EXAMPLE

Core Planning Team (CPT)

Pre-Workshop Conference

“Caring for Elders During Disasters”

Photo courtesy of The Baton Rouge Advocate / 2005.

Welcome & Introductions

- **Planning Partners & Hosts**
  - **Debbie Peck**, Emergency Management Coordinator
    Pinellas County Office of Emergency Management
  - **Jason Martino**, Emergency Coordinating Officer
    Area Agency on Aging of Pinellas & Pasco
  - **Amber Boulding**, Public Health Preparedness Manager
    Florida Department of Health - Pinellas County
- **Project Team**
  - **Ray Runo**, Project Director
    Disasters, Strategies, & Ideas Group (DSI)
  - **Robin Bleier**, President
    RB Health Partners
  - **April Henkel**, Project Manager
    Florida Health Care Association
- **CPT Partners**

Meeting Purpose

- Provide an overview of the project
- Define the purpose & role of the Core Planning Team
- Review the Community-Based Planning Process and the continuum framework
- Establish a list of workshop invitees
- Review the workshop agenda & identify local SMEs to support the workshop's goals
- Confirm the workshop date and venue
- Establish a CPT post-workshop meeting schedule

Project Overview

"Healthcare Systems
Needs Analysis for
Elders During Disasters"

A project funded by the Fla. Dept. of Health

Project Origin and Purpose

- **Our History and Experience**

  Project Rationale & Need for the Project

- **Vision…** During disasters, the complex health and medical needs of Florida's elder population will be met.
- **Mission…** To develop and implement a comprehensive methodology for identifying and codifying disaster roles and responsibilities for the many stakeholders comprising the continuum of healthcare for Florida's elder population during disasters.

Three Year Project

- Identification of Elder Care Stakeholders
  - Established a Core Planning Team
  - Conducted regional stakeholder workshops
  - Analyzed stakeholder roles & responsibilities

- Developed Continuum of Healthcare for Elders During Disasters & Planning Considerations (and tested the model)
- Preparing Communities to Care for Elders During Disasters – the Community-Based Process

The
Core Planning Team
(CPT)

The Role the Core Planning Team

- Provides guidance and direction for the community-based planning process
- Identifies the key stakeholders involved in the local community's healthcare and support continuum for elders
- Supports the community's response to gaps identified through community-based planning
- Actively facilitates integration of elder healthcare and support stakeholders into a local community's emergency management, preparedness, response and recovery system

Elder Care Continuum Stakeholders

- **County Emergency Management (EM) & Health Department (ESF8)**
- **Area Agency on Aging (AAA)**
- 2-1-1 agencies (information and referral network)
- Alzheimer's caregiver support organizations
- Behavioral Health Providers
- COAD / VOAD (when active in a community), including Red Cross
- Councils on Aging / Senior Centers / Other aging network provider organizations
- Emergency Response Agencies (e.g., EMS, fire, law enforcement)
- Energy providers
- Home health agencies & geriatric care managers
- Hospitals & other healthcare providers (e.g., clinics, medical equipment, VA)
- HUD housing (for seniors)
- Nursing homes, assisted living facilities & continuing care retirement communities
- Pharmacies
- Renal dialysis centers
- Selected Govt. partners (Dept. of Elder Affairs; Co. Health Dept.; Agency for Health Care Admin.; Adult Protective Serv./Dept. of Children & Families; Veterans' Affairs)
- Transportation providers
- OTHER groups important in the healthcare continuum for elders in the local community

The Community-Based Planning Process & Continuum Framework

The Community-Based Planning Process…

- Identifies, engages and integrates all key stakeholders involved in elder care during disasters

- Results in specific solutions to improve the community's capability to care for elders during disasters

Why is this approach needed?

- Emergency planners often lack awareness of the vulnerability and complex care requirements of many elders
- The scope of healthcare stakeholders for elders is broad and complex with many dependent and interdependent roles and responsibilities to coordinate and integrate
- Communities (& stakeholders) have varied levels of preparedness, planning & response capabilities/capacities
- Elder care stakeholders may not be actively integrated into the community's emergency management planning

Expected Outcomes…

- Gain knowledge and understanding of current community resources, capabilities & plans for care of elders, across the healthcare and support continuum
- Identify the desired state of preparedness, response, & mitigation capabilities for elder care
- Identify gaps between the current capabilities & the desired state
- Develop action plans, timelines & responsibilities for filling gaps
- Develop sustainment strategies for on-going planning & partnerships

Planning & Workshop Sequence

- ☑ **Concept & Objectives Meeting (EM, ESF8, AAA)**
  - First meeting of the Lead Team (EM, ESF8, AAA); typically 75 minutes
  - Goal: Brief the lead team; develop tentative timeline; identify CPT members
- ☑ **CPT Pre-Workshop Conference**
  - Typically a 2 to 3 hour planning meeting of the CPT
  - Goal: Invitation list, workshop date, speakers and agenda
- **Community-Based Workshop**
  - All stakeholders/partners identified by the CPT
  - Structured agenda and process
  - Goal: Identify gaps in the continuum of healthcare for elders during disasters, in your community & solutions
- **Post-Workshop Planning Session(s)**
  - De-briefing ~~ action plans ~~next-steps
  - Additional meetings as needed
- **Incorporate Action Plans – Sustaining the Process**
  - …into EM's preparedness & response system
  - …into the plans of key partners (e.g., AAAs)

The Framework: Healthcare & Support Continuum for Elders during Disasters

Planning for the care of elders during disasters begins with an understanding of the community's

Healthcare and Support Continuum for Elders

Continuum of Care - Assumptions

- Individuals are unique - common care & support services.
- Condition and needs will change over the term of the disaster (decompensation).
- In a disaster environment, healthcare, services and support will be limited, temporarily unavailable, or absent.
- Expect negative outcomes when the continuum is disrupted or broken.
- Community Resiliency: Augmentation or Replacement Strategies

Elder-Focused Planning Considerations

Elders require a comprehensive approach to disaster-based planning considerations:

#1 Elder community profile – what are the characteristics of your elder population and who are the stakeholders that serve them?

#2 Risk identification and management – how vulnerable are your elders?

#3 Continuum of healthcare and support systems for elders – who are your stakeholders and what are their roles?

#4 Community preparedness & response planning for elder populations – how integrated and comprehensive are your stakeholders' emergency plans (your continuum's stakeholders)?

