EMERGENCY CONTINUITY OF CARE (E-CORE) TOOLBOX

Not all natural disasters or emergencies occur during hurricane season, neither all of them can be watched or monitored, so even when institutions may design a comprehensive emergency management plan, there can be gaps between theoretical plans and the realities experienced in the aftermath of an event. Depending on the magnitude of the emergency, communities may be competing for resources, just like we saw in COVID-19 pandemic, and healthcare organizations may be managing multiple competing priorities seeking to account for the safety of their employees and their patients.

In the aftermath of an emergency, healthcare services may be interrupted, affecting the continuity of care of patients, particularly impacting the stability of their chronic health conditions. Emergent outreach efforts may be used to provide essential services to patients in their communities, and the **E-CORE** Toolbox may guide healthcare institutions prepare the logistics associated to outreach efforts when continuity of care outside a healthcare facility is planned.

E-CORE Toolbox is the result of a research project "**Using a community-based approach to explore resiliency and global health during an unexpected natural disaster impacting insular Veterans residing in rural areas: Impact on continuity of care for vulnerable patients with chronic health conditions"** after a 6.4 Earthquake in Puerto Rico in 2020. It incorporates specific items and actions that were necessary in outreach deployments and that were created combining the lessons learned from former emergency management response. *Tips offered by this tool may be used and translated to other types of disasters (nature related, human related, technology related).*

READINESS BEFORE AN EVENT	
Impact of Natural Disasters	Natural disasters can significantly impact communities, causing loss of life, property, and access to primary-need resources. Even when governments and institutions design emergency management plans, readiness plans may not adjust perfectly to the circumstances, and the number of competing priorities may affect the reaction time. Early actions include defining type of disaster, extent of its impact, and early needs assessment. **E-CORE Tool** checklist may assist in the preparation of a deployment plan when procuring continuity of care services in the community.
Start by identifying the target population you want to serve	There are patients who may fall into a category we call vulnerable population. These patients are at a disadvantage due to their health risk factors and characteristics, and consequently may experience a higher risk of complications associated to the interruption of healthcare services. Vulnerability may be physical, psychological, or social. Examples of vulnerable patients include:

	• Home Based Primary Care (HBPC) patients • Homeless patients • Spinal Cord Injury patients • Home Oxygen dependent patients • Patients who are at high mental health patients, including high risk for suicide or who those requiring intensive case management • Patients admitted at nursing homes or State Veteran Homes • Chemotherapy patients • Hemodialysis patients • Telehealth Level I After a natural disaster, the Veterans Administration (VA) prioritizes its immediate emergency response in accounting for their vulnerable population. It is critical to keep in mind that in the aftermath of a disaster, populations that were not classified as vulnerable may become vulnerable due to the impending conditions that may affect access to healthcare services (like sociodemographic, rurality*, geographic) for the management of exacerbated chronic conditions. Institutions may adapt their vulnerable populations' list based on their communities and their sociodemographic context. *Office of Rural Health Home (va.gov)
Minimize communication barriers	Disaster events hinder the ability to timely communicate with stakeholders due to the probable loss of telecommunications, connectivity, infrastructure damage affecting phone lines, and power, among some. Institutions are advised to design an up-to-date home page where an emergency management section is readily available year-round with pertinent information, phone numbers and tips on how to navigate the aftermath of the event. Examples include: • Tips on natural disaster readiness and preparation • VA call center phone number • Critical VA phone numbers, including Crisis Lines • Web addresses to agencies that may assist in the recovery like FEMA, American Red Cross, etc • Links that facilitate continuity of care like Video Telehealth, My HealthyVet

	Institutions should consider that not all patients use, have internet access, or have technology literacy. Use other means to reach out to stakeholders: • Use public radio airtime to keep customers updated • Publish a hard copy brochure with key information and mail once a year • Use existing educational material circulated to patients to educate like Veterans' Health Matters Magazine • Use regular mail to send material
Grow your volunteers	Volunteers support recovery efforts in the aftermath of a natural disaster or emergency; their contributions may expand from supplies to human resource. You may design a link in your home page where volunteers may register for year-round support, recovery support, and or donations. To maximize efficiencies, you may program an automatic reply that includes: • Contact information • Procedures to receive donations • Procedures to appoint a volunteer • Procedures to register as Disaster Emergency Medical Personnel System (DEMPS) volunteer
Disaster Emergency Medical Personnel System (DEMPS)	Some disasters may exceed the capacity of institutions to manage their operation and the recovery in the aftermath of a disaster. VA facilities may use other volunteer personnel (DEMPS) from within VA to support emergency missions. There is a system to request DEMPS volunteers: • Identify operational needs where this staff will have a specific role • Submit your request to the HICS for approval

Establish alliances with the community	In times of crisis, resources will be limited, so alliances will become critical for the success of any mission focused on reaching out to patients. There are two types of resources to consider, external to VA and internal within VA. Some of these alliances include:
	
	External alliances
	• Government agencies (local, state, federal)
	  ○ Government Emergency Management Services
	  ○ Social Services
	  ○ Family Services
	  ○ Veterans Advocate
	  ○ FEMA
	• American Red Cross
	• Salvation Army
	• Civilian community leaders and volunteers
	• Veterans Service Organizations
	• Other non-profit organizations

