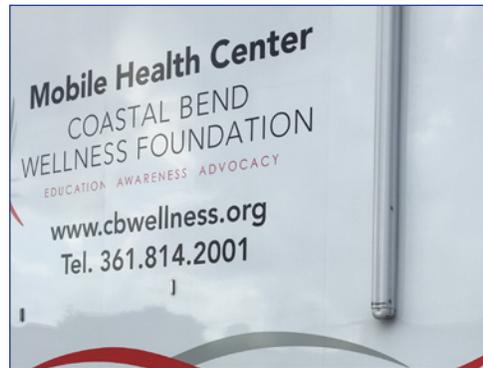




Health and Social Services Recovery Support Functions

Healthcare System Recovery Guide

Hurricane Harvey (DR-4332-TX)



Saving Lives. Protecting Americans.

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Introduction

Disasters have a direct and immediate impact on healthcare systems. These impacts affect not only the facilities and their operations, but also the demand for the critical services provided by those facilities. The impacts of Hurricane Harvey were far-reaching, affecting over 1M Texans. Some of those impacts persist, to include dislocation, job loss, lack of transportation, and diminished access to medical care. By most accounts, the healthcare systems in Texas performed with a focus and determination to support survivor needs. Many of them, in particular the larger systems, consider themselves to be fully recovered from the impacts of Hurricane Harvey.

However, healthcare systems comprise a wide range of facility types and sizes, ranging from the small networks of providers to the large hospitals, the insurances companies, emergency medical services, and other medical facilities. Some small to medium healthcare facilities in Texas remain closed following Hurricane Harvey, creating care delivery gaps in some of the most impacted areas. Many facilities have ongoing concerns with providing services, including recovering from structural and equipment loss, future financial viability, long-term staff issues, and preparing for the next disaster while recovering.



Impacted Clinic Visited – October 2017

In support of Texas recovery operations, the Health and Social Services (HSS) Recovery Support Function (RSF) reviewed healthcare facility concerns realized through the landscape assessment and engaged in onsite recovery work to inform development of this guide to assist small to medium facilities with long-term recovery. This Healthcare Recovery Guide is intended to:

- Identify common post-disaster recovery planning issues for small to medium sized facilities.
- Propose courses of action to assist short through long-term recovery and improve future preparedness/response.
- Identify relevant support resources.

Recent common and recurring disaster recovery issues are the focal point of this guide, which are organized by the following topic areas:

- **Financial and Legal:** Issues affecting a healthcare facility's ability to generate revenue, maintain or reduce costs, mitigate legal impediments, and ultimately stay economically viable during recovery.

- **Operational Planning:** Comprehensive business contingency planning for the entire facility and its components in order to maintain operations during recovery.
- **Workforce:** Post disaster impacts to a facility's clinical and non-clinical staff affecting their well-being and subsequently, business continuity during recovery.
- **Training and Testing:** The process of ensuring healthcare facility plans match assessed and other hazards, having trained staff available to perform job duties and other functions during recovery, and maximizing lessons learned from exercises/real-events that lead to corrective actions.

Financial and Legal Recovery Issues

COMMON ISSUES

Issue 1: Many healthcare facilities conduct emergency planning, but those plans may lack sufficient detail to guide short and long-term recovery financial and cash flow issues.

Issue 2: Delays or disruptions in billing and reimbursement for patient care after a disaster can create cash flow challenges for healthcare facilities.

Issue 3: Costs for repair and replacement of structural damage, equipment, and inventory after a disaster may exceed healthcare facility insurance coverage.

Issue 4: Healthcare facilities may not fully leverage coalition partners to assist financial recovery and increase delays.

Issue 5: Healthcare facilities may not understand state/local rules and regulations regarding post-disaster recovery.

POTENTIAL COURSES OF ACTION (COA)

COA 1 – Integrate Cost Recovery into Healthcare Facility Emergency Planning

To expedite post-disaster recovery, emergency plans should include loss management considerations.

- Develop plans for how to document billable practices while under reduced power and communication capability.
- Identify contingency arrangements, contracts, and relationships with financial institutions to extend lines of credit for longer periods post-disaster and to sustain healthcare service delivery.
- Forecast and plan for post-disaster operating costs including uncompensated care.
- Plan for cash reserves to assist staff retention and inventory re-supply.

1. Community primary care facilities implemented pre-planned paper billing strategies post-Hurricane Maria, that included staff training, use of proper forms, and required essential elements of information to advance Medicaid payments.

2. During Hurricane Maria, community primary care facilities had a pre-established rainy-day fund created in part through a program to reduce supply chain waste. This fund was helpful to pay staff salaries and have cash on hand for critical supplies, such as generator fuel, during the immediate recovery.

3. To handle a surge in claims, healthcare facilities may consider developing a preplanned disaster protocol with private insurance companies to include a streamlined claims process, pre-established information requirements, and triggers.

COA 2 – Prepare to Utilize All Financial Assistance Avenues Available

Healthcare facilities should prepare damage/loss assessments, file insurance claims, and be ready to submit applications to federal programs that may offer post-disaster assistance.

