



TRADITIONS HEALTH

Never Alone™

**Emergency Plan
Exercise Preparation
for Special Populations:
Hospice and Home
Health**

**Presenter: Alison Svrcek – Director of
Corporate Continuity**

traditionshealth.com



Traditions Health, LLC
Director:
Corporate Continuity, January 2022 to Present



Director:
Public Relations – Greater Houston Chapter



Managing Director 2021-2022
Head of Client Services 2015 - 2022
Business Continuity 2013-2022
Sales Account Manager 2008-2013
Forecaster 2006-2008



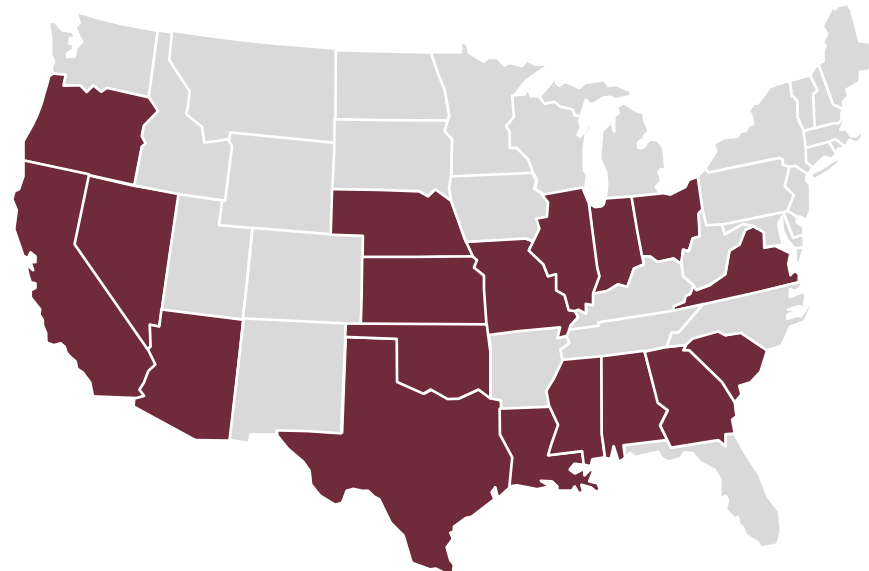
Bachelor's of Science in Meteorology - 2005
Minors in Mathematics and Hydrologic Science
College of Geosciences

Traditions Health, LLC ("Traditions") is one of the nation's fastest growing provider of hospice, home health, and consulting services across the U.S.

Overview

- Established in 2008 and headquartered in College Station, Texas, Traditions Health, LLC "Traditions" has successfully grown to 139 offices operating in 18 States.
- Led by David Klementz, Traditions is run by a best-in-class management team that has positioned the company for strong growth.
- Traditions emphasizes a compliance-first culture and utilizes technological innovations in order to provide the highest quality care to existing and new communities.

Footprint



Key Statistics

~\$330+ million
PF Revenue

~5,500
Hospice Census

~4,000
Home Health Census

~1,000
Palliative Census

~3,300+
Employees

139
Locations

28
Acquisitions Completed
since 2012

The mission of Traditions Health is to promote health and independence in the patients we serve, to attract and retain exceptional healthcare professionals and to conduct our business with compassion and integrity

Integrity

Be honest and always
do the right thing

Compassion

Show kindness to others
in need or distress

Patient Satisfaction

Meet or surpass the
customer's expectation

Team Attitude

Create a positive work
environment. Everyone is a
vital part of the team

Compliance

Exceed the standard

Professionalism

Perform daily activities with
high ethical standards and
excellence

Commitment

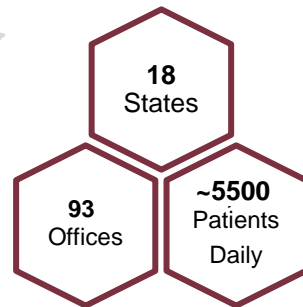
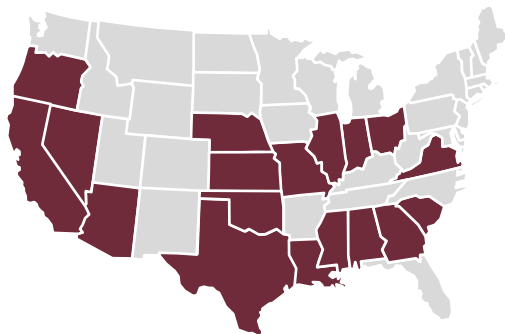
Loyalty to our patients
and each other

Hospice Services

The Traditions hospice team provides support and guidance to patients and their families throughout their end-of-life journey. We walk with the patient and their loved ones each step of the way, providing the care they need to have the best quality of life possible. Whether the need is physical, spiritual or emotional, our compassionate hospice experts are available to provide the necessary support.

