Checklist for Pro-Active Care of Vulnerable Patients through Disasters – Tim Gieseke MD, CMD

1. Develop cloud based EHR for facility & providers accessible to displaced team members and made available to downstream providers. All my SNFs & CCRC are using Point Click Care and I'm using gEHRiMed, which integrates with PCC. My HHA is using Generations
2. Identify your high risk patients using a triage tool.
3. Target high risk patients for advance care planning conversations w/ development of supportive documents like AHCD, POLST, & Preferences / Goals of Care. If possible, incorporate these documents into an EHR.
4. Target these high risk patients for off-site care by displaced caregivers who know them.
5. Develop Individualized Resident Emergency Evacuation Checklist – see HHA tool
6. Personal contacts for patients should include mobile #'s & email addresses. This contact information should be readily accessible by ICS and transmitted to receiving providers.
7. Employee contact information (phone, mobile #'s, & email addresses) should be in a central electronic data base accessible by the ICS.
8. Companies should develop a secure social media account for the ICS to communicate real time with families and employees during emergencies
9. Electronic tracking tool is essential for ICS to track the disposition and care needs of displaced patients & employees
10. Electronic tool for real time tracking displaced employees, scheduling & tracking off site work hours, lodging, & managing personal incurred expenses.
11. Become a member of your local county Emergency Services Authority & participate in mock disaster training exercises.
12. Identify likely disasters for which your team will need to have (develop) management plans.
13. Anticipate potential medical problems in high risk patients returning to your facility or to their homes. PTSD is common as is wt. loss and loss of ADLs. May need surge capacity for Rehab, CNAs, MSW, Clinical psychologists, & Chaplains.
14. Plan for alternative power sources & communication devices. Besides on site Generators (adequate quality fuel), consider Walkie-Talkies, Satellite Radio. LED lights, transistor radios, etc.
15. Plan for managing poor air quality: N 95 masks, HEPA filters, & Air intake alternatives.
16. Evaluate emergency alarm systems to insure they are effective for hearing impaired & sound sleepers (hypnotics). Identify residents requiring mobility assistance.
17. Recommend home simple plug in phones that will work when power is out.
18. Recommend cell phone SMS emergency alert apps like "Nixle" for patients and employees.
19. Develop and implement plan for "Go Bags" to include change of clothes, key accounts with passwords, and up to date med list with meds for at least 1 week. Plan for their co-location with each resident. E.g. "Button Bags".
20. Revisit client wrist band identifiers. Consider: Name, DOB, & Agency or Facility name, address, phone & email.
21. Develop / Update Incident Command Center team and map out resources & training needed for anticipated emergencies.
22. Develop an alternative relocation plan if home or facility destroyed.