Planning Consideration

#1 Characterizing the Elder Population

- Elder demographics and locations
  - Residential Areas/Mapping
  - Service Providers (stakeholder groups)
  - Elders living “independently”
- Elder Population Vulnerabilities
  - Morbidity and mortality issues
  - Behavior during disasters
  - Decompensation

Planning Consideration

#2 Risk Identification and Management

- Community hazards and vulnerabilities
- Specific hazard impacts on elders
- Clinical risk factors
  - Strategies for managing elder risk factors
- Elder healthcare system demands versus community capabilities
- Community resilience considerations

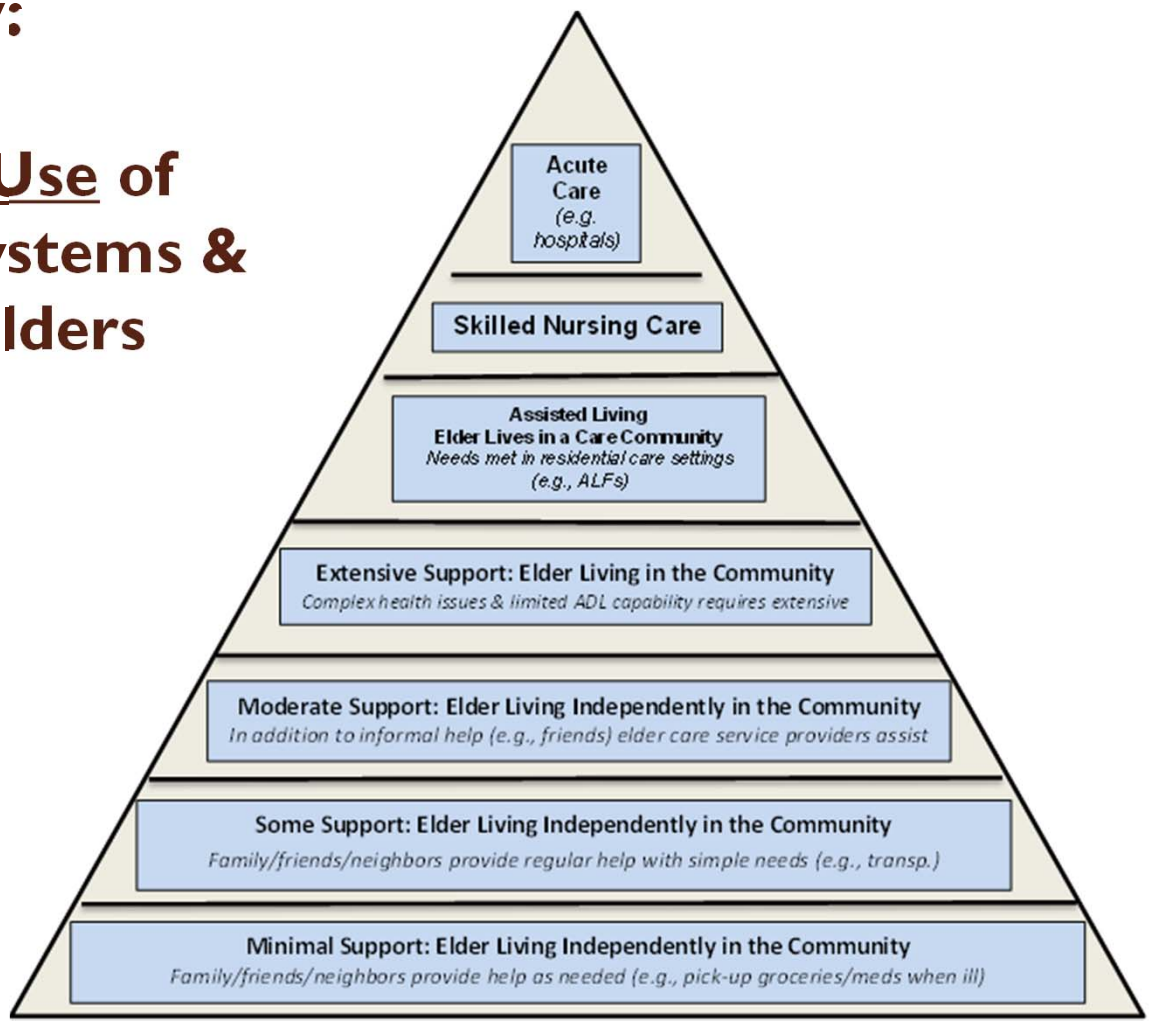
Planning Consideration

#3 Continuum of Healthcare Systems for Elders During Disasters

- Population demographics (demand) and local stakeholder capabilities (supply) drive the continuum
- Identify healthcare, community, and social support systems present on a “sunny day”
- Building your continuum
  - Visual and descriptive tools

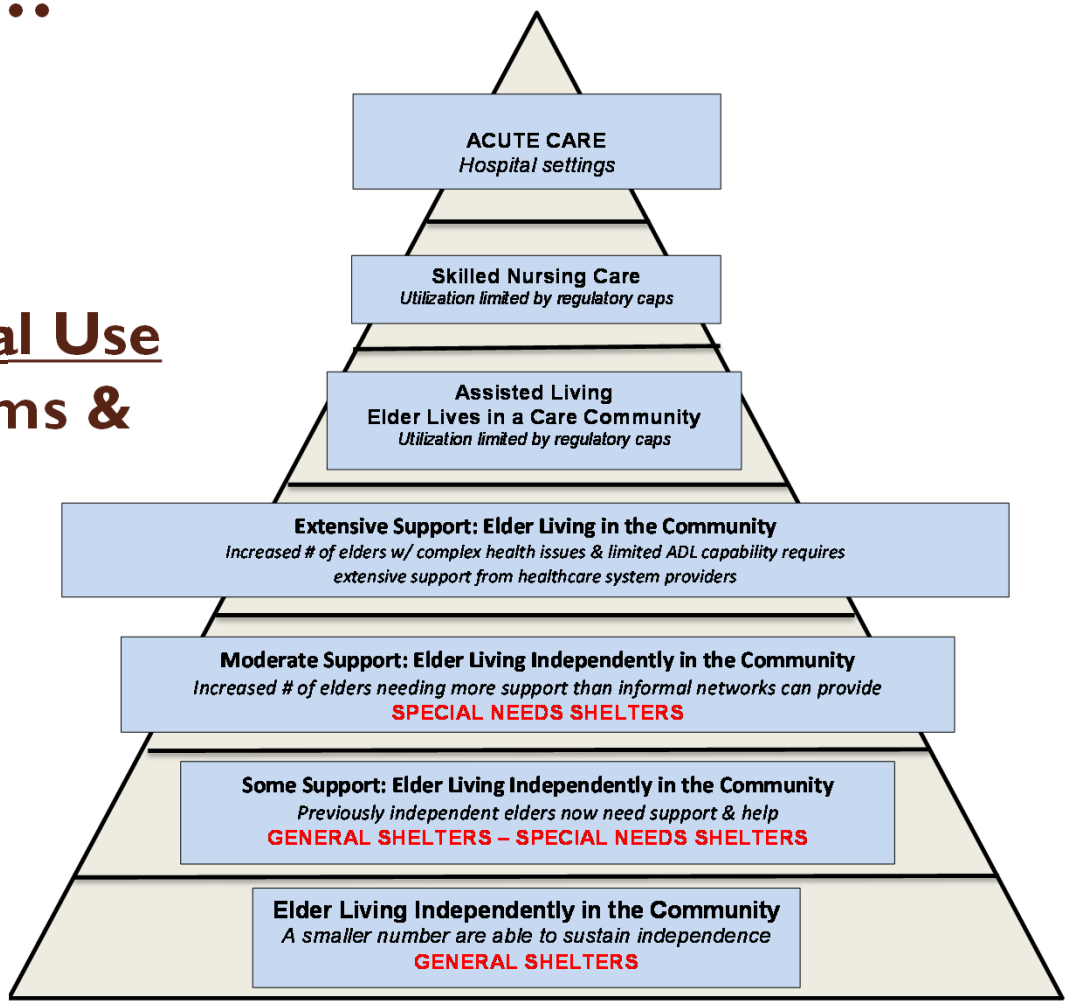
On a Sunny Day… in a Typical Community:

