





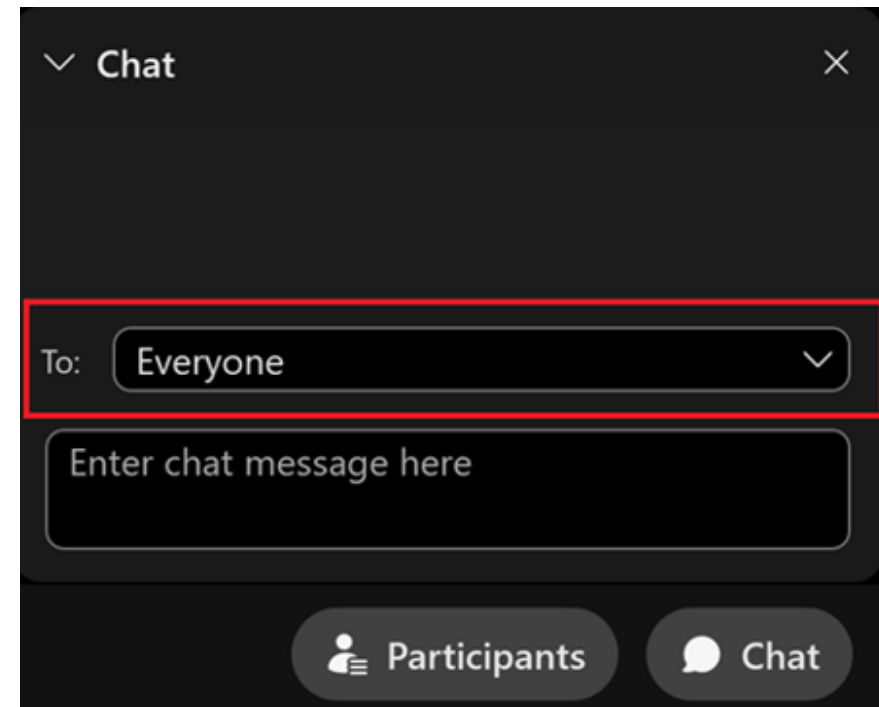
Emergency Preparedness & Appendix Z

Lunch & Learn
March 15, 2022

- Welcome and Housekeeping – Amy Hyers
- Healthcare Preparedness Coalition – Amy Hyers
- Risk Assessment – Daphne Ponds
- Q & A – Bob Dehler/Amy Hyers/Lindsey Krueger
- Closing and Reminder for Next Week's Event— Lindsey Krueger

How to Ask a Question

- **Participants are muted.**
- **To ask a question** Click on the chat bubble  Chat  to open the chat, select Everyone, and ask a question. Please note that questions sent to panelists directly will not be answered as individual chat boxes are not checked.
- **We will answer** as many questions as we can at the end of the presentation.
- **Please be respectful.**





Healthcare Preparedness Coalition (HCCs)

Healthcare Preparedness Coalition

- Healthcare Coalitions (HCCs) assist members by working collaboratively to create:
 - regional response plans
 - facility/organization emergency preparedness plans/templates
 - support facilities and organizations in developing business and clinical continuity plans
- HCCs:
 - conduct disaster exercises
 - provider trainings
 - establish information sharing through regional communication processes

What a Healthcare Coalition is:

- **Focused** on preparedness, planning, response, and recovery
- A **resource** to connect, learn and share ideas, concepts, and plans on best practices on emergency preparedness topics
- An **opportunity** to connect with partners and subject matter experts in emergency preparedness
- A **platform** for members to share healthcare resources during a disaster or facilitate access to regional or state assets when available
- A collaborative **forum** that has a voluntary membership



Minnesota has 8 Healthcare Coalition regions, each with a Regional Healthcare Preparedness Coordinator (RHPC)



[Regional Health Care Preparedness Coordinators \(RHPCs\)](http://www.health.state.mn.us/communities/ep/coalitions/rhpc.html)
www.health.state.mn.us/communities/ep/coalitions/rhpc.html

Essential Functions of an Effective HCC

During a response, the coalition can assist through:

- **Sharing and Analyzing Information:** To provide each facility a better understanding of the scope of the disaster and the potential availability of additional assistance.
- **Managing and Sharing Resources:** Facilitate resource support by expediting the mutual aid process or other resource sharing arrangements among Coalition members and supporting the request and receipt of assistance from local, State and Federal authorities.
- **Coordinating strategies to deliver medical care:** Coordination and discussion on enhanced medical surge capacity and capability, standardized response protocols, platform for real-time policy and strategy development and coordination.