- Plan for a comprehensive damage assessment after a disaster.
- Identify protocols and methods to track operations and disaster expenses.
- Gather detailed documentation for all clinical/nonclinical post-disaster issues and costs.
- Develop a budget and process by which the surviving or replacement healthcare facility and staff would resume operations.
- Review insurance policies in advance and understand coverages, terms, conditions, deductibles, limits, exclusions, and the process for filing claims.
- Evaluate and plan for Small Business Administration (SBA) loan opportunities.
- If a public or private nonprofit healthcare facility, anticipate using Federal Emergency Management Agency (FEMA) Public Assistance programs for structural, equipment, and inventory damage assistance.

In Puerto Rico, a level 1 acute care hospital critical to community recovery in an urban area engaged regional FEMA Public Assistance (PA) contacts early during recovery. This helped to ensure properly completed packages, including an itemized assessment of facility structural and equipment damage, documented losses, and pictures. This thorough documentation led to receipt of FEMA PA funds within approximately three months to advance facility and community recovery.

COA 3 - Engage Healthcare Coalition Leads and Partners in Solving Financial and Legal Issues

Healthcare coalitions and partners can be a valuable resource for facilities without experienced staff dedicated to advancing financial and legal issues.

- Understand the supporting role of each coalition partner (hospitals, emergency management, Emergency Medical Services (EMS), and public health).
- Work with coalition partners to help solve anticipated financial recovery issues that interface with multiple levels of government.
- Utilize lessons learned from healthcare facilities with experience receiving FEMA Public Assistance, SBA loans, and insurance payouts.

Early during TX recovery, healthcare facilities and their leadership learned from other coalition organizations with prior disaster experience about SBA and its Economic Injury program. This facilitated interest and connection to the SBA, resulting in long-term recovery loans to assist with business operations, continuity, and financial viability for improved facility and community recovery.

COA 4 – Research and Understand State/Local Rules and Regulations

To expedite post-disaster recovery and to comply with state and local rules and regulations that influence emergency care, facilities should ensure their leadership understands those regulatory policies.

- Review regulations for health care practitioner licensure, practice standards, reciprocity, scope of practice limitations, and staff-to-patient ratios.
- Address legal authorization to allocate personnel, resources, equipment, and supplies among health care facilities.
- Understand emergency decision-making processes for state and/or local legislature.
- Assess available state liability protections for responders.

TX authorities worked to grant provisional waivers during Hurricane Harvey recovery to reduce Medicaid and CHIP enrollee administrative burdens, including those impacting out-of-state evacuees, and to ensure continuity of care.

RESOURCES

- ✓ [A Quick Guide – FEMA Reimbursement for Acute Care Hospitals:](https://www.ynhh.org/~media/files/emergency/aquickguide_femareimbursement.pdf)
https://www.ynhh.org/~media/files/emergency/aquickguide_femareimbursement.pdf
- ✓ [ASPR 2017-2022: Health Care Preparedness and Response Capabilities](http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf)
<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>
- ✓ [CMS Approves Texas CHIP provisions to assist with Hurricane Harvey disaster relief:](https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2017-Press-releases-items/2017-09-01.html)
<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2017-Press-releases-items/2017-09-01.html>
- ✓ [Healthcare System Recovery: Financial Sustainability after a Disaster:](https://www.youtube.com/watch?v=Z9IfH-s_sOE&feature=youtu.be)
https://www.youtube.com/watch?v=Z9IfH-s_sOE&feature=youtu.be
- ✓ [Essential Functions and Considerations for Hospital Recovery Version 2:](https://cdn1.sph.harvard.edu/wp-content/uploads/sites/1608/2014/09/HSPH-Emergency-Preparedness-Response-Exercise-Program_Hospital-Recovery.pdf)
https://cdn1.sph.harvard.edu/wp-content/uploads/sites/1608/2014/09/HSPH-Emergency-Preparedness-Response-Exercise-Program_Hospital-Recovery.pdf
- ✓ [FEMA Public Assistance: Public and Nonprofit Policy and Guidance:](https://www.fema.gov/public-assistance-policy-and-guidance)
<https://www.fema.gov/public-assistance-policy-and-guidance>
- ✓ [Small Business Administration Disaster Loan Assistance:](https://disasterloan.sba.gov/ela/)
<https://disasterloan.sba.gov/ela/>
- ✓ US Department of Housing and Urban Development – [Community Development Block Grant \(CDBG\) Disaster Recovery Program:](https://www.hudexchange.info/programs/cdbg-dr/)
<https://www.hudexchange.info/programs/cdbg-dr/>

- ✓ [US Department of Labor: Employment & Wages under Federal Law during Natural Disasters & Recovery:](https://www.dol.gov/whd/regs/compliance/whdfs72English.htm)
<https://www.dol.gov/whd/regs/compliance/whdfs72English.htm>

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Operational Planning Issues

COMMON ISSUES

Issue 1: Healthcare facilities may have emergency plans, but critical actions for staff may not be defined, trained to, and tested, resulting in operational and post-disaster recovery challenges.

Issue 2: Healthcare facilities may be challenged to develop and test continuity of operations plans (COOP) to ensure the availability of essential services when needed during recovery.