Proportional Use of Healthcare Systems & Supports by Elders



On a Rainy Day… in a Typical Community:

Shifts in Proportional Use of Healthcare Systems & Supports by Elders

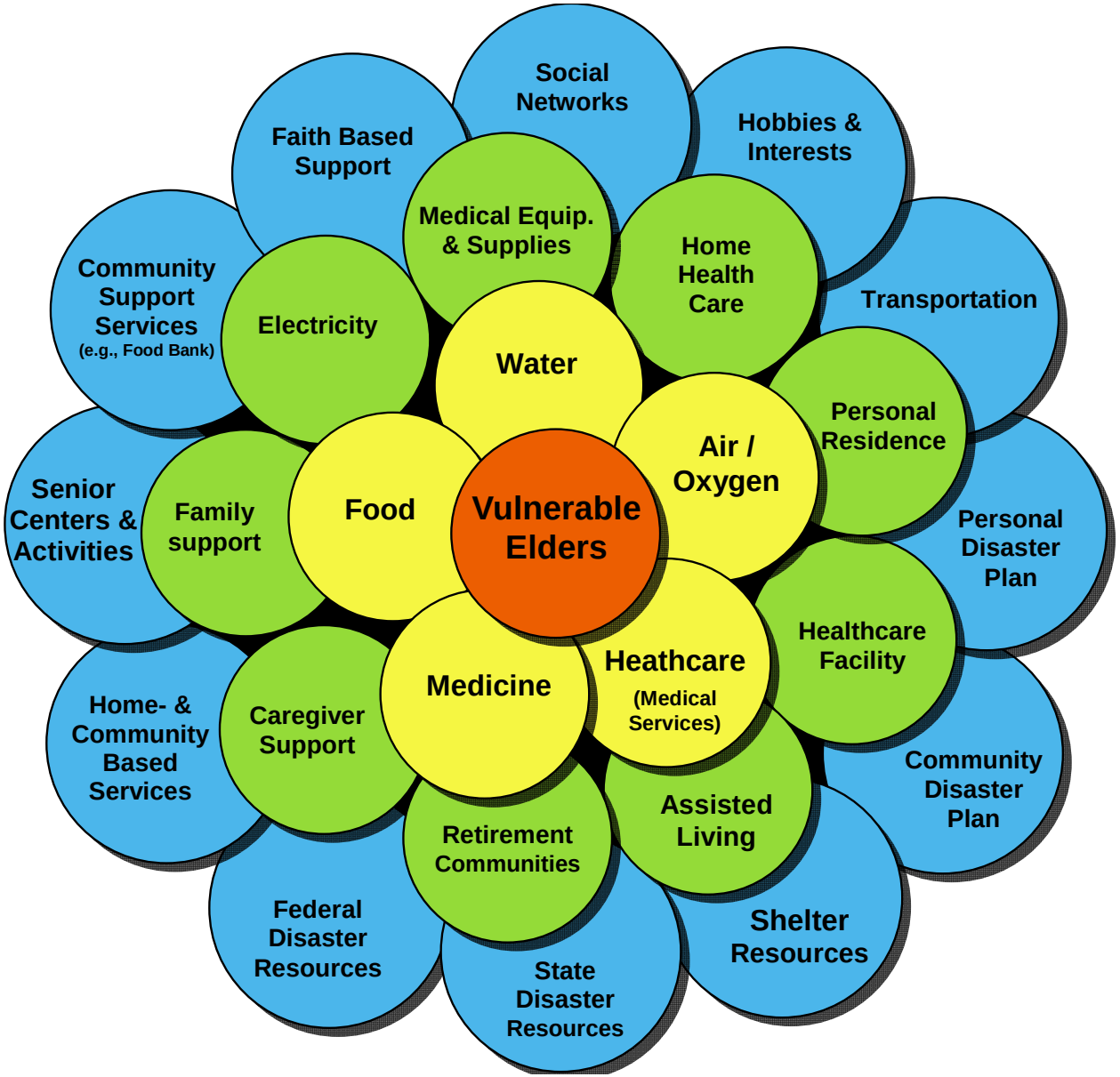


The “Continuum” Framework

- Similar to the “continuum of care” concept in aging services – there are many stakeholders in the continuum of healthcare & support services
- Reflects functional roles and responsibilities, relationships, dependencies, and interdependencies that link stakeholders together on behalf of elders during disasters
- Supports the identification of gaps in the healthcare continuum for elders during disasters

