



**Healthcare Preparedness Work Group (HCPWG)  
Home Health Providers Only  
Meeting Minutes  
September 6th, 2018  
2:00pm-3:00pm**

**ATTENDEES:** Anju Agarwal, Brandi Colombo, Rachel Dion, Jeff Edler, Gay Harvey, Robin Hendry, Joe Hoeflich, Elizabeth Merson, Casandra Noone, Laurie Smith, Denise Yi

**INTRO TO HOME HEALTH & HOSPICE**

- The average length of time a patient remains in home health and hospice care varies. Hospice patients can be in care for up to a year and home health patients average between 30-60 days
- To be a candidate for home health, patients must be homebound and/or have a need for medical care e.g. physical therapy or nurse care. Hospice patients must have a physician stating they have 6 months or less to live or have a terminal illness diagnosis.
- Patient triage lists are updated daily.
- Caregivers are arranged by family, not the home health or hospice agencies.
- Patients can be easily identified based on their location and prioritized based on certain criteria (high risk, no family in the area, need for care) Medicare requires agencies to identify which patients will be least impacted if they miss a visit from a physical therapist, nurse etc.
- The average range of severity of patients depends. Some patients require more care if they came out of a major surgery for a shorter period of time versus patients who need longer care for a physical therapy related injury
  - The intake process for new patients include asking for emergency contacts, family in the area, going over escape routes, what to do in an emergency, distributing evacuation assistance cards and reviewing the patient handbook.

**HOME HEALTH AND HOSPICE EMERGENCY COORDINATION – OFFICE OF EMERGENCY SERVICES (OES) AND PHEP**

In small scale events, Office of Emergency Services may not activate emergency alerts. Instead, the County Sheriff's office may activate Reverse 911 to send out alerts to those in an affected area. When the exact location of an incident is hard to identify, organizations will reach out to the responding fire department to inform them of patients in the area to verify if they are impacted and need assistance evacuating.

Social workers will often work with patients who have higher needs to help them fill out additional paperwork. Paperwork would include handouts with information on vaccines, emergency contacts, and neighbor assistance.

PHEP uses GIS software to track which facilities are in the incident area. Home health and hospice providers rely on the organizations to contact patients directly since individual homes are not able to be tracked.

Evacuation Assistance Cards: Diablo Canyon Nuclear Power Plant put this process in place for Nuke related emergencies but it can be used for other types of emergencies. Calendars go out every year to residents in protected action zones from Cayucos to Nipomo. Can contact OES to obtain extra copies or visit the website and print a PDF version.

Individuals with severe disabilities or medical needs, or no family in the area. In an emergency phone assistance center staffed by DSS. They have the list digitally. If evacuations are needed, they will contact to see if they need transportation with busses, lift vans, etc.

If you can get out some other way, please do so because in an emergency we don't know how long it will take to be picked up. In Nuke, emergencies are slower moving because they aren't at risk of imminent danger, it is a little delayed.

These cards can be picked up at OES or can be printed directly from Office of Emergency Services website.

<https://www.slocounty.ca.gov/Departments/Office-of-Emergency-Services/Forms-Documents/Forms.aspx>

### **FUTURE AGENDA ITEMS**

### **MEETING ADJOURNED AT 3:00 PM**

#### **NEXT MEETING**

October 4<sup>th</sup>, 2018

10:30AM – 12:00 PM

SLO Disaster Healthcare Coalition (DHCC)

CHP Coastal Division

4115 Broad St #B-10