	• Radio amateur (KP4) **Internal alliances** ○ Hospital Incident Command System (HICS) ○ Emergency managers ○ Clinical services ○ Police Service ○ Volunteer office ○ Patient & Community Outreach Liaison ○ Program Managers ○ Public Affairs Officers ○ Facility Management Service
EFFORTS TO DEPLOY AN OUTREACH EVENT	
Timeliness reaching out to vulnerable patients	Time is of essence reaching out to vulnerable patients in the aftermath of a natural disaster to account for their wellbeing. Veterans' needs may vary from one type of disaster to the other; even though initial efforts to reach out to veterans may begin with phone calls, they may be expanded using mobile units' mobilization into the community.
Necessary considerations in preparing for an outreach that aspires for continuity of care	Activate program managers who directly work with your vulnerable population • Update the patient's contact list by region and/or community-based outpatient clinic • Deploy contact efforts using: ○ Phone calls ○ My Health-e Vet ○ Text messaging ○ VEText 2-Way Communication ○ HBPC Visits • Prepare for individualized case management to address specific necessities ○ Use vulnerable population tracking sheet • Report findings to your HICS chain of command Prepare for outreach efforts • Create an outlook distribution group to facilitate centralized communication • Activate your VA internal alliance group ○ Identify core programs that should participate from outreach efforts ▪ Patient & Family Branch ▪ Social work ▪ Mental Health ▪ Physicians ▪ Psychologists ▪ Nurses ▪ Trainees

	▪ HAS ▪ Police ▪ FMS ▪ Volunteers ▪ Pharmacy ▪ Prosthetics ▪ Vet Center ▪ VBA/Benefits ▪ VSO ▪ other • Create a procedure for an internal referring system o Prepare for individualized case management to address specific necessities o Use vulnerable population tracking sheet • Activate and/or establish community alliances o Identify the VA point of contact to facilitate communication with the community o Create a procedure to refer cases to the community or capture their referrals ▪ Prepare for individualized case management to address specific necessities ▪ Use vulnerable population tracking sheet o Identify a point of contact to facilitate management of donations and supplies distribution • Collect data and close loops • Report findings to your HICS chain of command
Establish deployment goals	The outreach mission should have clear goals and expectations. o Establish mission goals o Pause for team huddle o Use a needs assessment template to document patients' needs
Preparing Mobile Units for Mobilization	VA Mobile Units are a resource that requires HICS utilization approval. Mobile units serve for community ambulatory clinic staging at locations prioritized by the deployment team. • Present the outreach deployment plan to your HICS • Reach out to HICS Chain of Command who can support the mission, including but not limited to: o Facility Management System (FMS) Transportation Section o Emergency Managers o ITOPS (Information Technology)

	- Police - Logistics (canteen services, medical supplies) - Health Administration Service - Determine the type of service that will be offered during outreach efforts - Preventive services - Mental health services - Supplies distribution - General needs assessment - Case management - Create a clinic (outreach clinic) - Open a clinic schedule in e-record - Create an e-record electronic note title - Coordinate supplies availability - For staff - Water - Food - Snacks - Sun block cream - Mosquito repellant - For documentation - Registration table and chairs - Satellites plump case and/or hot spots - Computers - VPN Accounts - Contingency documents - Office supplies (pens, paper) - For staging - Mobile units - Supporting staff - Electricians - Authorized drivers - Police Officers - Clinicians - Registration - Volunteers - Tents - Tables - Chairs - Electric cords and power supplies - Additional external power generators - Banners/signs - Hygiene material - Lysol - Hand sanitizer - Face masks - Gloves

	• Restrooms ○ For care ▪ AED ▪ Sphygmomanometers ▪ Stethoscopes ▪ Oximeter ▪ Glucometer Prescription pads ▪ Gauzes ▪ Medical tape ▪ First aid kits ▪ Wound cleaning supplies ▪ Wheelchair ○ For patients ▪ Sun block ▪ Mosquito repellant ▪ Education material ▪ Information on core phone numbers, VA Applications, and supporting agencies ○ For the unexpected ▪ Ambulance services referrals Suicidal ideation referrals
Identify sheltered Veterans	Sheltered patients may have specific necessities and may become a vulnerable population due to new evolving circumstances. Use your alliances in the community to identify and timely refer them to VA programs. • Establish agreements and procedures between VA and the local government agencies to register patients at shelters as Veterans ○ Identify a VA/government point of contact prior to the event and agree on timely referral • Establish teams to visit shelters and identify Veterans • Use a separate template to documents patients who are sheltered ○ Shelter name ○ Patient name ○ Contact information ▪ Shelter ▪ Patient ▪ Significant other ○ Complete vulnerability profile ○ Collect a needs assessment • Prepare for individualized case management to address specific necessities

	Incorporate names in the vulnerable population tracking sheet if identified within the vulnerable population-defined groups

Data collection and reporting	Establish a system to collect centralized data. This will facilitate tracking, case management, accountability, and reporting.
	
	o Use templates for data collection and case managing tracking
	  o Vulnerable population list
	  o Sheltered veterans
	  o Veterans with losses
	  o Veterans referred to the community or internally
	  ▪ Type of service /need
	  o Veterans encountered on outreach efforts
	
	  o Families served

Continuous re-assessment	There is variability between natural disaster events, and as such, its impact on communities and the necessary aid relief. Lessons learned must be comprehensively collected, incorporating emergency management framework (improved response and recovery) and public health frameworks (improved continuity of care services). Debrief with your team on things that went well, went wrong and should be done different. Collect feedback from all stakeholders, including patients and the community.
	
	• Consider practicing table-top exercises on disaster management and responsiveness plans
	• Consider reviewing lessons learned from a previous disaster when getting ready for the new incoming event
	• Create and publish educational material that patients and staff can use to prepare for disasters
	• Establish ways to assess patient's readiness to disaster events
	  o Clinic encounters
	  o Preventive medicine efforts
	  o Outreach efforts
	  o Patient education fairs
	
	Consider that data and lessons collected could be use on the After-Action Report (AAR), improvement plan and possible research efforts that lead to improved assignments.