Issue 3: Many healthcare facilities lack well developed plans for evacuation or sheltering-in-place, which may impact decision-making and patients during recovery.

Issue 4: Healthcare facilities may be challenged with internal communication and information sharing during recovery.

Issue 5: Healthcare facilities may not engage in the Centers for Medicare and Medicaid (CMS) waiver process early and delay possible regulatory flexibilities that could impact post-disaster recovery operations and finances.

Issue 6: Healthcare facilities are often challenged during a disaster by what types of patient information can be released, to whom, and under what circumstances.

Issue 7: Post-disaster recovery can be challenging for healthcare facilities to integrate into community-wide planning efforts.

POTENTIAL COURSES OF ACTION (COA)

COA 1 – Identify Risk and Develop an Emergency Plan

To minimize loss, continue essential operations, and expedite post-disaster recovery, emergency planning should address disruptions to day-to-day operations including:

- Loss of utilities including water and power;
- Reliance on generator power;
- Degraded or lost communication ability;
- Loss of the use of the facility or portion thereof

Healthcare facilities and staff across the Southwest Texas Regional Advisory Council (STRAC) executed core functions established in their Emergency Operations Plans, leading to efficient medical surge management of patients and sustained operations into early recovery.

- Supply chain interruptions including critical medical supplies (e.g., oxygen, saline, pharmaceuticals, etc.) and other inventories;
- Increases in vulnerable and at-risk populations;
- Non-acute patients requiring shelter, food, water, prescriptions;
- Need for staff resiliency strategies; and
- Need for practical actions (e.g., cover computers, securing files, etc.).

COA 2 – Develop Healthcare Facility COOP Plans with the Goal of Planning for and Ensuring Continuation of Essential Services During and After a Disaster

Healthcare facility COOP ensures organizational functions and essential healthcare services continue. Adjustments may be needed to meet the mission, handle patient surges, address compromised utilities, as well as anticipated staff and inventory shortages resulting from a disaster.

COOP

- Utilize facility continuity resources and checklists.
- Plan for various self-sustainment periods.
- Include a business impact analysis.
- Recognize broader community planning and dependencies.
- Address core elements such as leadership, finance, alternate care sites, human resources, communications, legal/ethics, facilities, records, operations, supplies, staff, logistics, etc.

Many TX healthcare facilities in the Coastal Bend Regional Advisory Council (CBRAC) executed pre and post Hurricane Harvey continuity of operations by performing pre-storm discharge planning, arranging to have additional staff report to work early and complete rotations. Ultimately, sustaining essential health and wrap around services through recovery.

Essential Health Services

- List and rank all services in the healthcare facility.
- Identify those services deemed essential in any circumstance.
- Anticipate and plan for needed resources.

Supply Chain

- Ensure that administrative, supply managers, emergency planners, and clinical staff coordinate as a team on assessing integrity of the supply chain (e.g., the lease, purchase, delivery of medical/other goods and services for patients/staff).
- Assess vulnerabilities for providing critical supplies and services (e.g., pharmaceuticals, medical devices, PPE, blood products, oxygen, saline, food, fuel, etc.).

- Ensure supply chain issues within COOP are reviewed by the team.
- Anticipate post-disaster financial resources and market (manufacturers/distributors) supply availability issues.
- Plan for supply needs based on risk assessments and other events (e.g., radiological/nuclear event, etc.).
- Ensure contracts/agreements with vendors are updated to maintain inventory and consider scenarios that impact vendors ability to provide supplies.
- Engage the healthcare coalition to leverage equities with supply chain assessment and planning.

COA 3 – Develop Plans for Facility Evacuation or Sheltering-in-Place

To improve decision-making and operations during disaster recovery, healthcare facilities should develop evacuation or sheltering-in-place plans.

Evacuation

Evacuation planning should incorporate emergency management and other healthcare coalition partners.

- Establish MOUs with hospitals and other healthcare coalition partners that identify roles and responsibilities for transfer of patients and mutual aid during a disaster and when returning patients to the originating facility.
- Evaluate possibilities to utilize any internal network for patient movement if part of a hospital system with transportation and staff assets, and support resources.
- Coordinate with state public health, regional, or National Disaster Medical System (NDMS) patient movement plans.
- Establish decision-making criteria, triggers, and authorities.
- Discharge patients early, if appropriate.
- Identify facility staging areas and destination facilities.
- Match patients with transportation resources, track and notify families.
- Anticipate all patient medical, transport, and support needs when the community and facility reopen and citizens and patients return.
- Include facility closure and security procedures.

TX has procedures in place to move patients when a healthcare facility requires evacuation assistance. During Harvey response and recovery, many in the impacted area utilized a healthcare coalition-based medical operations center in Houston (e.g., SETRAC) to match patients to other facilities able to accept them and to facilitate coordination of ambulance and emergency crews. This coalition coordinated over 20 hospital and nursing home evacuations as well as over 1,000 patient movements.

Shelter-in-Place

Shelter-in-place planning should include considerations for patients and staff (and potential family members).

- Establish decision-making criteria, triggers, and authorities.
- Plan for sheltering in protected areas within the facility.
- Forecast patient and staff medical and other needs, to include staff work rotations and sleeping areas.
- Anticipate sustainment needs such as food and water.
- Evaluate facility maintenance and other issues (e.g., turn off HVAC, access control/lock-down, etc.).
- Establish triggers for lifting shelter-in-place requirements.