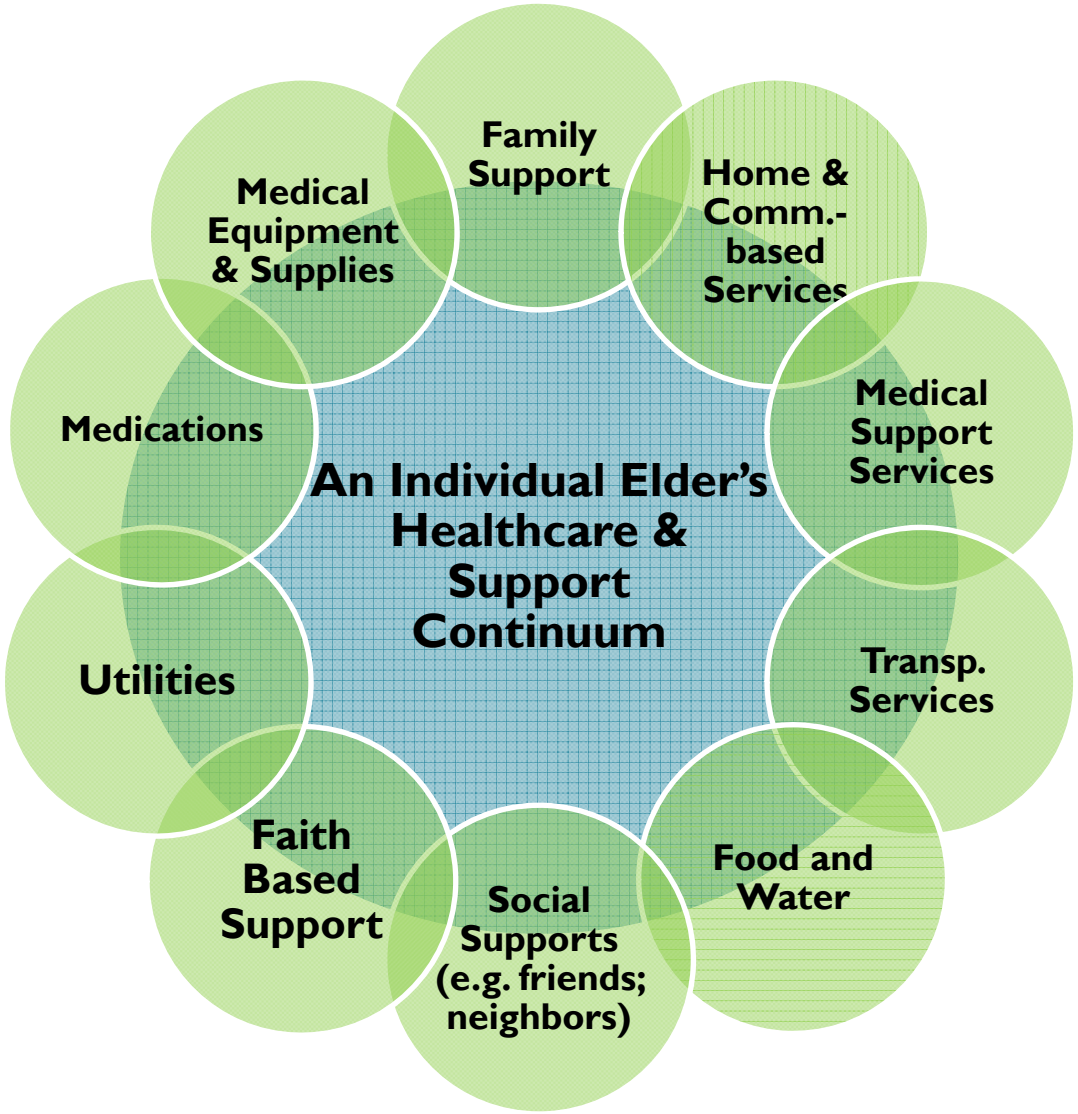
Continuum of Healthcare & Support for Elders

