

IDENTIFICATION OF PRIORITIES

The 2005-2009 Four-Year Area Plan for the Fresno Madera Area Agency on Aging submitted in May 2005 focused on “The Transition Bridge to Boomerland.” Seven goals covering provision of key services to today’s senior population and the upcoming surge of aging Baby Boomers were addressed using our best planning efforts.

On August 29, 2005, Hurricane Katrina slammed into the Gulf Coast region with devastating results. The images of seniors trapped in nursing homes, stranded on rooftops, and evacuated to the Superdome without the most basic of essentials necessary for survival have left an indelible impression and pose the question: What if the “Transition Bridge to Boomerland” is severely damaged before it is totally connected?

With the publication of “The Final Report of the Select Bipartisan Committee to Investigate the Preparation for and Response to Hurricane Katrina” in February 2006, we are now learning the hard lessons of Katrina.

Through better preparation, communication, and coordination of efforts, we can also build a bridge across the web of multiple agencies and connect our seniors to the resources they need to survive a disaster. By planning for a disaster event, we can remove foreseeable obstructions to basic service provision while walking the parallel path of addressing the imminent needs of Baby Boomers.

The FMAAA recognizes that effective disaster response requires reaching beyond our targeted service population to the entire senior constituency. A link must be created between the state and local Offices of Emergency Services (OES) and seniors who reside in skilled nursing, assisted living, and board and care facilities, and seniors who attend adult day care programs. The FMAAA is creating this critical connection by proactively conducting disaster preparedness surveys of these facilities, and providing the local OES with demographics and logistics data for incorporation into the planning process. The survey of skilled nursing facilities conducted by the FMAAA Advisory Council members in FY 2006-2007 was the first in this series of disaster preparedness assessments.

This year’s update to the Area Plan includes new objectives dedicated to disaster planning. Through the outlined action items, we will educate our seniors and staff on disaster preparedness, and build upon our existing network of government agencies, nonprofit organizations, and service providers to promote coordination of efforts in disaster planning and ensure the voice of the senior community is being heard.

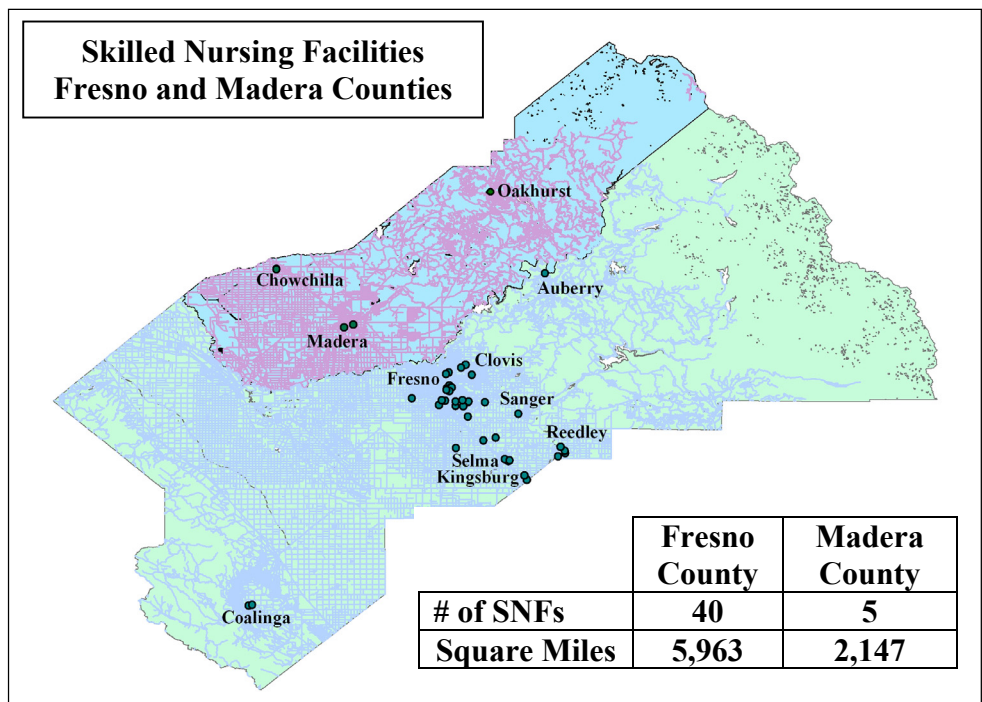


NEEDS ASSESSMENT FY 2006-2007

During its FY 2005-2006 meetings, the Policy focus group's discussions evolved from addressing the unique needs of Baby Boomers to an expanded scope of preparing to meet the needs of the senior and disabled adult population before, during, and after a disaster event. The group agreed that the first step is to identify the population by collecting information to both determine disaster readiness and provide a census to law enforcement agencies should an evacuation be necessary.

As a result of these discussions, FMAAA staff created an assessment tool, the “Emergency/Disaster Survey,” to create a baseline for determining disaster preparedness of skilled nursing facilities located in Fresno and Madera counties. Forty-five skilled nursing facilities were identified and contacted by members of the FMAAA Advisory Council during the December 2005-March 2006 timeframe; of these, 38 facilities (84%) housing a combined total of 3,614 residents agreed to participate in the survey. The combined maximum capacity of these 38 sites is 3,953 residents, with an average vacancy rate of 8%.

Survey results show that most facilities are positioned to handle an emergency on a shelter-in-place basis for at least two days. All sites indicated that an emergency power source is available, with thirty sites (79%) specifically indicating that a generator is maintained on-site. Most generators would supply power for approximately 48 hours, leaving some sites fully operational, while others would only be able to provide



power for emergency lighting and oxygen tanks, with no air conditioning or heating available. All sites reported having extra food and water supplies on-hand to last a range of three to fourteen days, with scheduled rotation of supplies to ensure freshness.

