LEADERSHIP QUOTES

• Rosalynn Carter: A leader takes people where they want to go. A great leader takes people where they don't necessarily want to go but ought to be.

• Ralph Nader: I start with the premise that the function of leadership is to produce more leaders, not more followers.

• Adlai Stevenson: It's hard to lead a cavalry charge if you think you look funny on a horse.
PREPAREDNESS QUOTES

• "It wasn't raining when Noah built the ark."
  -- Howard Ruff

• “Preparedness can mean the difference between life and death. Yours and the people you know and love. Think about it.”
GOOD LEADERSHIP

• Visibility – in times of disturbance, human beings turn to their authority figures and model behaviors
• Poise & composure
• Action – right or wrong
• Charisma – strong values articulated
• Self confidence
• Vision - Forward thinking
• Emotional/Social Intelligence
Leaders

Make a difference
NOT JUST GREAT LEADERSHIP

Meta-Leadership
META-LEADERSHIP

- Overarching
- Connects the purposes and the work of different organizations or organizational units
META-LEADERS

• Encourage people and organizations to extend beyond their traditional scope of interest and activity

• Seek to influence what happens in other organizations through
  − effective negotiation
  − personal and organizational credibility that stretches across organizational lines
META-LEADERS

• Possess a distinct mindset, a unique set of skills, and a network to encourage cross-agency thinking, risk taking, and productivity

• Go beyond their job descriptions, since achieving unprecedented and ground-breaking cross organizational collaboration is itself beyond the experience, mission, and task of any single organization or agency alone
How Can You be a Meta-Leader for Home Care Preparedness?

• Make a difference
  – Join a group, collaborate & network
  – Openly commit to preparedness
  – Be a role model
  – Establish credibility
  – Learn, train, and support

• Lead and encourage preparedness, leadership, collaboration

• Become an Opinion Leader

• Become a Disaster Champion!
Disaster Champions

Organizational commitment to an improvement in preparedness “culture”
WHY DISASTER CHAMPIONS?

• Data shows...
  − Many workers may be reluctant or unwilling to work during emergency situations, especially in cases of infectious disease
  − Interventions may help, including:
    • organizational commitment & preparedness
    • knowledge of public health implications
    • confidence in personal safety
    • family preparedness
    • knowledge of own role
DISASTER CHAMPIONS PROGRAM

Goal

Improve agency’s ability to respond to emergencies by creating an organizational culture change resulting in:

- Increased staff willingness to report to work during a disaster
- Increased patient levels of preparedness
HOW?

Staff

- Awareness, Education & Tools
- Team Building
- Recognition
- **Culture Change**
- Leading to...
STAFF = AGENT OF CHANGE

• Slow changes in daily habits
• Reinforced regularly
• Opinion leaders who
  − talk to patients
  − talk to coworkers
• Change in thought

“normalize preparedness”
NORMALIZING PREPAREDNESS

Precedents – Culture Changes

- Seat belts & child seats
- Perception of smoking
- HIPAA
- Ongoing
  - Cough etiquette
  - Pedestrian crossing

We can do it!
RESOURCES AVAILABLE

• Staff training materials
• Personal planning materials
• Patient training materials
RESOURCES NEEDED
Leaders and Believers
SEPTEMBER - READINESS MONTH

• HCA Disaster Champions Program Roll Out

• Champions Kit
  – Compilation of materials for patients, family preparedness (available electronically)
  – Series of six training programs for staff (available on a CD – January 2009)
Disaster Champions – Series 1

- Introduction to Emergency Preparedness
- Personal and Family Preparedness
- Safe Work Habits
- Patient Preparedness & Special Needs
- Shelter In Place
- Community Involvement
Your Leadership Charge

- Champion the Preparedness Mission
- Encourage new leaders within your organization
- Support collaboration amongst groups and communities
- Support Readiness Month Activities
Citizen Preparedness

How does Home Care Fit In?
Citizen Preparedness

• “The chief responsibility of government is to protect the citizens, communities and economic vitality of our State and Nation – and individuals must share a burden of that responsibility,”

• “Therefore, it is imperative that citizens take the time now to be prepared before storm warnings are posted by reviewing their emergency plans at home and at work to ensure their safety and that of their loved ones.”

• Governor Paterson 2008
Who Gets Involved in Preparedness?

**Government**
- Federal (Home Land Security, FEMA + Multiple)
- State (Home Land Security, SEMO + Agencies)
- Local/Counties & Municipalities
- Infrastructure Authorities
  - roads, police, etc.

**Private Organizations**
- Health Care
- Red Cross
- Salvation Army
- Business
- Schools
- Volunteer Groups
The Home Care Facility

- Last year, home care providers made 428 million nursing and medical home visits...
- Home care’s facility is the community
Home care has...