~~ A Complex System ~~



Continuum of Healthcare

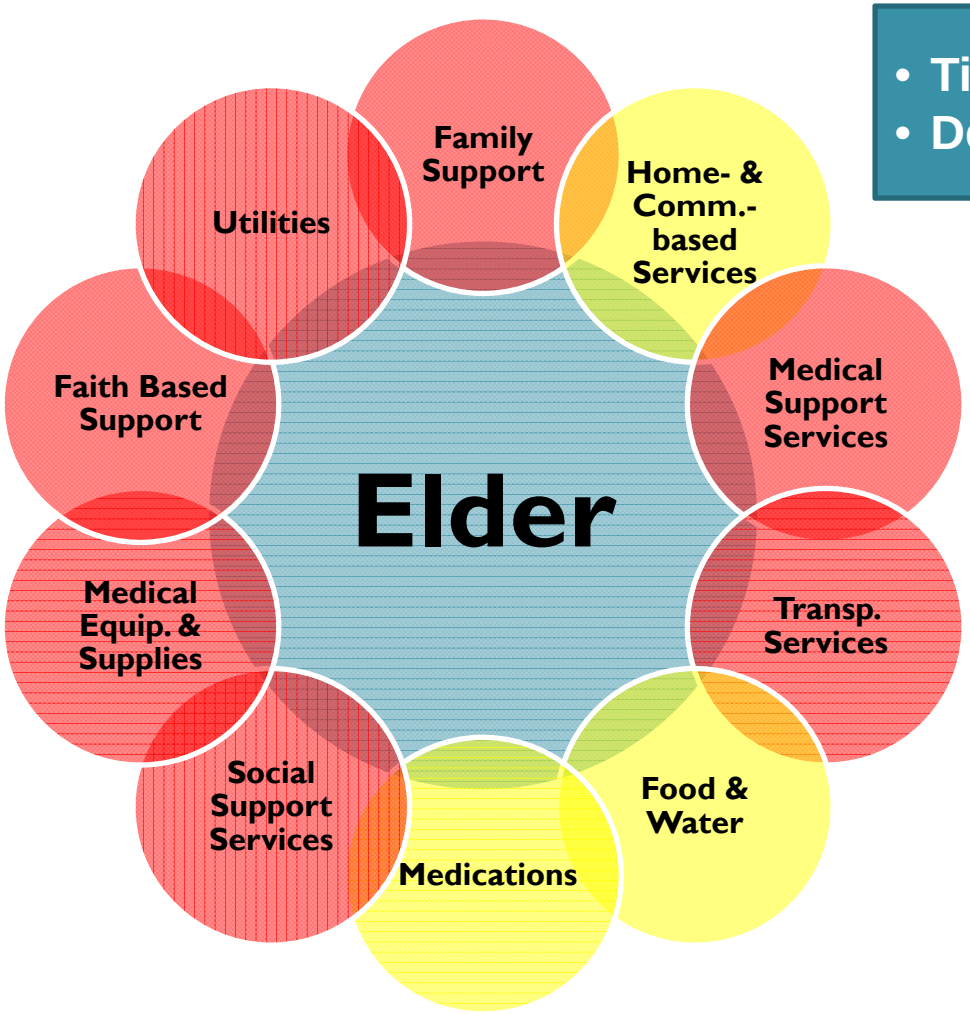
~~ Normal (Sunny) Day ~~



Green = OK
Yellow = Reduced
Red = Off-line

Continuum of Healthcare

~~ Disaster (Rainy Day) ~~



- Time Progression
- Decompensation

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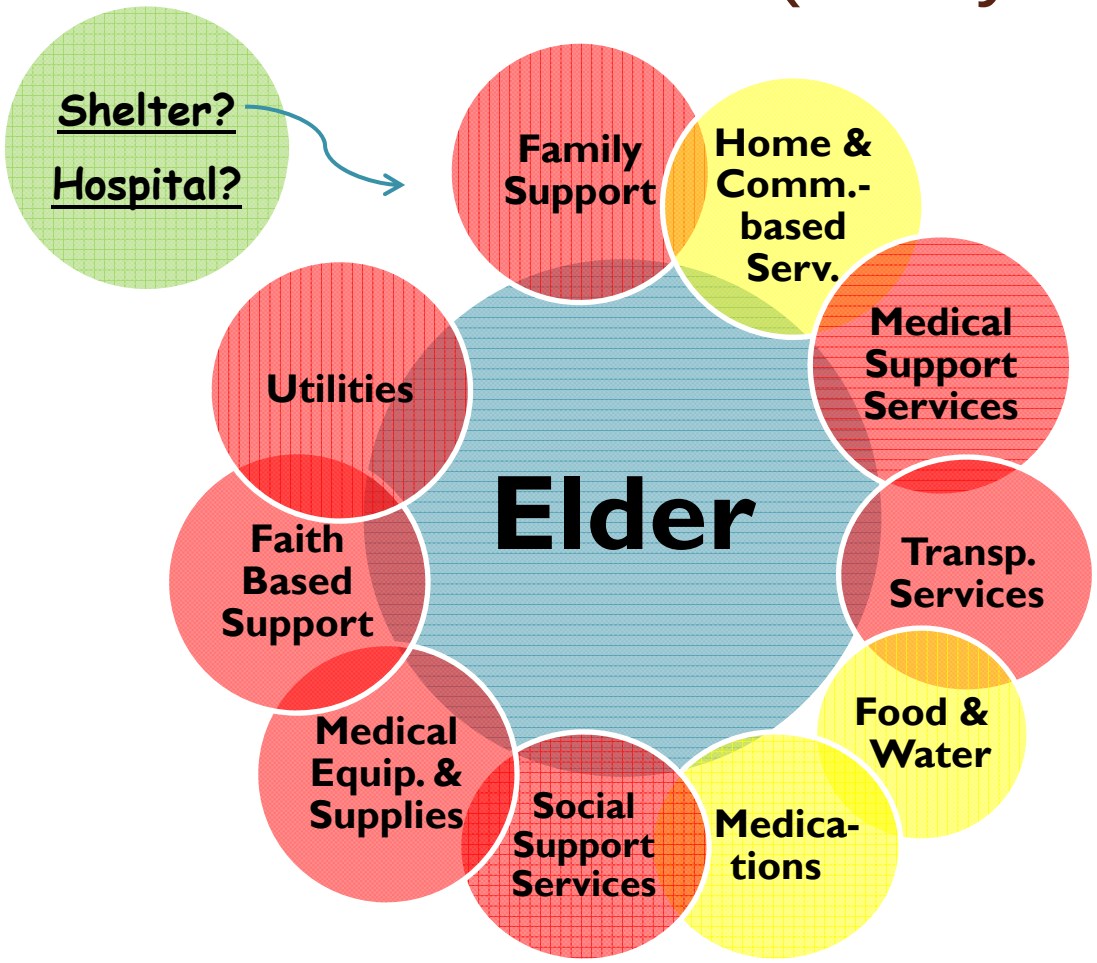
Continuum of Healthcare

~~ Disaster (Rainy Day) ~~



- Time Progression
- Continuum disrupted
- Advanced decompensation
- What next?
  - Family/friends?
  - Shelter?
  - Hospital?
- What are the community's planning contingencies?

Green = OK
Yellow = Reduced
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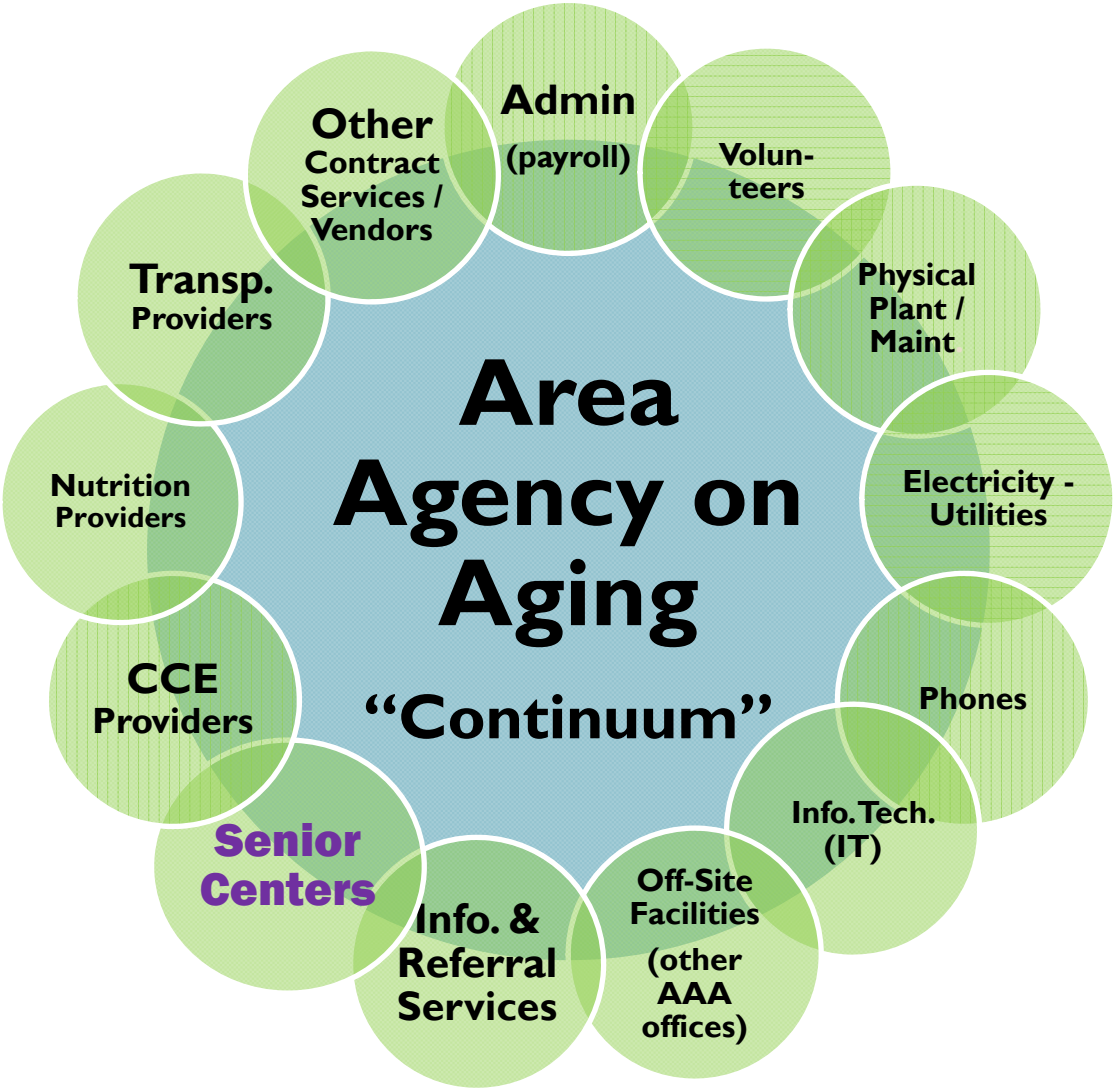
A Stakeholder Example



