafford Act* to permit all long term care providers – including private for-profit facilities – access to disaster relief funding to ensure that all vulnerable residents of long term care facilities have access to essential long term care services during natural disasters or man-made catastrophes.

- Fourth, we must address emergency communications. The fatal weakness of many failed emergency plans is the assumption that communications and public service infrastructures would still be in place in the aftermath of a disaster. This may well mean that local health care providers and facilities, as well as local police, ambulance services, and others involved in search and rescue, will require satellite phone capacity, or broadband satellite Internet capacity, powered by generators. Who would pay for such capacity? This is a timely and necessary consideration and discussion point.

- Fifth, the federal government agencies need to work together in identifying requirements for long term care facilities in their all hazard approaches to disaster preparedness. The current novel H1N1 Influenza A pandemic provides an example of difficulties when federal agencies are not in sync. Long term care facilities prepare annually for seasonal influenza and also have been planning for a pandemic. Thus, when the H1N1 influenza A virus was identified in an employee of a large nursing facility in New York, the facility successfully prevented a wide scale outbreak and its patients were protected and safe. But nursing facilities are grappling now with confusing governmental regulations as they continue to plan for a potential pandemic this fall. Specifically, whether nursing facilities need to plan for N95 respirators for their employees is uncertain and confusing. In the early stages of the H1N1 influenza pandemic, there was a lack of knowledge about the transmission dynamics of the novel H1N1 virus and to be cautious, CDC recommended N95 respirators in long term care facilities even though long term care facilities normally do not use N95s and do not stock them. Now that more is known about how the H1N1 virus is transmitted, CDC is reconsidering its recommendation. The Society for Healthcare Epidemiology of America (SHEA) released a position paper in which they oppose the use of N95s for respiratory protection during routine patient care activities. SHEA notes that the inappropriate and widespread use of N95 respirators for all novel H1N1 patient care activities does not provide increased protection against the virus and may have an adverse impact on patient and healthcare worker safety. Yet, the Centers for Medicare and Medicaid Services (CMS) who regulates nursing facilities, has tasked federal and state surveyors with reviewing nursing home plans for N95 respirators. Use of the N95 sets off the OSHA Respiratory Protection Standard that requires fit testing and medical screening. The N95 equipment is complex and expensive with both reimbursement and its need uncertain.

- Sixth, new protocols are necessary to improve communications and coordination between all providers and the local, state, and federal governments with the National Response Framework as the guide for plan development at all levels. While the long term care community prides itself on its preparatory work and planning for emergencies, the long term care community alone cannot prepare effectively for disaster; we must be part of the larger unified national response.

The road ahead is no doubt challenging, but the important task before us is to objectively examine how local, state, and federal governments – working with transportation, health care and business groups – can better prepare for and coordinate disaster recovery efforts for our most vulnerable citizens, not just in Florida and the Gulf States, but nationwide.

I would like to thank the Senate Special Committee on Aging for providing this opportunity to share thoughts, experiences, and ideas. I, along with the American Health Care Association, National Center for Assisted Living and the Florida Health Care Association, look forward to continuing a positive, constructive dialogue that results in the only statistic that matters: the number of lives saved by an

intelligent, well-executed disaster plan that includes the needs of older adults and persons with disabilities in long term care facilities. Thank you.