Risk Assessment & Emergency Planning

Daphne Ponds, RN, MSN, JD | Regional Operations Manager

Facility Risk Assessment

A facility risk assessment should:

1. Be facility-based and community-based
2. Take an all-hazards approach
3. Support continuous operations



Facility-Based Impact to Residents

A facility's risk assessment must address the resident population specific to the facility.

- Persons at risk (*Elderly? Dementia care? Who needs help more than others? What are residents' vulnerabilities?*)
- Types of services the facility must be able to provide in an emergency (*Supervision? Medication administration? Medical devices?*)
- How to maintain continuity of operations (*How will the facility continue to provide services to the resident population it serves?*)
- Delegations of authority & succession plans (*Who can act on behalf of the facility in an emergency? Who might the facility need to bring in to help during an emergency, i.e., city, county, EMS, etc.*)

Community-Based Impact to Residents

- Nature disasters/weather-related emergencies (wildfire, flood, tornados, blizzards)
- Infectious diseases (E-coli outbreaks, COVID-19, and flu pandemics)
- Businesses or local landmarks near the facility (power plants, factories, tourist sites)
- Geographic location (flood plains, lakes, rivers, rural vs. urban)
- Location of outside resources (fire department, EMS, police, alternative locations after evacuation)

All-Hazards Approach

An all-hazards approach might include:

- Hazards likely in the geographic area specific to location of the provider
- Care related emergencies
- Equipment & power failures
- Interruption in communication such as cyberattacks
- Loss of a portion or all of a facility
- Loss of a portion or all supplies
- Interruptions in the normal supply of essentials, such as food & water
- Infectious disease

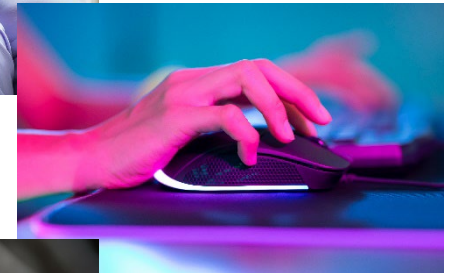


Continuity of Operations for the Residents

Focus is on *Continuity vs Recovery* of Operations

As part of the HVA, the provider needs to consider how to provide continuous facility operations in an emergency:

- Essential personnel
- Essential functions & critical resources
- Vital records & IT data protection
- Alternate facility identification & location
- Financial resources





Hazard Vulnerability Assessment (HVA)

Hazard Vulnerability Assessment (HVA) & 144G.81

An ALFDC with a secured dementia care unit must conduct a HVA on and around the property.

The hazards indicated on the assessment must be assessed and mitigated to protect the residents from harm.

*No specific format, but the HVA must be written.

What are Surveyors Citing Related to the HVA?

When/if MDH issues a citation for the HVA, it is due to the following reasons:

- No HVA provided by the facility at time of survey.
 - Emergency preparedness is not the same as the HVA.
 - Supplying surveyors with emergency preparedness paperwork does not show proper compliance.
- The facility identified risks in the HVA but provided no evidence of mitigation or plans to mitigate.