Services & Team

- Attending & Hospice Physician
- Chaplain
- Certified Nursing Assistant
- Physical Therapists
- Speech Therapists
- Occupational Therapists
- Volunteers
- Counselors
- Registered Dietitians
- Skilled Nursing
- Medical Social Workers
- Volunteer Coordinator

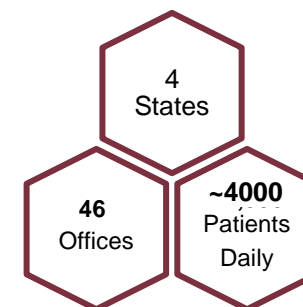


Home Health Services

Our team of professionals has one goal in mind, helping patients regain and maintain their health and independence. Our clinicians work with the physician, patient, and patient's loved ones to determine goals and develop a plan to meet those goals. Our team provides education regarding the awareness and management, and healthy lifestyle choices to decrease emergency department visits and hospitalization.

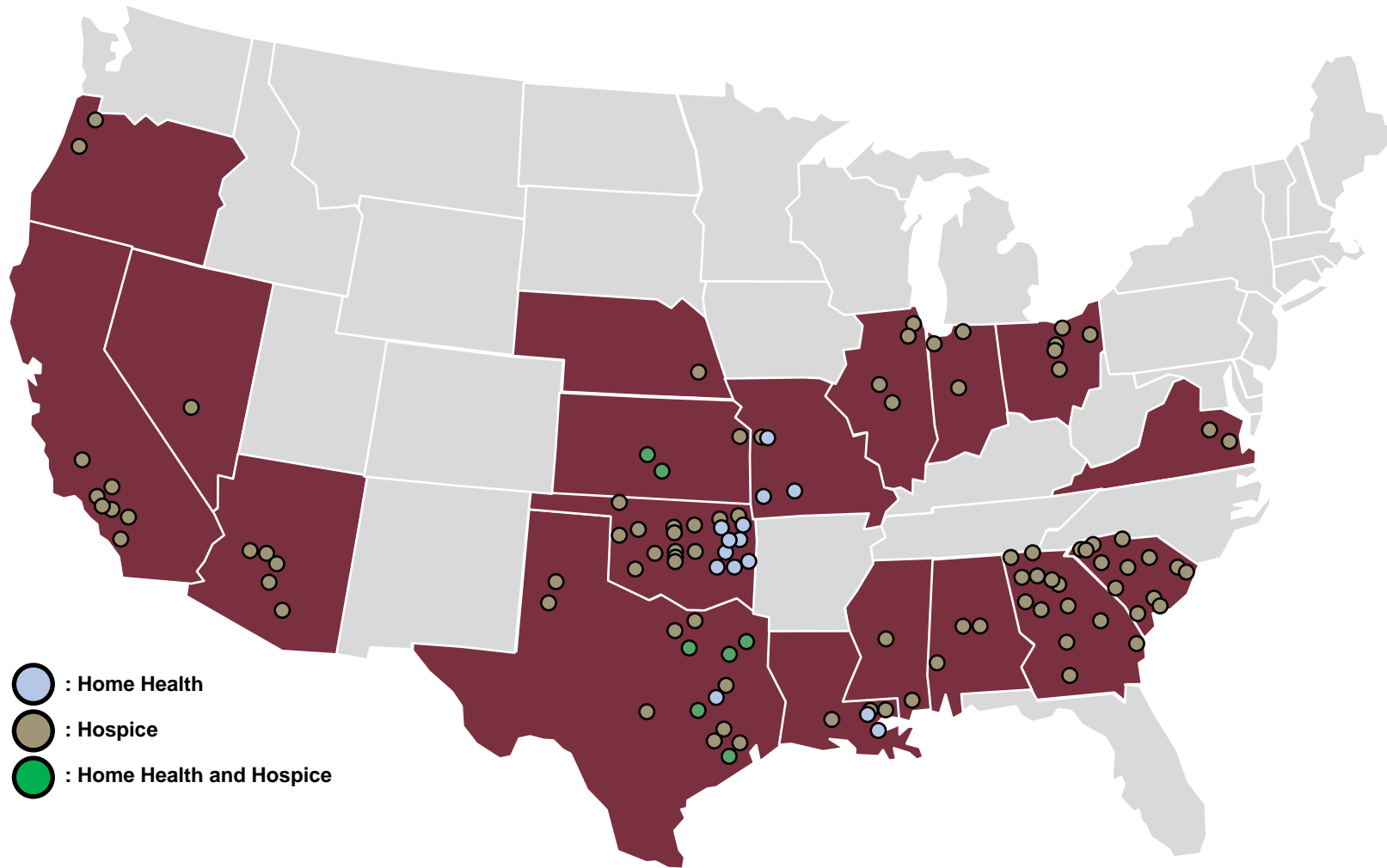
Services & Core Values

- Skilled Nursing
- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Medical Social Worker
- Home Health Aide
- Integrity
- Compassion
- Patient Satisfaction
- Team Attitude
- Compliance
- Professionalism
- Commitment





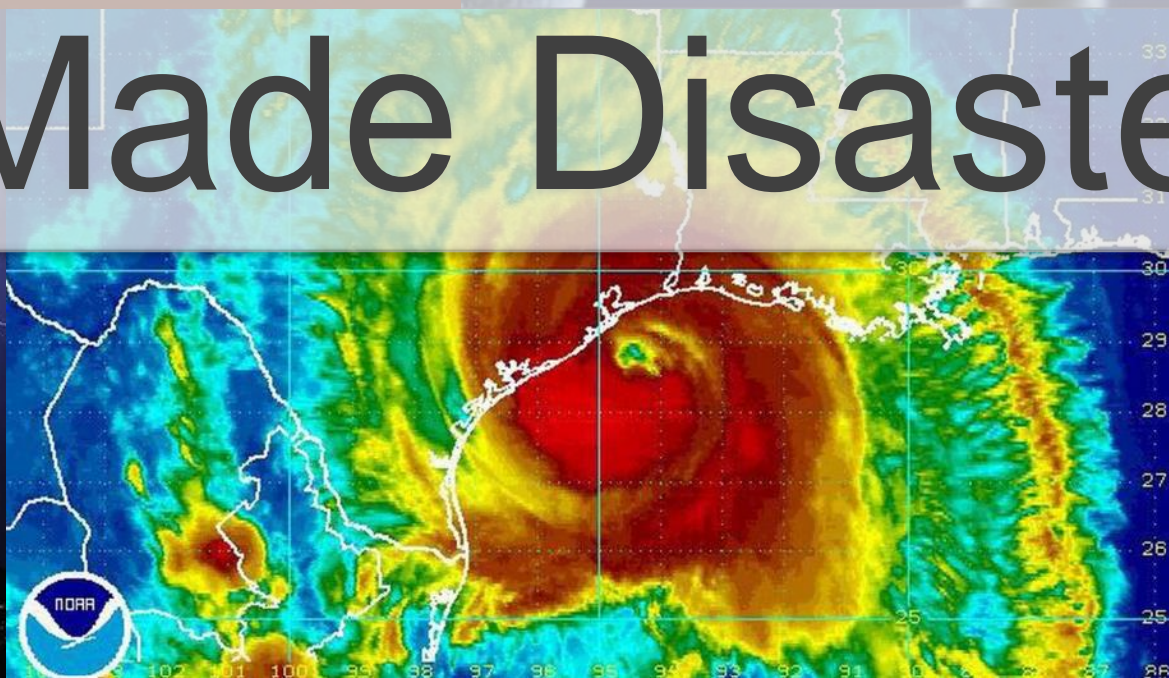
Expanding Geographic Footprint





Natural and Man-Made Disasters

Source: reuters.com



Source: National Geographic





Source: Melissa Phillip/Houston Chronicle

Harvey was the wettest tropical cyclone on record in the U.S.