- Access to the chronically ill
- People with disabilities
- A quick turnover of many CHHA patients
- Credibility as an educator
- Staff that takes the message home with them at night
Means

• Patient education
• Staff and family education
• Community involvement
• Volunteer work
Results?

- Better prepared community
- Better prepared patients and families
- Better prepared staff
- Better prepared agency
Demystifying ICS

Creating a crosswalk to home care

Supported with Funding from the New York State Department of Health
Incident Command System
Objectives for Today

- Adapting ICS to home care
- Create a user friendly cross walk for home care ICS
WHY ICS?
- Reduce chaos

- Too many people reporting to one supervisor.
- Different emergency response organizational structures.
- Lack of reliable incident information.
- Inadequate and incompatible communications.
- Lack of a structure for coordinated planning between agencies.
- Unclear lines of authority.
- Terminology differences between agencies.
- Unclear or unspecified incident objectives.
Real Reason

- Everyone else uses it
Get Rid of “Them vs Us”
ICS

- Used at all levels of government and private industry – the Standard
- Now renamed NIIMS (National Interagency Incident Management System)
ICS is About Organizing Responsibilities

Creates an organizational framework

- **Unity of Command**
  - Every individual reports to one boss, and one boss only

- **Span of Control**
  - 3-7 personnel, groups, etc.
  - 5 is optimum, based on experience, complexity, etc.
Two Types of Staff

- Command
- General
Command Staff

Incident Commander – overall responsibility for incident management

- Liaison – point of contact between agency and partners. Should be radio/phone contact for local authorities
- Public Information (PIO) – media contact
- Safety and Security – minimize risk to staff
General Staff

Directed by Incident Commander (IC)

- Operations
- Planning
- Logistics
- Finance
What about the CEO?

Role of the CEO

- Not necessarily IC
- Varies according to skills, organization
- Often administrative function - backup
- Clarifies agency polities
- Evaluates response
- Ensures collaboration
- Receives briefings
Functional Responsibilities

- **Command** = overall responsibility
- **Operations, Actions** = direct tactical
- **Planning, Intelligence** = collect/analyze data; prepare action plan
- **Logistics** = provide support
- **Finance/Accounting** = cost accounting and procurement
Operations Activities

Carries out Plans
- Triage & Treatment
- Transport Coordination
- Directs all operations
- Implements the Incident Action Plan (IAP)
- Requests or releases resources
Planning

- Prompts and drives short- and long-range action plans
- Collects, evaluates, disseminates data regarding resources
- Plans for resource utilization
- Develops IAP
Logistics

- Provides for a working environment and adequate materials to meet the overall objective
- Delivers equipment, supplies, services, personnel and other resources
- Pre-plans with vendors for critical supplies
Provides funding and stresses organization-wide documentation to maximize financial recovery and reduction of liability
- Provides cost tracking and analysis
- Recovery, time recording, resource procurement
- Personnel costs such as overtime
- Lost revenue
- Supply allocations
- Coordinates billing practice changes
Tools

- Incident Action Plan
- Job Action Sheets
- HEICS Forms
Job Action Sheets

- Prioritized checklist - Should assign as closely related to normal position if situation permits
- Immediate Responsibilities
- Intermediate Responsibilities
- Extended Responsibilities
Job Action Sheets

- One for each position
- Focused objectives
- Concise mission statement
- Prioritized activities
- Can be customized to some extent
  - Many have added Infection Control to the Ops and a MERC Liaison to the Command Staff
- Who else?
Your Agency – Using Job Action Sheets

Incident Commander

- Information
- Liaison
- Safety and Security
- Operations
- Planning
- Logistics
- Finance/Admin
Additional Forms

- Activity Log
- Personnel Time Sheet
- Procurement Summary Report
- Volunteer Staff Registration/Credentialing Form
- Status Report
- Resource Accounting Record
- Patient Tracking Sheet
- Emergency Incident Message Forms
Rain of Disaster!
Emergency Preparedness
Tabletop Exercise

Home Care Association of New York State, Inc.
August 6, 2008

Supported with funding from the
New York State Department of Health
Exercise format

- This is a discussion based exercise, meaning there will be breaks throughout where you will discuss or review your personal as well as your role agency’s responses to the situation.

- The scenario is divided into five sections.