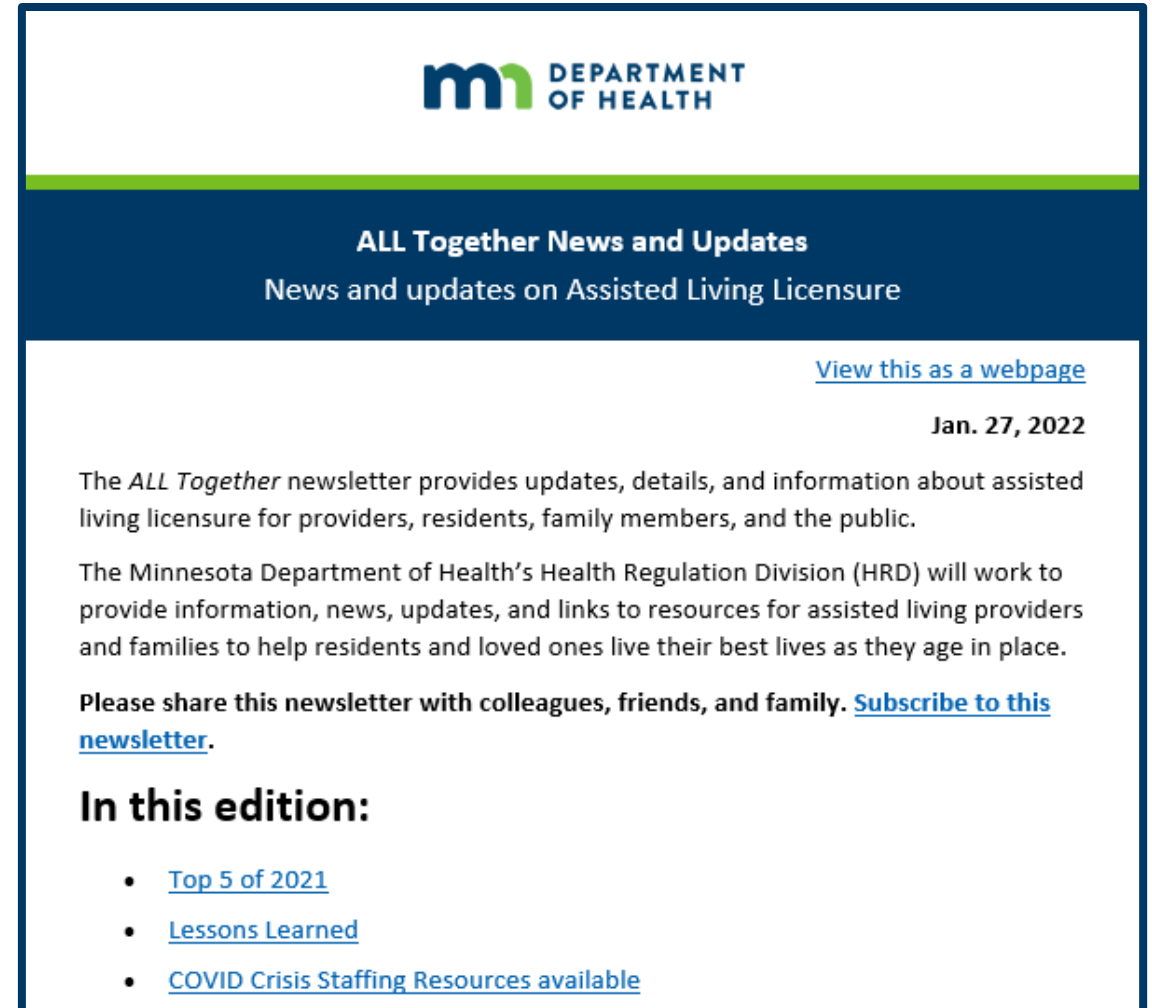
*62 citations (tag 2040) written between 8.01.2021 and 3.11.2022




Questions?

ALL Together Newsletter

- Subscribe to HRD's ALL Together Newsletter for up-to-date information regarding Assisted Living Licensure
- [MDH Email Updates \(https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_660\)](https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_660)



The screenshot shows the header of the 'ALL Together News and Updates' newsletter. At the top is the Minnesota Department of Health logo. Below it is a dark blue banner with the title 'ALL Together News and Updates' and subtitle 'News and updates on Assisted Living Licensure'. The main content area includes a link to 'View this as a webpage', the date 'Jan. 27, 2022', a paragraph about the newsletter's purpose, a paragraph about the HRD's mission, a request to share the newsletter, and a section titled 'In this edition:' with three bullet points: 'Top 5 of 2021', 'Lessons Learned', and 'COVID Crisis Staffing Resources available'.

 DEPARTMENT OF HEALTH

ALL Together News and Updates
News and updates on Assisted Living Licensure

[View this as a webpage](#)

Jan. 27, 2022

The *ALL Together* newsletter provides updates, details, and information about assisted living licensure for providers, residents, family members, and the public.

The Minnesota Department of Health's Health Regulation Division (HRD) will work to provide information, news, updates, and links to resources for assisted living providers and families to help residents and loved ones live their best lives as they age in place.

Please share this newsletter with colleagues, friends, and family. [Subscribe to this newsletter.](#)

In this edition:

- [Top 5 of 2021](#)
- [Lessons Learned](#)
- [COVID Crisis Staffing Resources available](#)

Upcoming Presentations

March 22, 2022

11:30 a.m. to 12:30 p.m.

Policies & Procedures



Thank you.

Assisted Living Licensure Team
health.assistedliving@state.mn.us