# **Good Planning Pays Off for PACE**

By KELLY HOPKINS, CHRIS FARES WALLEY and DONNA WILHELM

lanning for hazardous weather events or other large-scale health emergencies is an important precaution for any health care system. For those who care for vulnerable elderly patients living "in place" in the community, such planning takes on new meaning — one quite familiar to CHE/Trinity Health, the country's largest provider of Programs of All-Inclusive Care for the Elderly (PACE).

PACE serves individuals who are age 55 or older, certified by their state to need nursing home care and able to live safely in the community at the time of enrollment. Although all PACE participants must be certified to need nursing home care, only about 7 percent of participants actually reside in a nursing home. PACE programs coordinate a participant's care and are at financial risk for every aspect in the provision of that care.

CHE/Trinity Health, a newly formed Catholic health system serving people in 21 states, operates PACE programs in six East Coast states and has experience dealing with hazardous weather conditions. But there was nothing routine about the storms in 2012, when Hurricane Sandy came barreling through the mid-Atlantic region, and an unexpected tornado struck Alabama's Gulf coast. Here are two stories:

#### LIFE ST. FRANCIS, TRENTON, N.J.

On Friday, Oct. 26, 2012, as the New Jersey shore and widespread surrounding communities prepared for the arrival of Hurricane Sandy, LIFE St. Francis (LIFE stands for Living Independently for Elders) had some preparation of its own to do. LIFE St. Francis was responsible for the health and well-being of their 226 participants. The main priority for the interdisciplinary team that Friday prior to the storm was to iden-

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tify any participants who would be in potential jeopardy due to ambulatory limitations and medical equipment needs (such as continuous oxygen). The interdisciplinary team consists of doctors, nurse practitioners, nurses, social workers, dieticians, physical and occupational therapists, recreational therapists and transportation coordinators.

The team began the process by examining a list of participants and deciding whether they would be in jeopardy if the power should go out or if LIFE St. Francis staff were unable to reach them. The team decided to place at-risk participants in a skilled nursing facility and to close the center to participants on Monday, Oct. 29, and Tuesday Oct. 30. While those discussions were taking place, in the next room a team of staff made calls to the remaining participants to inform them of the center closing and ask, "Do you have enough food and water to make it through the next day? Do you have flashlights? Emergency medications?"

They made a list, identifying those who required food or critical emergency supplies. The food services director, building manager and social work team leader ran to the store to stock up on supplies. Dietary aides made sandwiches while transportation aides loaded up the vans. Teams of social workers and nurses began deliveries.

Over the weekend, home visits and deliveries continued to LIFE participants throughout the county. New Jersey, Massachusetts and Connecticut declared states of emergency, and the New Jersey governor ordered evacuations along the Jersey shore.

On Sunday, Oct. 28, a conference call was held with the LIFE St. Francis emergency task force to review the



weather reports and updates from staff. Additional participants were placed in nursing facilities.

Staff made a final delivery of medications and supplies, and a conference call was scheduled for 2 p.m. the following day for those able to phone in with cell or landline service. The storm made landfall on Monday evening, Oct. 29, near Atlantic City, N.J., and the LIFE St. Francis center lost power as Hurricane Sandy moved in.

On Tuesday, after one failed attempt and an email alert about rescheduling, nurses, social workers, transportation coordinators, dieticians, home care staff and members of the senior team were able to join in a conference call. They decided to open the center on Wednesday, as power had been restored. Participants were to be notified by phone.

However, phone service proved unreliable; many participants' phones were still out of service or unable to take messages. This was cause for concern, for being available for medical concerns 24 hours a day, 365 days a year, is one of the highly regarded features of a PACE program. Staff contacted the center's telephone provider to initiate an emergency back-up plan. The telephone provider was able to redirect incoming calls from the switchboard to the answering service, which in turn contacted the on-call nurse with all concerns.

Wednesday morning, in a flurry to exchange experiences of the night before, members of the interdisciplinary team gathered to review the status of the center and participants. Many participants canceled their day at the center because they were concerned about going outside. LIFE In-Home Services followed up with them and learned that a building where some participants lived had lost power, and a participant who was still recovering from a recent heart attack needed safer surroundings. He was transported to a skilled nursing facility.

On Thursday, staff learned that two more senior buildings had lost power, putting residents at risk for carbon monoxide exposure. The emergency task force reconvened and made plans

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to evacuate nearly 20 additional participants to assisted living facilities and nursing homes. Participants were made comfortable in the LIFE center until relocation arrangements were complete

#### MERCY LIFE, MOBILE, ALA.

In the early morning hours of Dec. 20, 2012, tornado warnings were issued for Mobile County. A tornado barreled through the city of Mobile, causing damage to area homes, businesses and properties, including the new PACE center, Mercy LIFE. By 5:45 a.m., alarms were going off in the building, and Steve Dahl, transportation coordinator/plant engineering, was on his way to assess the damage. Dahl arrived at the center at 6:45 a.m., dodging downed trees and power lines and being stopped by police on the way, and found the damage to be extensive. Cleanup and repairs began immediately, but the center had to be closed for the day. Three staff members were assigned to set up a telephone triage off site, and all of the center's 89 participants were contacted to determine needs and safety.

The following day, Mercy LIFE was open and fully staffed. The interdisciplinary team went to work, calling participants to assess their health needs. The home care staff was deployed to homes in order of participants' care needs, starting with the sickest and neediest. Staff assessed participants' safety, delivered supplies and reassured them that the center would be up and running as soon as possible. By the end of the day, the majority of the center's building leaks had been repaired, the transportation fleet was mostly up and running, security systems were operational and the insurance adjuster was on site. The center had suffered \$250,000 in damage.

In both of these CHE/Trinity PACE centers, the programs were prepared to cope with the emergencies, aided by prior development of policies and procedures, planning and education and knowledge of how other organizations have responded to these types of situations in the past. In both cases, staff reacted in a calm and methodical manner, assuring participants that their needs would be met during these critical times, just as on any other day.

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