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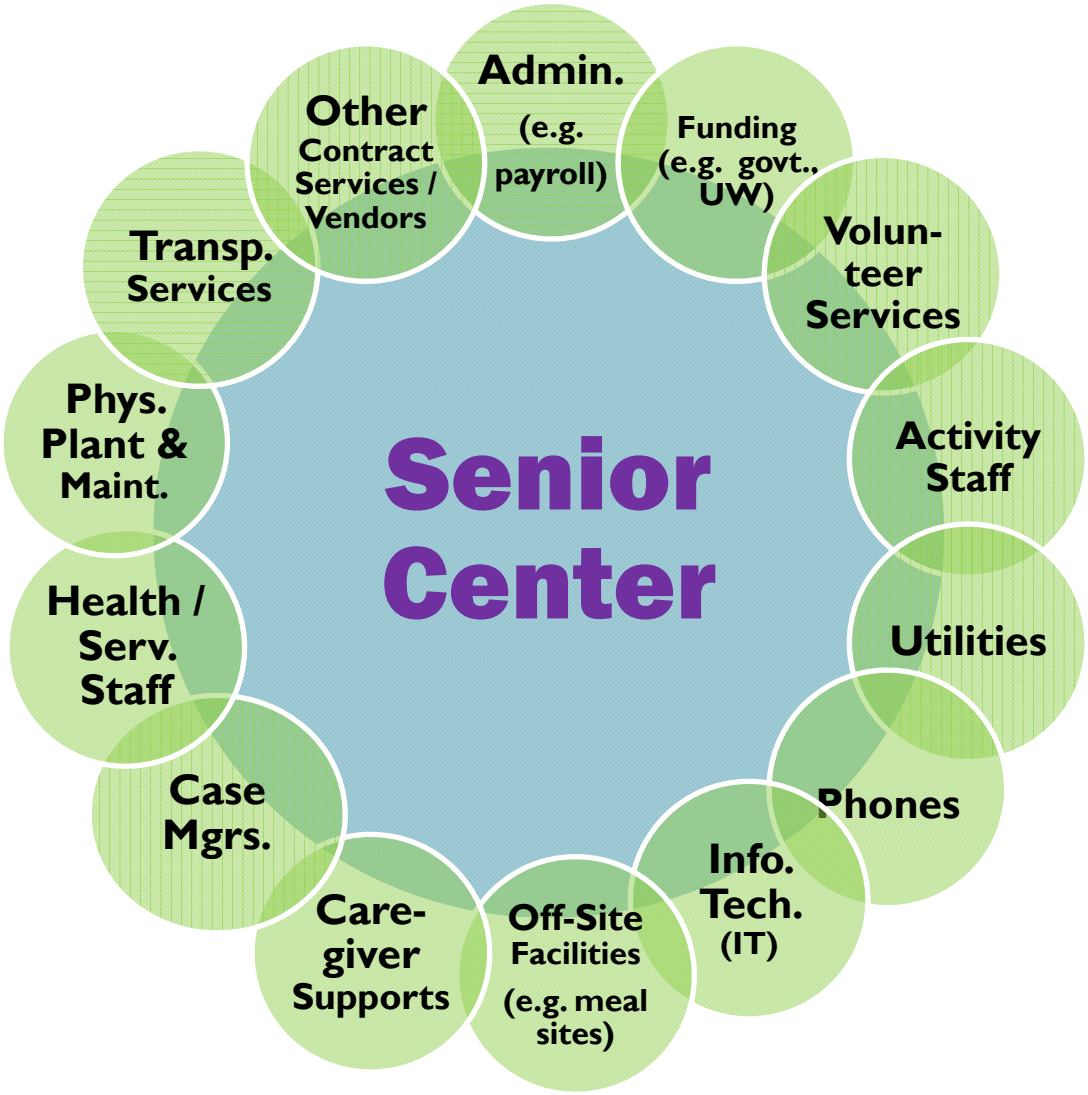
Another Stakeholder Example



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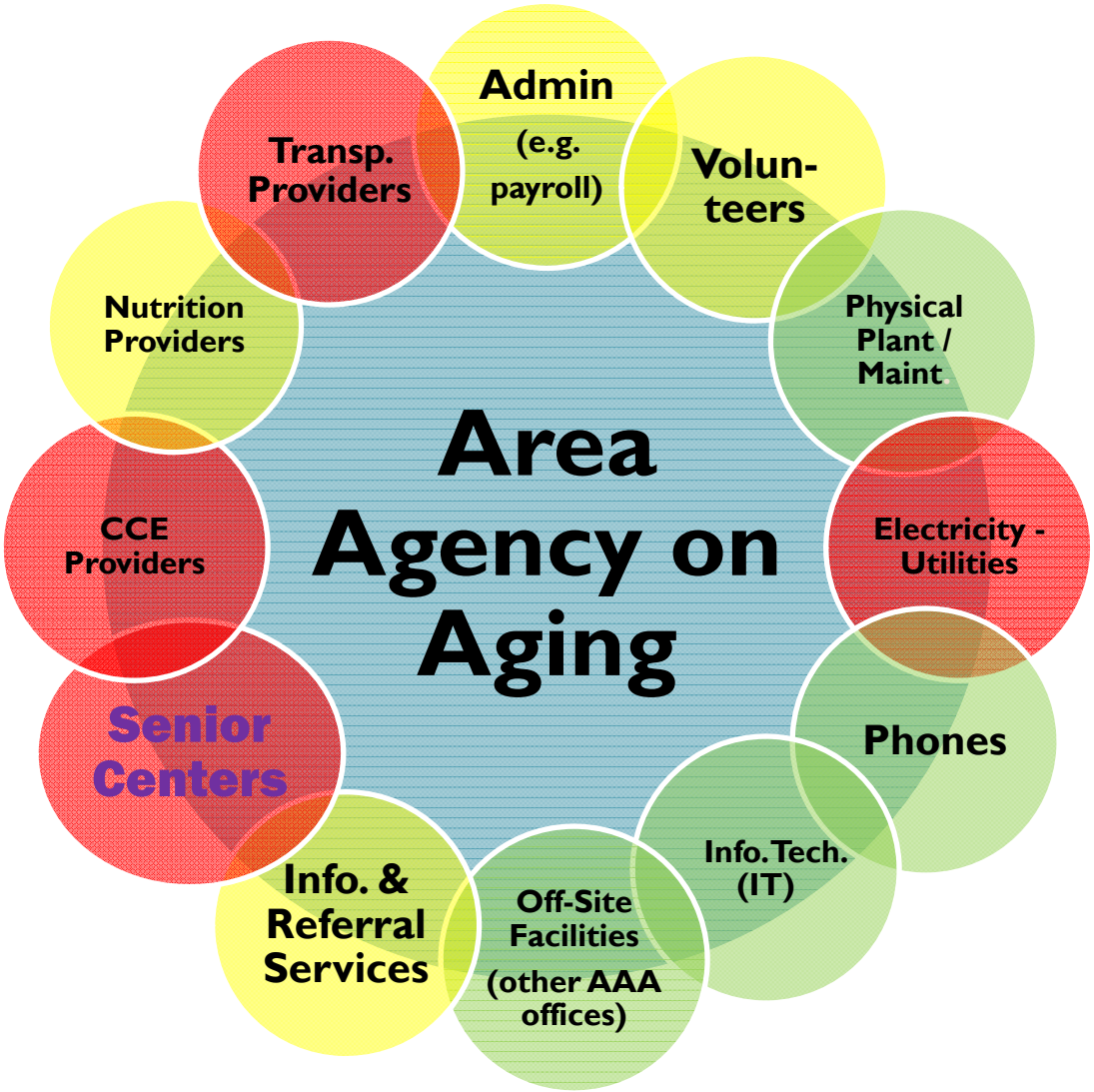
Hurricane Impacts:
Essential Systems Reduced or Off-Line