- At the end of the scenario, everyone will participate in a debriefing or “hotwash.”
Ground rules

- Respond as if the scenario is real
- Play your role in your department, agency or community throughout the exercise
- Operate within current resource constraints and realities
Objectives

By the end of this exercise, you should be able to:

- Understand the concept of surge capacity and its importance in home care response
- Describe your individual and your agency’s roles in the response
- Identify at least one gap in your agency’s existing Emergency Plan
- Understand the role the Incident Command System Plays in home care emergency response
National Flood Insurance Program
Total Claims by Municipality
1978 - 2007

Number of Claims
- 0
- 1 - 2
- 3 - 5
- 6 - 10
- 11 - 30
- 31 - 80
- 81 - 200
- 201 - 700
- 701 - 21016

Source:
FEMA, National Flood Insurance Program
June 2007

Relationship between New York City and all other municipalities
Relationship of New York State excluding NYC and Long Island
On this lovely August day in New York State...

You receive a warning from NY-Alert
The Storm is Brewing...Module 1
A tropical storm is developing in the Atlantic Ocean

- After several days in open water, upgraded to hurricane status
- Conditions favorable for storm to continue to intensify over warm waters
- Forecasters at National Hurricane Center (NHC) warn of potential landfall in continental U.S.
Hurricane becomes a Category Three storm

Begins to behave unpredictably, changing course several times

Hard to predict when and where it will land

What is your course of action at this time?

DAY 3, 8:15 a.m.
Radar shows the storm moving at 10 mph, with winds averaging 125 mph. Models indicate the storm could make landfall anywhere along a 150-mile stretch of coast just NE of NYC. NHC forecasters unsure if storm will intensify or weaken. Uncertainty makes evacuation decisions difficult. The storm is projected to bring heavy rains and winds to Upstate New York and inland New England.
Preparation Begins – three days out

- Your county requests local healthcare facilities and providers to review emergency plans relating to:
  - Flooding
  - Power outages
  - Evacuation
- Are you reviewing your plan at this point?

DAY 4, 11:00 a.m.
Storm increases in intensity as it approaches the coast
NHC indicates storm could reach Category Four by landfall
Residents in coastal, low-lying areas, and flood prone areas are encouraged to prepare for evacuation
Hurricane is estimated to be larger than usual – up to 350 miles in diameter
Mandatory Evacuation – This is going to be a “bad one”

- Radar shows hurricane likely to hit within 48 hours
- Evacuation ordered for all residents within 10 miles of coastal area projected to be in path of storm and in certain known flood areas upstate
- Upstate braces for up to 15” of rain
Questions

1. Does your agency have any protocols to monitor emerging situations?
2. What responsibilities do you have to your patients and staff at this point?
3. What agreements do you have in place, if any, with community partners (such as memorandums of understanding (MOU) or mutual aid agreements)?
Questions

1. When should your emergency plan be activated?
2. What are your agency’s activation procedure and staffing plan for emergency situations?
3. List your organization’s Incident Commander (s)
4. List your Security and Safety Officer, Public Information Officer and Liaisons (include relief personnel).
5. List your Planning, Operations, Logistics and Finance Chiefs, as well as those designated to relieve them.
6. Who do you report to?
7. Using your job action sheets, whose job would it be to work with your vendor to ensure oxygen delivery?
8. Who else might be involved?
To Stay or To Go?

No last minute decisions

- People who decide to ride out a storm need to know that in the middle of it they can't call 911 and say, “All right, come get me. I'm ready.”
- No one will be able to come and get them. Once they've made the decision to stay, they've made that decision for the long haul.
- What is your responsibility to your patients, fellow staff, and family with this message?
Questions

1. How will you be identifying patients and staff who should be evacuating? Where will they go?
2. What information should you be giving to your staff and patients?
3. List what you should be concerned about, in order of priority.
4. Have you talked to your local or county emergency management office about your staff being able to travel if roads are closed?
5. Where is your EOC?
2. Evacuation Begins...
Public transportation begins to evacuate people without the means to leave area

Shelters open, including a limited number of functional and medical needs shelters

Media publicizes shelter locations and pick-up points for public evacuation vehicles
Evacuation routes clogged

- Evacuation routes, including the Thruway, I - 90 and I- 88 are jammed
- Major traffic backups for miles

DAY 6, 6:30 a.m.
Evacuation continues

- Nursing homes and other long-term care facilities begin evacuating residents
- You are contacted by a friend who works for a local newspaper – she wants a statement regarding the safety of your patients. Should you talk to her? If not, who should?
Questions

1. How many of your patients will need to be evacuated? How do you identify them? Who will be transporting them?
2. Have you made any preliminary contacts regarding them?
3. What instructions do your patients have?
4. Do they know what to take with them and to let you know where they are?
5. What resources are available in your community to manage pets during an emergency? Who’s in charge? How do you contact that office?
6. What process do you have in place to be sure your patients will continue to receive care if they are evacuated?
A plea from the governor

- Governor Paterson appears on TV, making a personal appeal to all people in flood prone areas to evacuate

DAY 6, 6:00 p.m.
Situation

- During the evacuation, a neighbor of one of your patients stops you in a store while you are in between a couple of last minute visits and frantically asks, out of concern, if you know where the patient has gone and if he is ok? You do, but can you tell the neighbor, who now says she has his medication that she picked up from the pharmacy for him? What should you do?
3. LANDFALL
Hurricane reaches Category Four status with sustained winds of nearly 155 mph

DAY 7, 7:30 a.m.
The Storm Arrives

- Heavy rain begins to fall and winds pick up
- Flooding renders some routes impassable
Landfall...

