



Weaving Through the Maze of Guidelines and Requirements for Preparedness in Long Term Care Setting

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Abstract

Description

Federal and state disaster policymakers look to Long Term Care (LTC) facilities to provide shelter for hospitals and other LTC facilities during disasters. The available supply of immediate bed availability is limited by legislation and regulation from the very sources that expect LTC to respond, including the needs of vulnerable diverse populations of elders. Three state initiatives in Kentucky, California and Maine have experience with regional and state licensing entities and preparedness education to mitigate this dilemma.

Outcomes:

- Collaborative planning involving major stakeholders in health and medical response with statewide long term care networks created dialogue in identifying the scope of the dilemma should disaster occur, including the vulnerable diverse populations of elders .
- Effective problem solving occurred between the licensing entities charged with implementing regulation, state public health and long term care to create mechanisms that allow for immediate bed capacity for needed demand whether regulation is changed or not.
- Clarification of the scope of the problem, identification of the obstacles and successful implementation of strategies provides a framework for stakeholder advocacy for change at the federal level.
- Ongoing dialogue with all of the stakeholders has led to additional collaborations and partnerships on emergency preparedness and other long term care system change as well as funding opportunities.

Objectives:

Completion of the session, learners will gain knowledge to:

1. Engage in statewide emergency preparedness efforts to promote effective response, including the most vulnerable diverse populations of elders, whether they live in long term care or live in the community.
2. Identify the key stakeholders and partners to contact in their states to pursue effective long term care preparedness planning.
3. Assess immediate long term care bed availability and determine the gap between what hospitals expect and what capacity is available during disasters.
4. Assess their state resources for mass casualty and surge planning, key partners and ways to overcome barriers to effective preparedness, especially in no-notice disasters.
5. Identify cross-benefits from statewide aging collaborations that result in additional funding opportunities.

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