COA 4 – Implement Comprehensive Long-Term Communication Strategies

Poor communication strategies may negatively impact healthcare facility operational planning and execution.

- Ensure that internal communication is accurate, timely, and clear.
- Extend information sharing across healthcare coalition partners.
- Perform a risk assessment of communication strategies.
- Consider use of social media to enhance communications.
- Establish simple information exchange mechanisms internally among all staff and maintain scheduled situational awareness updates for staff.
- Ensure all internal patient prioritization strategies (e.g., triage, admission, discharge, etc.) are communicated routinely and understood.
- Ensure ability to easily access and collect timely, relevant, and actionable facility information sharing with healthcare coalitions.
- Plan for communicating essential elements of information (e.g., bed availability, resource needs, patients, illnesses/injuries, etc.) as needed on operating status.
- Identify triggers that activate alert and notification processes to healthcare coalition partners.
- Address data protection measures and procedures for information technology systems.
- Identify and utilize interoperable, redundant communication systems and platforms among healthcare coalition partners (e.g., satellite, HAM radio, bed and resource tracking systems).

Healthcare facilities across three healthcare coalitions in the Hurricane Harvey impact zone utilized established redundant communication platforms and processes to ensure connections across facilities and with other key disciplines for medical surge management. This helped to maintain situational awareness and track patient movements.

COA 5 – Engage the Waiver and Regulatory Flexibilities Process

It is critical that healthcare facilities understand Section 1135 of the Social Security Act, and the full complement of regulatory flexibilities, including request and approval, that may allow them improved business continuity and financial recovery.

Public Health Emergency

Following a Presidential declaration of a disaster and when a section 319 declaration has been made by the Secretary of Health and Human Services (HHS), it is important to understand that:

- Certain Medicare, Medicaid, Children's Health Insurance Program (CHIP), and HIPAA requirements can be waived or modified and
- Grants may be extended, or sanctions waived relating to submission of data or reports.

CMS Waivers and Regulatory Flexibilities

- Healthcare facilities should be prepared to write justifications and formally request through their regional CMS office, waivers for regulatory flexibility including the following:
 - *Conditions of Participation* – Facilities must meet in order to participate in the Medicare and Medicaid programs including health and safety standards pre-approval requirement flexibility.
 - *Licensure Requirements* – Applicable to physicians and other healthcare staff that require licensure in the state in which they provide services.
 - *Survey and Certification* – Coordinating with state survey agencies and accrediting organizations regarding flexibility to balance patient protections with a disaster's circumstances.
 - *EMTALA* – Sanctions under the Emergency Medical Treatment and Active Labor Act (EMTALA) relating to patient transfer and redirection flexibility.
 - *Physician Self-referrals* – Waiver of sanctions regarding limitations on physician referrals for arrangements that did not meet the criteria for exceptions.
 - *Out-of-Network Payments* – Payments to out-of-network health care providers for items and services furnished to certain patients.
 - *Inpatient Beds* – Modifications to expand the number of available beds.
 - *Medicare Billing and Accelerated Payments* – Relaxing of Medicare requirements including the fee-for-service policy and billing, offering accelerated payment options to healthcare providers who supply care during a disaster.

In the months following Hurricane Harvey, healthcare facilities in impacted counties utilized CMS blanket waivers to successfully prevent gaps in access to care, including those providing emergency coverage of skilled nursing facility services without a qualifying hospital stay, adjusted data transmission requirements for home health agencies, critical access hospital bed and length of stay parameters, and for medical equipment suppliers in order to ease replacement burden.

- *EMTALA Sanctions* – Waiving EMTALA sanctions for transferring patients to other facilities for assessment.
- *End Stage Renal Disease* – Providing reimbursement to non-traditional dialysis facilities.
- *Nursing Homes and Skilled Nursing Facilities* – Modifications addressing the three-day prior stay and minimum data set requirements.

COA 6 – Increase knowledge of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule and Waivers.

HIPPA regulation flexibility allows patient information to be shared during recovery, enabling care provision and improved healthcare facility operations. Facility leadership, emergency management, and coalition members should understand and ensure compliance with these regulations. The Secretary of HHS may waive certain provisions of the Privacy Rule under the Project Bioshield Act of 2004 (PL 108-276) and section 1135(b)(7) of the Social Security Act.

HIPAA Sanctions and penalties for noncompliance that could be waived include failures to:

- Obtain a patient’s agreement to speak with family members or friends;
- Honor a request to opt out of the facility directory;
- Distribute a notice of privacy practices; and
- Provide patients with a right to request privacy restrictions or confidential communications.

Although not suspended during Hurricane Harvey, the HIPAA Privacy Rule allowed for release of information necessary for communication with public health and law enforcement officials.

Healthcare facilities should develop HIPPA guidelines and protocols as part of emergency management activities and provide just-in-time training guidance on proper use and sharing of protected information.