- Landfall occurs
- Upstate Area already saturated due to higher than normal rainfall levels in recent weeks
Hurricane Spawns Tornadoes

- Hurricane moves further inland
- Weakens but continues to be extremely dangerous
- Overland tornadoes add to destruction
Widespread Devastation

- Power outages in region make communication difficult
Torrential rain continues

- Hurricane downgraded to tropical storm
- Continues to dump large quantities of rain
- Causes flooding in many inland areas; roads are impassable in many areas
Questions

1. What are your job responsibilities at this point?
2. What plan does your agency have that will allow it to continue business operations?
3. Without normal means of communication, how will you communicate with your agency?
4. Who is in charge of establishing and carrying out your agency Incident Action Plan?
5. Who is in charge of your response at this point?
4. Crisis Deepens
Throughout the night... Hospital Surge

- Hospitals receive many patients injured during the storm. Rescue operations expect many more.
- Power outages and contaminated water compromise hospital operations.
- Your agency is contacted and asked how many more patients you can take.

DAY 8, 7:15 a.m.
Sheltering Crisis

- Hundreds trapped in devastated areas
- Damaged shelters must be evacuated
- Creates overflow in other shelters
Surge Capacity

- How will you estimate your surge capacity?
- What tools and historical information can you draw on?
- What regulatory waivers can you realistically count on to assist you in providing care to new patients?
You receive a call from the county – they want you to help set up and staff a medical shelter as the Red Cross cannot provide medical care and several nursing homes are being evacuated as a result of storm damage.

What are the implications of this for your agency?

What are your options?

Does your county have a plan for this? Who do you call to find out?
Officials estimate that it will take days or weeks to restore critical infrastructure

- Power
  - Water
  - Wastewater treatment (sewage)
  - Natural gas
  - Communication systems
  - Transportation
  - Garbage collection

How long before your critical infrastructure is restored?

DAY 8, 11:00 a.m.
Questions

1. How many additional patients will you be able to take??
2. What are the most prevalent health problems associated with hurricanes and severe flooding?
3. What steps have you taken to plan for your staff to travel under these conditions?
4. What is the status of your finances at this point? Are you able to meet payroll, establish billing procedures? Who is your Finance Chief?
5. Nearly half your staff is out due to the flood. Do you have a plan to manage volunteers if they are offered to you?

6. If they aren’t offered, where can you look for them?

7. What do you know about your liability for volunteers?

8. Who do you call to find out?

9. Is your Workman’s Comp effective during declared emergencies?
Questions

- You are asked to admit a new patient who has Medicare Advantage. You fill out the abbreviated documentation, but now you are unsure about getting the visits authorized as most phone lines are down. What do you?
- A number of your Medicare patients are in a Medical/Special Needs Shelter. Can you provide services to them in a shelter?
- Is the Red Cross in charge of the shelter? Where is it most likely to be?
5. Recovery Phase Begins...
New problems arise

- Building inspections reveal evidence of widespread, severe mold infestation and structural instability
- Thousands left homeless and need temporary and/or permanent housing
- Many of your patients are “stuck” in shelters and their health is deteriorating rapidly
Questions

1. Who will you need to work with during this recovery phase to ensure your patients receive the care they need? Are there any case management services available? Can you contact them?

2. What is your role in helping your patients return to their homes? What is your responsibility?

3. When and how do you decide to deactivate/demobilize your emergency operations?
Questions

5. Throughout this event, who are your community partners?
6. Are you able to get in touch with them with your current contact lists on a 24/7 basis?
“Hot Wash”
Lessons Learned

1.
2.
3
4
5
6
7
8
What Can Be Improved?

1.
2.
3.
4.
5.
6.
7.
8.
Contact Information

Alexis Silver
Home Care Association of New York State, Inc.
518.810.0658
asilver@hcanys.org
Certificate Available

- If you would like a certificate of attendance for this program, listen for the “code” word during the program and send it to asilver@hcanys.org along with a request for a certificate of attendance.