The concept of evacuating residents to another city or emergency shelter, versus transporting residents to a nearby skilled nursing facility or to a local hospital, proved in most cases to be a foreign one. If it were necessary to leave the city, only sites with sister facilities in another city would have a certain destination.



The general assumption among skilled nursing facilities is that ambulances, public transportation, or personal vehicles will be available to transport residents if an evacuation is needed. An investigative report of nursing homes in San Luis Obispo County conducted by *The Tribune* notes, “The county can request emergency transportation from nearby areas, which could take hours to arrive—or might not be available in the case of a widespread disaster such as an earthquake. Some facilities have gone above state requirements by contracting with private companies. Still, no one tracks how many homes [skilled nursing facilities] plan to use the same companies for

evacuations. Such services may be overtaxed if everyone demands service at once.” (“Nursing homes left mostly on their own,” *The Tribune*, December 11, 2005) Of the 38 sites surveyed, 74% of the residents (2,643) are non-ambulatory, while 26% (931) are ambulatory. Fifteen facilities surveyed (39%) actually have vehicles on-site dedicated to resident transportation; the majority are vans that can transport only a handful of residents, and three are busses, one of which seats only 12 passengers. Two facilities share a van with other facilities; only by chance will the van be at their site should an evacuation be necessary. Three facilities have agreements with transportation companies to transfer residents. Two sites indicated they would call an ambulance company to evacuate, and two would rely solely on “911” response. Three sites indicated they would use public transportation. Two sites hoped that school busses might be available, seven are counting on their staff’s personal vehicles (including one of the sites that has a dedicated bus), and one site indicated that neighbors would use their personal vehicles to evacuate residents. However, relying on use of personal vehicles belonging to staff or neighbors for transporting residents does not take into account the individual’s need to evacuate their own family. One site indicated they would need to make two trips to transport all residents off-site, overlooking how this would occur if were not possible to get back into the area for the second trip.

Eleven of the 38 facilities surveyed (29%) keep pets on-site, ranging from one dog to twenty cats (in a very large facility that also provides assisted and independent living quarters). Consideration needs to be given to evacuation of these companion animals as well.

The “File of Life[®]” packet widely distributed by the FMAAA provides a portable profile of the resident’s emergency information in a compact plastic pouch and is designed to accompany the resident should relocation be necessary. When asked if each resident had a “File of Life[®]” packet, or a similar device, most sites answered “yes,” but then stated that the portable file would be the resident’s chart, doctors’ orders, a central “patient roster,” a “book of records,” or a rolling cart containing residents’ records. Only ten sites (26%) reported having a “File of Life[®]” or an identification tag listing medications that could actually be attached to the resident in some fashion. In the event of an evacuation, it is not likely, nor is it desirable, that each resident will have the responsibility of holding on to his or her own chart. Maintaining a consolidated summary of vital resident information does not take into account that residents would be transported in several different vehicles, with the probability of multiple destinations.

The study revealed that the commonly held conception that extra supplies of prescriptions can be obtained to prepare for an emergency is a myth. Regulations dictate that patients can not renew their prescriptions until their supply dwindles to seven days or less; therefore, the amount of medication available to an individual at the time of a disaster depends on where they are in their 30 or 90 day supply cycle. While some sites indicated that they maintain an emergency supply of vital medications, and others indicated they would be able to obtain additional medications from other sites, it is unclear how residents' medication needs would be met in the event of an evacuation to an emergency shelter.

Following Hurricane Katrina's landfall, the State of Louisiana authorized pharmacists to dispense up to a thirty-day supply of prescriptions on a one-time-only basis (Proclamation No. 48 KBB 2005). Should a similar proclamation be issued in California, it would be advantageous for seniors to possess a list of medications signed off by their physician to facilitate the emergency refill process. For this reason, the FMAAA has updated the "File of Life[®]" document to include the prescribing physician's signature to authenticate patients' prescriptions.

The state Office of Emergency Services has indicated that Fresno, located in the center of California with a low probability of significant seismic activity, may be designated as a staging area should a catastrophic event strike another major population center in California. With Fresno potentially targeted as a destination for evacuees, the FMAAA determined during the planning process that it was necessary to assess the capacity of skilled nursing facilities to absorb additional residents, and thereby chose to include questions to obtain this information in the survey of these facilities. When questioned during interviews, 31 of the 38 sites (81.6%) surveyed expressed their willingness to accommodate residents from other facilities in the event of a disaster, in a wide range of forms: vacant beds, chairs in dining areas, empty rooms with no beds or chairs, and even a large expanse of open property for tents and recreational vehicles. The number of people who could be accommodated varied widely, from five to 100, and in most cases would be contingent on the facility's vacancy rate; however, additional supplies of food and water would be needed for the incoming evacuees.

In summary, survey results show that the majority of skilled nursing facilities are prepared to be self-sufficient for 48 hours in the event of a disaster that allows them to shelter-in-place, and that they are willing to go out of their way to take in evacuees from other facilities. If a regional disaster occurred today, it is clear that inadequate transportation would be the downfall of the evacuation effort, along with lack of a clear destination, lack of individual resident identification/medication tags so that residents' needs can be addressed at their new location, and regulations that do not allow an emergency supply of medications for each patient.



The FMAAA inventory of disaster-readiness capabilities will continue over the 2006-2009 timeframe with surveys of assisted living, board and care, and adult day care facilities. Summary results of all emergency/disaster surveys conducted will be disseminated by FMAAA staff to governmental and other appropriate organizations as identified in Goal 1, Objective A.2.d. A contact list for all facilities of the type being surveyed will be included with distribution of the summary results.