COA 7 – Integrate Healthcare Facility Recovery into Comprehensive Community Planning

Healthcare facilities may need to plan for a “new normal” after a disaster and fully engage in broader community recovery planning. Facilities should consider population displacement and return, any new geographic, business and housing landscape, and evaluate economic considerations.

Healthcare facilities should consider the following community recovery activities:

- Look for opportunities to address unmet needs and leverage community government and healthcare coalition partner recovery efforts. This enables a shared vision for long-term community recovery and planning.
- Review the most recent HHS ASPR emPOWER program data on current Medicare recipients using electricity dependent medical equipment in their county/service area, as a community planning indicator for long-term healthcare demand.
- Evaluate current Medicaid recipients by disaster impacted county/service area and age group as well as uninsured rates, for long-term healthcare demand and financial planning indicators.
- Review current chronic medical condition data for disaster impacted counties/service area with state officials as a long-term recovery planning indicator for healthcare delivery.
- Communicate to recovery planners major shifts in demand for healthcare services to help inform future planning efforts.

Across TX, healthcare facilities are now engaging with their local community and business leaders on long-term recovery planning, to include evaluating post-disaster health needs of their populations, engaging on capital improvement project discussions, and evaluating economic viability strategies.

RESOURCES

- ✓ [Alternate Care Sites](https://asprtracie.hhs.gov/technical-resources/48/alternate-care-sites-including-shelter-medical-care/47): <https://asprtracie.hhs.gov/technical-resources/48/alternate-care-sites-including-shelter-medical-care/47>
- ✓ [ASPR, 2017 -2022 Health care Preparedness and Response Capabilities](http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf) – PHE.gov <http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>
- ✓ [ASPR, Healthcare COOP and Recovery Planning: Concepts, Principles, Templates and Resources](http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/hc-coop2-recovery.pdf) <http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/hc-coop2-recovery.pdf>
- ✓ [California Hospital Association: Hospital Continuity Planning Toolkit \(ASPR TRACIE COOP/Failure Plan TC\)](https://www.calhospitalprepare.org/continuity) <https://www.calhospitalprepare.org/continuity>
- ✓ Connerton, P. (2013). [Ethical Guidelines for the Development of Emergency Plans](https://asprtracie.hhs.gov/technical-resources/57/healthcare-facility-evacuation-sheltering/56). American Health Care Association. Healthcare Facility Evacuation: <https://asprtracie.hhs.gov/technical-resources/57/healthcare-facility-evacuation-sheltering/56>.
- ✓ [Continuity of Operations \(COOP\) Multi-Year Strategy and Program Management Plan Template Guide](https://www.fema.gov/pdf/about/org/ncp/coop_multi_year_plan_guide.pdf): This guide provides instructions for developing a COOP program https://www.fema.gov/pdf/about/org/ncp/coop_multi_year_plan_guide.pdf

- ✓ [Ethical Guidelines for the Development of Emergency Plans](https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Ethical_Guidelines_for_the_Development_of_Emergency_Plans.pdf)
[https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Ethical Guidelines for the Development of Emergency Plans.pdf](https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Ethical_Guidelines_for_the_Development_of_Emergency_Plans.pdf)
- ✓ [Exercises in Emergency Preparedness for Health Professionals in Community Clinics](http://link.springer.com/article/10.1007/s10900-010-9221-1)
<http://link.springer.com/article/10.1007/s10900-010-9221-1>
- ✓ Georgia Hospital Association Research and Education Foundation, Inc. (GHAREF): [Regional Planning Guide for Maintaining Essential Health Services in a Scarce Resource Environment](https://www.gha911.org/circuits/library/docs/PlanningGuide082510.doc)
<https://www.gha911.org/circuits/library/docs/PlanningGuide082510.doc>
- ✓ [Healthcare System Recovery Timeline: A White Paper for Texas, 2017](https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-ta-healthcare-facility-recovery-timeline-white-paper.pdf)
<https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-ta-healthcare-facility-recovery-timeline-white-paper.pdf>
- ✓ [HHS Response and Recovery Resources Compendium:](http://www.phe.gov/emergency/hhscapabilities/Pages/default.aspx)
<http://www.phe.gov/emergency/hhscapabilities/Pages/default.aspx>
- ✓ [HHS, Supply Chain Disaster Preparedness Manual:](https://www.cdc.gov/phpr/readiness/healthcare/SupplyChainDisasterPreparednessManual.htm)
<https://www.cdc.gov/phpr/readiness/healthcare/SupplyChainDisasterPreparednessManual.htm>
- ✓ [HIPAA and Emergency Preparedness and Response:](http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/emergency/index.html)
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- ✓ [Hurricane Resources:](https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-hurricane-resources-at-your-fingertips.pdf) <https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-hurricane-resources-at-your-fingertips.pdf>
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- ✓ Institute of Medicine. 2015. [Healthy, Resilient, and Sustainable Communities After Disasters: Strategies, Opportunities, and Planning for Recovery](https://doi.org/10.17226/18996). Washington, DC: The National Academies Press. <https://doi.org/10.17226/18996>
- ✓ [Kansas Department of Health and Environment: Continuity of Operations Plan Guidance Document](http://www.kdheks.gov/cphp/download/Hospital_COOP_Guidance_Document.doc)
http://www.kdheks.gov/cphp/download/Hospital_COOP_Guidance_Document.doc
- ✓ [Pre-Storm Checklist:](https://www.ynhh.org/~media/files/emergency/prestormchecklist_ynhhscepdr.pdf)
https://www.ynhh.org/~media/files/emergency/prestormchecklist_ynhhscepdr.pdf
- ✓ [Process Flow: Disclosing protected health information:](https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/special/emergency/emergencyprepdisclose.pdf)
<https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/special/emergency/emergencyprepdisclose.pdf>
- ✓ [Public Health Emergency – Medical Assistance:](http://www.phe.gov/Preparedness/support/medicalassistance/Pages/default.aspx)
<http://www.phe.gov/Preparedness/support/medicalassistance/Pages/default.aspx>
- ✓ U.S. Department of Health and Human Services, Office of the Assistant Secretary of Preparedness and Response (2015). [Healthcare COOP and Recovery Planning:](#)

