Welcome!



• New York State Association of Health Care Providers (HCP)



 Hospice and Palliative Care Association of New York State (HPCANYS)



• Home Care Association of New York State (HCANYS)

2



Home Care and Hospice: Essential Partners in Emergency Planning December 3, 2024 Home Care, Hospice, and Palliative Care in New York State

Housekeeping



ition for dial in or computer a ease note that computer au impacted by your internet nnection.



uring today's presentation using the hat box. Note that direct messages annot be retained after the close of ne webinar. Remember that we do ave an open discussion period near ne end of the Forum.



Ø

des and a recording of the program II be emailed to all registrants. Jese materials will also be publicly allable on each association's

Grant Disclaimer and Acknowledgments

- This project was supported by the Department of Health and Human Services' Administration for Strategic Preparedness and Response under award number 1U38F240780-01. Its content is solely the responsibility of the authors and does not necessarily represent the official views of the Department of Health and Human Services' Administration for Strategic Preparedness and Response.
- This Emergency Preparedness Forum was made possible by a grant from the NYC Department of Health and Mental Hygiene (DOHMH) Office of Emergency Preparedness and Response (OEPR).
- Special thanks to Fidelle Munroe, Senior Program Manager, LTC, Bureau of Healthcare and Community Readiness, Office of Emergency Preparedness and Response, NYC Department of Health and Mental Hygiene for her support of the associations' emergency preparedness work.

AGENDA

I. Welcome & Introductions

- Fidelle Munroe, Senior Program Manager, LTC, Bureau of Healthcare and Community Readiness, Office of Emergency Preparedness and Response, NYC Department of Health and Mental Hygiene
- Home Care and Hospice: Essential Partners in Emergency Planning
 Arianna Stone, MHH, Director of Research and Development, Home Care Association of New York State
 Eva Cohen, Director of Regulatory and Community Affairs, Asociae and Paillative Care Association of NYS
 Carole Devoe, RPH, Director of Regulatory Affairs and Special Programs, New York State Association of
 Health Care Providers
- Stateri Stateri State Community Organizations Active in a Disaster
 Ginny Mantello, MD, Director of Health and Wellness, Office of Stateri Island Borough President
 Michelle Bascome, Director of Programs & Development, Nonprofit Stateri Island
 Trientina Campbell, Director of Environmental Safety/EPC, Richmond University Medical Center

- V. Open Discussion

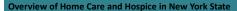
5

NYS Home Care and Hospice Associations

- New York State has the nation's most comprehensive and diverse system for home and community-based services (HCBS)
- HCP, HCANYS, and HPCANYS are state-wide associations representing this large, critical sector of the health care continuum
 Provider and organizational members

- Association scal is responsible for. program / policy development technical assistance to providers education advocacy state/federal legislative and executive engagement research communications including emergency management topics and more!







- Many levels and types of care are provided by a variety of agencies and programs including:
 - Certified Home Health Agencies (CHHA)
 - Licensed Home Care Services Agencies (LHCSA)

 - Long-Term Home Health Care Programs (LTHHCP)

Overview of Home Care in New York State



- children and adults of all ages
- those with public health needs, medical fragility, disability postsurgical patients needing assistance with wound care
- new mothers and infants
- individuals needing assistance with activities of daily living in order to remain in their homes and communities

Hospice and Palliative Care

Hospice is a philosophy of care. May OR may not be a place.

- Hospice care focuses on improving the quality of life for persons and their families faced with a life-limiting illness (prognosis of six months or less)
- The primary goals of hospice care are to provide comfort, relieve physical, emotional, and spiritual suffering, and promote the dignity of terminally ill persons.
- Hospice care neither prolongs nor hastens the dying process.



Palliative Care...

- Pallative care is symptom relief throughout the course of an illness. Patient is receiving aggressive/active treatment for the disease process. Chemotherapy and radiation are examples of active treatment. Patients reside at home. Most need support during their illness, get well and live long lives. Patients can be "high-tech", dependent on medication delivery and a
- er source power source.
 May or may not served by a home care or hospice agency.



10

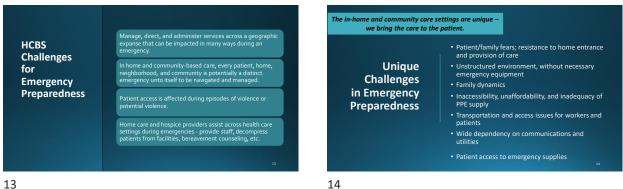
9

HCBS Emergency Preparedness Laws, Rules, and Regulations



- Required to establish and maintain emergency management plans
- Required to collaborate with local and regional health care providers and county EP providers in their plan development
- Each county's comprehensive emergency management plan shall be developed with the "advice and assistance" of other stakeholders, including the home health and hospice services sectors.
- Input may address procedures by which home care and hospice providers may be granted essential access to care for such patients during an emergency.





We Are an Essential Part of the Team, and yet...

- Regulatory impediments to care and management in emergency conditions • Lack of federal, state, or other supportive financing for preparedness, response,
- or recovery • Exclusion from some emergency support systems (e.g., radio communications, eFINDS, etc.)
- Community partner understanding and collaboration

Community-based providers offer a unique package of strength in the emergency management service continuum.



- Highly skilled clinicians and non-clinical workers
- Geographically LOCAL they know the communities they serve
- Resourceful
- Independent
- Flexible
- · Adept at handling emergencies
- TEAM PLAYERS

16

Opportunities

Collaboration

- Expand collaborations with hospitals and physicians
 Advance collaborations with local OEMs, first responders, etc.
 Improve communications with staff, community partners and patients Improve communications with stall, community partners and patients
 Procedures
 Share business innovations
 Update protocols for infection control and care management
 Explore new ways to conduct business(e.g., remote technologies)
 Expand the scope of practice (e.g., immunization authorities) during an
 emergency
 Cultivate staff readiness and recognition

Advocacy

- Communicate with policymakers
 Improve regulatory guidance
 Educate the community and health care partners









18

Current Issues in Emergency Management

And how can we help one another during a disaster or emergency?

Who are the people in your neighborhood?

- Respiratory illnesses and other communicable diseases
- IV solution supply disruption
- NYS wildfires and drought conditions
- Winter weather outlook
- CEMP Training

Staten Island COAD A Coalition of the Staten Island Not-for-Profit Association

- Director of Health and Wellness Office of Staten Island Borough President
- Director of Programs & Development Nonprofit Staten Island
- Director of Environmental Safety/EPC Richmond University Medical Center





Open Discussion



22

21





24

Useful Links

NYC COVID-19 <u>NYS Influenza Surveillance</u> <u>Find a Vaccine NYC</u> <u>Baxter IV Supply Disruption</u> NYC Health Care Coalition Advance Warning System – NYC Air Quality Precautions for NYS Alerts 2024-2025 Winter Weather and Heating Assistance Program <u>HCS CEMP Training</u> <u>Aware Prepare November 2024</u> <u>NYC Benergency Management Program Recordings</u>