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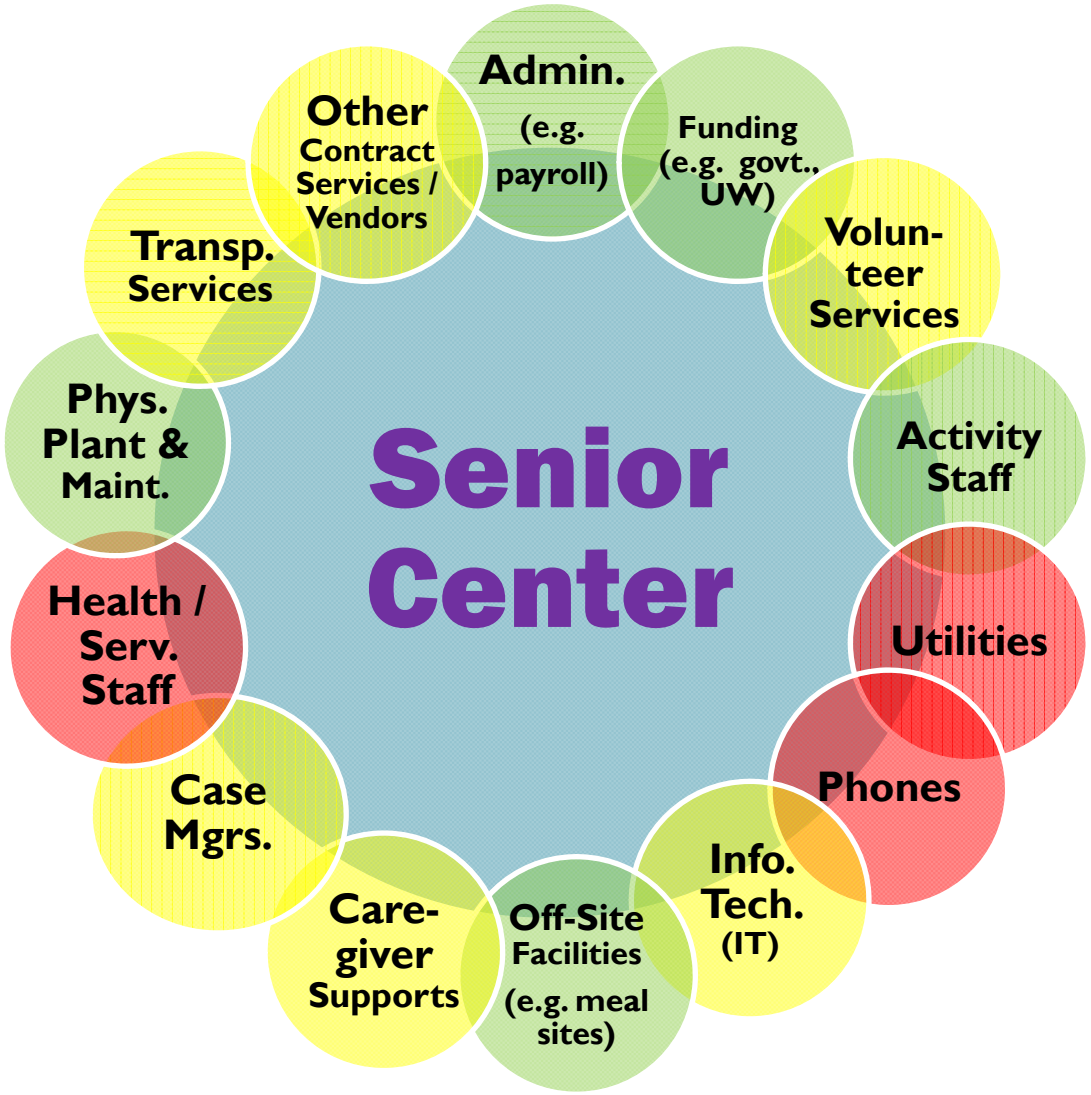
Another Stakeholder Example



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Planning Consideration

#4 Community Preparedness & Response

- Planning for Elder Populations
  - Planning requirements – legislative & others
  - Planning guidance – tools and resources
  - Response triggers and contingency plans
- Identification, involvement, and integration of community partners
  - What service and support systems exist?
- Integration into local EM and ESF 8 planning, training, and exercise programs

Applying the Planning Considerations:

The Community-Based Workshop

Pinellas County
Community-Based Workshop

“Caring for Elders During Disasters”

Tuesday, April 8, 2014 ~~ 8:30am – 4:30pm

Mid-County Health Department
Conference Center
8751 Ulmerton Road, Largo

Workshop Agenda

Start Time: 8:30 a.m.
End Time: 4:30 p.m.

Agenda – Morning Topics

Part 1: Overview

Welcome, Workshop Briefing and Stakeholder Introductions

Project Purpose & Rationale

- Planning Considerations for Care of Elders during Disasters
- Community-Based Planning Outcomes

Part 2: Framework for Community-Based Planning - The Continuum Model

This is an interactive discussion. Use flipcharts to capture comments. Utilize SMEs identified by the CPT as resources for information (e.g., EM, ESF8 & AAA).