[Concepts, Principles, Templates and Resources.](#)

<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/hc-coop2-recovery.pdf>

- ✓ U. S. Government Accountability Office. (2015). Hurricane Sandy: An Investment Strategy Could Help the Federal Government Enhance National Resilience for Future Disasters.
- ✓ [1135 Waivers](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/1135-Waivers.html): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/1135-Waivers.html>

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Workforce Issues

COMMON ISSUES

Issue 1: After a disaster, healthcare facility staff face many barriers impacting their ability to report for work.

Issue 2: Short- and long-term post-disaster impacts to healthcare workers affect their well-being and ability to work.

Issue 3: Insufficient staffing levels can jeopardize safety and sustainability of the care provided.

POTENTIAL COURSES OF ACTION (COA)

COA 1 – Increase Post-Disaster Workforce Resilience

Staffing levels are critical to providing community care and keeping healthcare facilities operational post-disaster, prompting consideration of a number of resilience strategies.

- Encourage staff to create disaster preparedness plans addressing individual barriers.
- Provide just-in-time training relative to the emergency, staying safe and performing critical duties.
- Develop staff rotation plans to limit fatigue.
- In advance, identify staff transportation and lodging alternatives.
- Execute plans to provide onsite meals to staff.
- Develop actionable childcare solutions.
- Consider pet care solutions.
- Provide laundry service onsite for staff.
- Equip, train, and provide resources to protect staff and families (personal protective equipment, medical countermeasures, etc.).

During Hurricane Maria recovery efforts, healthcare facilities in Puerto Rico provided staff a full range of services, including overnight and multi-day stay accommodations, laundry facilities, and childcare to ensure staff resiliency and retention. This increased staff readiness and availability - enabling staff to see patients in areas where road closures had impacted access to care.

COA 2 – Provide Post-Disaster Behavioral Health Resources to Staff

Behavioral health resources administered by trained professionals can help staff manage physical, emotional and financial stress impacting their well-being and healthcare facility operations.

- Encourage healthy lifestyles.

- Develop family emergency plans.
- Conduct psychological first aid including workplace violence reduction.
- Provide access to employee assistance programs, including professional behavioral health services.
- Anticipate ongoing post-disaster behavioral health needs.
- Train staff to recognize signs and symptoms of psychological stress in their coworkers.

During Hurricane Maria recovery, healthcare facilities in Puerto Rico implemented workforce resiliency strategies to ensure trained behavioral health specialists were onsite at all times to help other staff manage physical, emotional, and financial stress.

COA 3 – Plan to Use Volunteers/Donations

Healthcare facilities should leverage state and local volunteer programs to establish Memoranda of Understandings (MOUs) to support the vetting, intake, and coordination of medical volunteers.

- Estimate the anticipated number of volunteer healthcare staff needed based on risk assessments.
- Leverage existing government and non-governmental volunteer registration programs (e.g., Emergency System for Advance Registration of Volunteer Health Professionals [ESAR-VHP] and Medical Reserve Corps [MRC]) to verify licenses and credentials.
- Develop privileging bylaws defining activity scope and other considerations.
- Identify and address volunteer liability, scope of practice, and third-party reimbursement issues that may deter volunteer use.
- Consider addressing how to handle receipt of donations and mechanisms to track and ensure effective utilization in facility emergency plans by:
 - Proactively working to coordinate and manage unsolicited donated goods, and by engaging businesses in community planning efforts;
 - Preparing a list of prioritized equipment needs indicating desired specifications;
 - Utilizing national donation networks that offer support on-line; and
 - Ensuring proper communication with partners during response and recovery operations.

TX healthcare entities across coalitions used social networks during Hurricane Harvey to seek volunteer nurses from across the country, in addition to the state's volunteer registry of licensed health professionals. Application processes were also developed to assist licensing of out-of-state providers.