- Community Profile: Characterizing the Elder Population (People and Stakeholder Roles & Responsibilities) **SMEs:** _____
- Disaster Risks and Vulnerabilities for Elder Population **SMEs:** _____
- Continuum of Healthcare and Support Systems for Elders **SMEs:** _____
- Community Preparedness and Response Planning for Elder Populations **SMEs:** _____

Part 3: Using the Continuum of Healthcare and Support Systems

Work through the sunny day perspective: each person develops petals for their respective organization, followed by the full group identifying petals for the community. Record highlights on flipcharts.

- Discuss & Diagram -- Individual Stakeholder Continuum (individual work – 15 min.)
- Discuss and Diagram - Local Community Continuum (plot on the vector diagram)

Agenda – Afternoon Topics

Part 4: Scenario-Based Group Discussion (Pre-Impact)
Facilitated discussion; capture highlights on flipcharts. • Scenario Pre-Impact Conditions – utilize continuum diagrams & overview of planning considerations to discuss current state, desired state & gaps
Part 5: Scenario-Based Group Discussion (Post-Impact)
Facilitated discussion; capture highlights on flipcharts. • Scenario Post-Impact Conditions - utilize continuum diagrams and overview of planning considerations to discuss: Current State, Desired State, and Gaps
Part 6: Comments/Questions/Evaluation
• Review and discuss gaps identified • Discuss strategies for filling gaps (prospective partners and methods) • Evaluation & Final Comments
Workshop Ends: 4:30 pm

Workshop Outcomes & Next Steps

Workshop Outcomes:

- Knowledge of current community resources, capabilities & plans for care of elders, across the healthcare and support continuum
- Description of the desired state of preparedness, response, & mitigation capabilities for elders
- Identification of gaps between the current capabilities & desired state

CPT's Next Steps:

- Action plans, timelines & responsibilities for filling gaps.
- Sustainment strategies for on-going planning & partnerships

After the Community-Based Workshop…

- Reconvene the CPT
- Present/discuss key findings from the Workshop (gaps, etc.)
- Develop an Integrated After Action Process and Action Plans (across stakeholder groups)
- Sustain the Process:

  Plan ~~ Train ~~ Exercise ~~ Evaluate

Today's Decisions:

- Decide who will be invited to the workshop (stakeholders)
- Select subject matter experts
- Post-workshop CPT meeting (?)

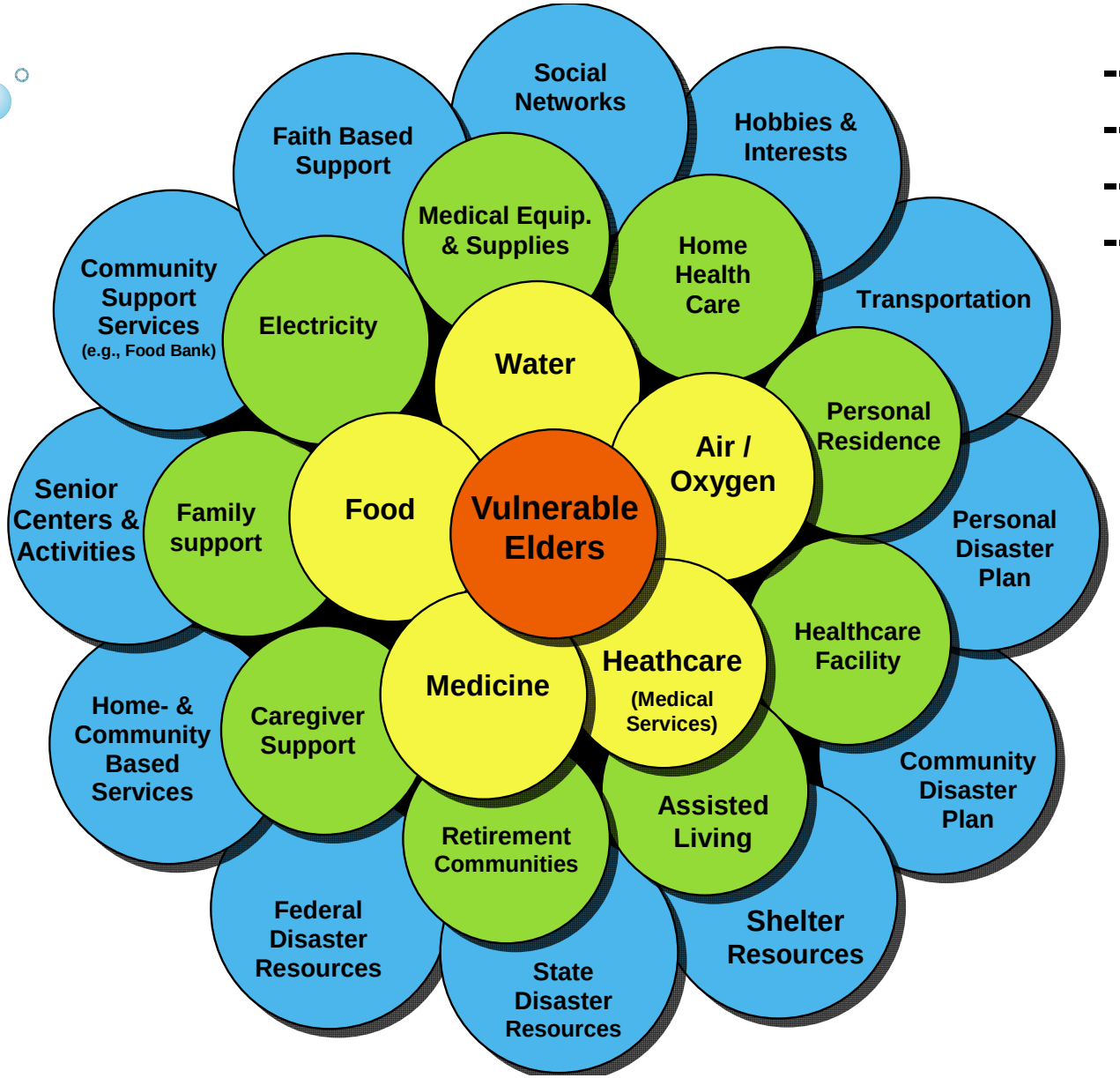
Who should attend?

- Maximum # of attendees - 40

- Invitees:
  - CPT Members (you!)
  - Other stakeholders (Who else?)

(See next slide for ideas…)

Pinellas County Stakeholders



--Seniors?
--Primary Care?
--V.A.?
--Who else?

Elder Care Continuum Stakeholders

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- Transportation providers
- OTHER groups important in the healthcare continuum for elders in the local community

Subject Matter Experts (local)

- Elder population profile: _____
- Related risks & vulnerabilities: _____
- Pinellas County's continuum: _____
- Preparedness & response planning: _____

Post-workshop CPT Meeting?

- Meet morning of April 9?
- Meet at a later date via phone?
- Other Options?

Comments & Questions

~ For More Information ~

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