RESOURCES

- ✓ [ASTHO Emergency Volunteer Toolkit: Key Emergency Response Volunteer Concepts:](http://www.astho.org/Programs/Preparedness/Public-Health-Emergency-Law/Emergency-Volunteer-Toolkit/Key-Emergency-Response-Volunteer-Concepts/)
<http://www.astho.org/Programs/Preparedness/Public-Health-Emergency-Law/Emergency-Volunteer-Toolkit/Key-Emergency-Response-Volunteer-Concepts/>

- ✓ [Corporation of National & Community Service \(2018\)](https://www.nationalservice.gov/resources/disaster-services/managing-unaffiliated-volunteers-times-disaster):
<https://www.nationalservice.gov/resources/disaster-services/managing-unaffiliated-volunteers-times-disaster>
- ✓ [Disaster Behavioral Health Capacity Assessment Tool](http://www.phe.gov/Preparedness/planning/abc/Documents/dbh-capacity-tool.pdf):
<http://www.phe.gov/Preparedness/planning/abc/Documents/dbh-capacity-tool.pdf>
- ✓ [Substance Abuse and Mental Health Service Administration\(SAMHSA\)](https://www.samhsa.gov/disaster-preparedness):
<https://www.samhsa.gov/disaster-preparedness>
- ✓ [The Texas Disaster Volunteer Registry](https://www.texasdisastervolunteerregistry.org/):
<https://www.texasdisastervolunteerregistry.org/>
- ✓ [USDHHS, PHE, Emergency System for Advance Registration of Volunteer Health Professionals \(ESAR-VHP\)](https://www.phe.gov/esarvhp/Pages/about.aspx): <https://www.phe.gov/esarvhp/Pages/about.aspx>

CONTACTS

[SAMHSA Region VI](#)

1301 Young Street Suite 1030 Dallas, TX 75202

Website: <https://www.samhsa.gov/about-us/contact-us>

[Texas Disaster Volunteer Registry for Medical, Public Health and Lay Volunteer Responders](#)

Phone: (512) 776-2651

Website: <https://www.texasdisastervolunteerregistry.org/>

Training and Testing Issues

COMMON ISSUE

Issue: Healthcare facilities may be challenged with developing and maintaining training and testing programs, aligned to emergency plans and risk assessments, to prepare facilities and staff for disaster response and recovery.

POTENTIAL COURSES OF ACTION (COA)

COA – Implement Strategies and Actions to Fully Develop and Maintain Facility Training and Testing Programs

Healthcare facilities may consider actions for developing improved training and testing programs to improve staff readiness during disaster operations and recovery such as:

- Ensuring healthcare facilities have expertise in performing risk assessments and developing emergency plans that include detailed staff roles and required actions.
- Developing disaster training specific to all staff levels, including clinical, non-clinical, administrative, and senior leadership (e.g., knowledge, skills, and abilities (KSAs)).
- Creating and executing testing programs that challenge staff KSAs to help identify gaps and needs.
- Integrating responder safety and health into emergency plans, and training and testing.
- Developing and reviewing after action reports including facility, component, and staff corrective actions and update emergency plans based on lessons learned.
- Ensuring that plans include redundant communication platforms and protocols, seamless staff operational planning and full senior leadership engagement.
- Engaging healthcare coalition expertise to provide response and recovery education and instruction to staff, contractors, and volunteers and ensure facility training and testing goals.
- Engaging with the preparedness and response community, including healthcare coalitions and local/state emergency management agencies after a disaster or exercise to debrief, plan corrective actions, and integrate recovery.
- Utilizing Incident Command Systems and principles.

Healthcare facilities near Houston regularly participate in communication drills and regional exercises as part of the Southeast Texas Regional Advisory Council or SETRAC healthcare coalition. Testing and training programs provided the solid foundation for many lifesaving transfers that occurred during Hurricane Harvey.

RESOURCES

- ✓ [ASPR, 2017 -2017 Health care Preparedness and Response Capabilities](http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf) – PHE.gov: <http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>
- ✓ [Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers](https://asprtracie.hhs.gov/cmsrule): <https://asprtracie.hhs.gov/cmsrule>
- ✓ [Emergency Preparedness Rule](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>
- ✓ [Healthcare System Recovery Timeline: A White Paper for Texas, 2017](https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-ta-healthcare-facility-recovery-timeline-white-paper.pdf) <https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-ta-healthcare-facility-recovery-timeline-white-paper.pdf>
- ✓ Institute of Medicine. 2012. [*Post-Incident Recovery Considerations of the Health Care Service Delivery Infrastructure: Workshop Summary*](https://doi.org/10.17226/13442). Washington, DC: The National Academies Press. <https://doi.org/10.17226/13442>.
- ✓ Institute of Medicine. 2015. [*Healthy, Resilient, and Sustainable Communities After Disasters: Strategies, Opportunities, and Planning for Recovery*](https://doi.org/10.17226/18996). Washington, DC: The National Academies Press. <https://doi.org/10.17226/18996>
- ✓ U. S. Government Accountability Office. (2015). Hurricane Sandy: An Investment Strategy Could Help the Federal Government Enhance National Resilience for Future Disasters.

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Resource Directory



- Self-service collection of audience-tailored materials.
- Subject-specific, subject matter expert (SME)-reviewed Topic Collections.
- Unpublished and SME reviewed materials highlighting real-life tools and experiences.

[ASPR TRACIE](https://asprtracie.hhs.gov/) (<https://asprtracie.hhs.gov/>) is a healthcare emergency preparedness information gateway that ensures that all stakeholders-atthe federal,state, local, tribal, and territorial government levels; in nongovernmental organizations; and in theprivate sector-have access to information and resources to improve preparedness, response, recovery, and mitigation efforts.

The following topic collections highlight key resources under specific health and medical preparedness topics. Collections include peer-reviewed as well as other public and privately developed materials such as fact sheets, reports, technical briefs, white papers, articles, bulletins, toolkits, webinars, plans, guidelines, best practices, lessons learned, and templates.

- ✓ Topic Collection: Access and Functional Needs. This resource describes the national standard for shelter operations that integrate people with disabilities and other with access and functional needs into general population shelters.
- ✓ Topic Collection: Alternate Care Sites (including shelter medical care). This resource contains tools for developing and activating alternate care sites (ACS).
- ✓ Topic Collection: Continuity of Operations. This resource has been designed to highlight selected plans and planning guidance, lessons learned, tools, and promising practicesfor healthcare facilityCOOP.
- ✓ Topic Collection: Crisis Standards of Care. The provision of medical care under catastrophic disaster conditionsrequires considerable pre-event planning, along with the recognition that the delivery of healthcare services will likely change due to the potential scarcity of required resources.
- ✓ Topic Collection: Disaster Ethics. This resource is designed to help healthcare professionals, planners, and communities identify, plan for, and address ethical challenges they may face before,during, and after a disaster.
- ✓ Topic Collection: Disaster Veterinary Issues. This resource is designed to help veterinarians, emergency planners, those in the farming and wildlife preservation

industries, and residents with pets and service animals better plan for and respond to disasters.

- ✓ Topic Collection: Healthcare Facility Evacuation / Sheltering. This resource is designed to help healthcare facility staff develop evacuation and sheltering plans and facilitate their training and exercise development.
- ✓ Topic Collection: Healthcare-Related Disaster Legal/Regulatory/Federal Policy. This collection highlights select laws, key issues, lessons learned, tools, and promising practices that can help healthcare professionals better understand the environment in which they will be asked to respond during large-scale emergencies.
- ✓ Topic Collection: Information Sharing. This resource is designed to highlight guidance and lessons learned on information sharing.
- ✓ Topic Collection: Mental/Behavioral Health (non-responders). Articles in this topic collection address specific natural disasters and hazards and elements of their planning.
- ✓ Topic Collection: Natural Disasters. Articles in this topic collection address specific natural disasters and hazards and elements of their planning.
- ✓ Topic Collection: Patient Movement and Tracking (forward movement of patients, tracking and tracking systems). This resource includes information on patient movement from area healthcare facilities and tracking that can help emergency planners and responders learn more about various levels of assistance available, how to request it, how it is activated, and lessons learned from recent events.
- ✓ Topic Collection: Recovery Planning. The resources in this collection highlight planning guidance/guidelines, tools, lessons learned, and promising practices to assist healthcare emergency planners with recovery planning.
- ✓ Topic Collection: Responder Safety and Health. This collection is designed to help disaster responders create a safe and healthy work force to better provide the community with an effective, comprehensive response and recovery.
- ✓ Topic Collection: Volunteer Management. The resources in this collection include guidance and strategies, targeted legal information, and planning templates to assist healthcare facilities with successfully incorporating volunteers into their disaster management plans.
- ✓ CMS and Disasters: Resources at Your Fingertips. This document provides information and resources for CMS disaster and emergency related programs, including information on the CMS Emergency Preparedness Rule.
- ✓ Disaster Behavioral Health: Resources at Your Fingertips. This document provides information on and links to select disaster behavioral health programs and resources.
- ✓ Emergency Prescription Assistance Program (EPAP): Overview Fact Sheet. The EPAP is funded by the Stafford Act and designed to help disaster survivors access prescription medicines.

- ✓ Federal Patient Movement Overview Fact Sheet. When a state requests federal support to move patients, HHS, as the lead federal agency, will implement the patient movement system.
- ✓ HIPAA and Disasters: What Emergency Professionals Need to Know. This guide is designed to answer frequently asked questions regarding the release of information about patients following an incident.
- ✓ Hurricane Resources at Your Fingertips. This document provides numerous hurricane-related resources applicable to a variety of stakeholders and audiences.

PARTNER RESOURCES

- ✓ CDC's Public Health Preparedness Capabilities: National Standards for State and Local Planning. State and local jurisdictions can use this guide to better organize their work, plan their priorities, and decide which capabilities they have the resources to build or sustain. The capabilities also help ensure that federal preparedness funds are directed to priority areas within individual jurisdictions.
- ✓ US Department of Labor Website for Flood Recovery Assistance. The U.S. Department of Labor assists in recovery efforts in the communities affected by floods.
- ✓ Hurricane Response and Recovery. This resource can help individuals, families, communities, and professionals stay up-to-date and recover from the storms.
- ✓ Hurricane Ready Business Toolkit. The Ready Business Program allows users to take action to protect employees, protect customers, and help ensure business continuity for hurricanes and tropical storms.
- ✓ Public Health Emergency. The HHS ASPR provides support for emergencies and preparedness.
- ✓ Presentation: 1135 Waivers and the Emergency Preparedness Rule. CMS discusses regulations and 1135 Waivers.