Peak rainfall total of 60.58"

107 Confirmed Deaths

Estimated damage: \$125 billion

17,000 high water rescues

30,000 people displaced from their homes



Source: Harris County Sheriff's Office

May 18, 2022

10 people fatally shot

- 8 students
- 2 teachers

13 others wounded

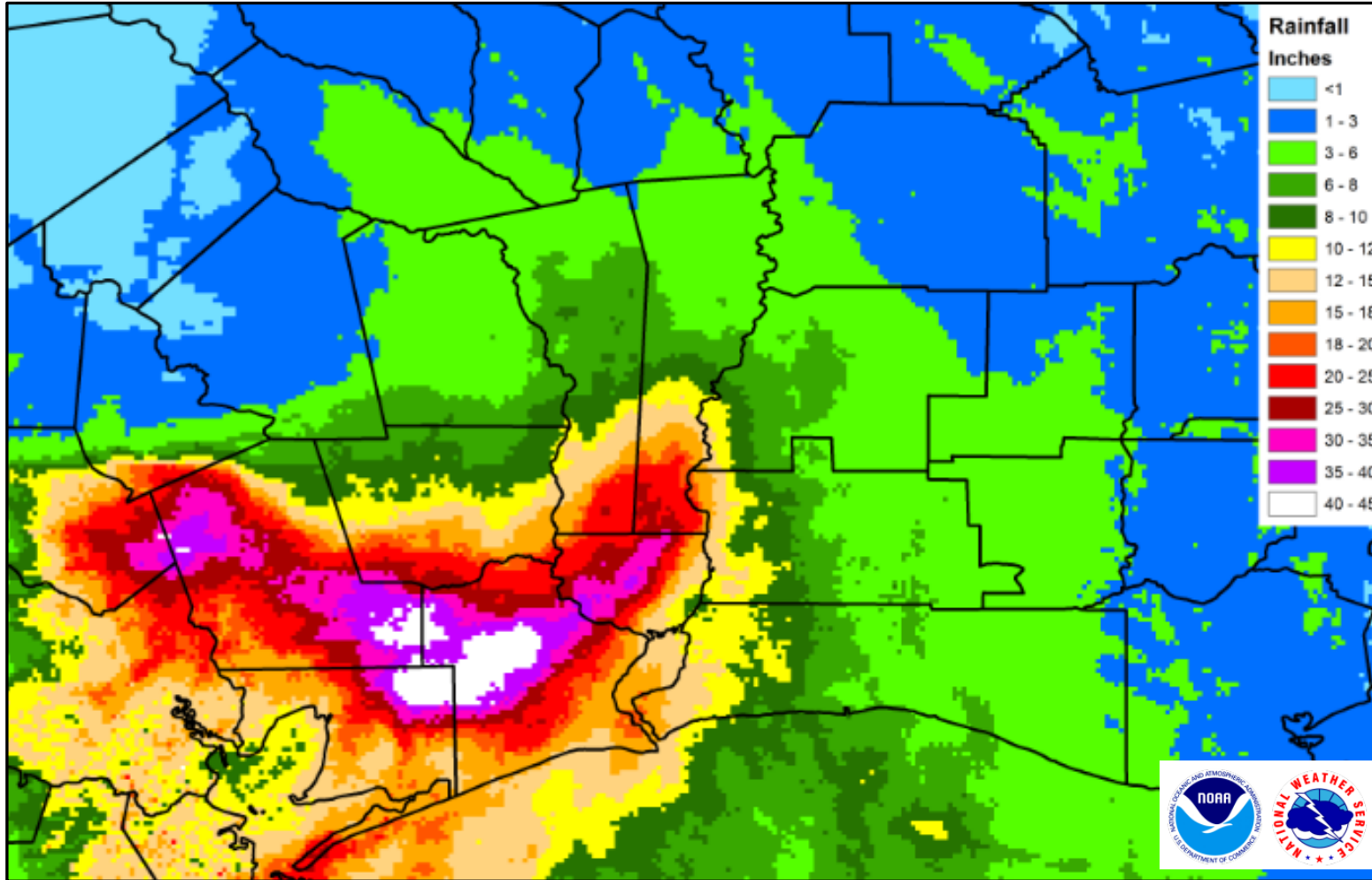
March 17, 2019 - 11 storage tanks caught fire in Deer Park.

Blaze and smoke plume raged for 3 days.

Significant release of toxic chemicals into the air and water.



2019 Tropical Storm Imelda



September 17-19, 2019 – rainfall totals of 30-40+ inches.

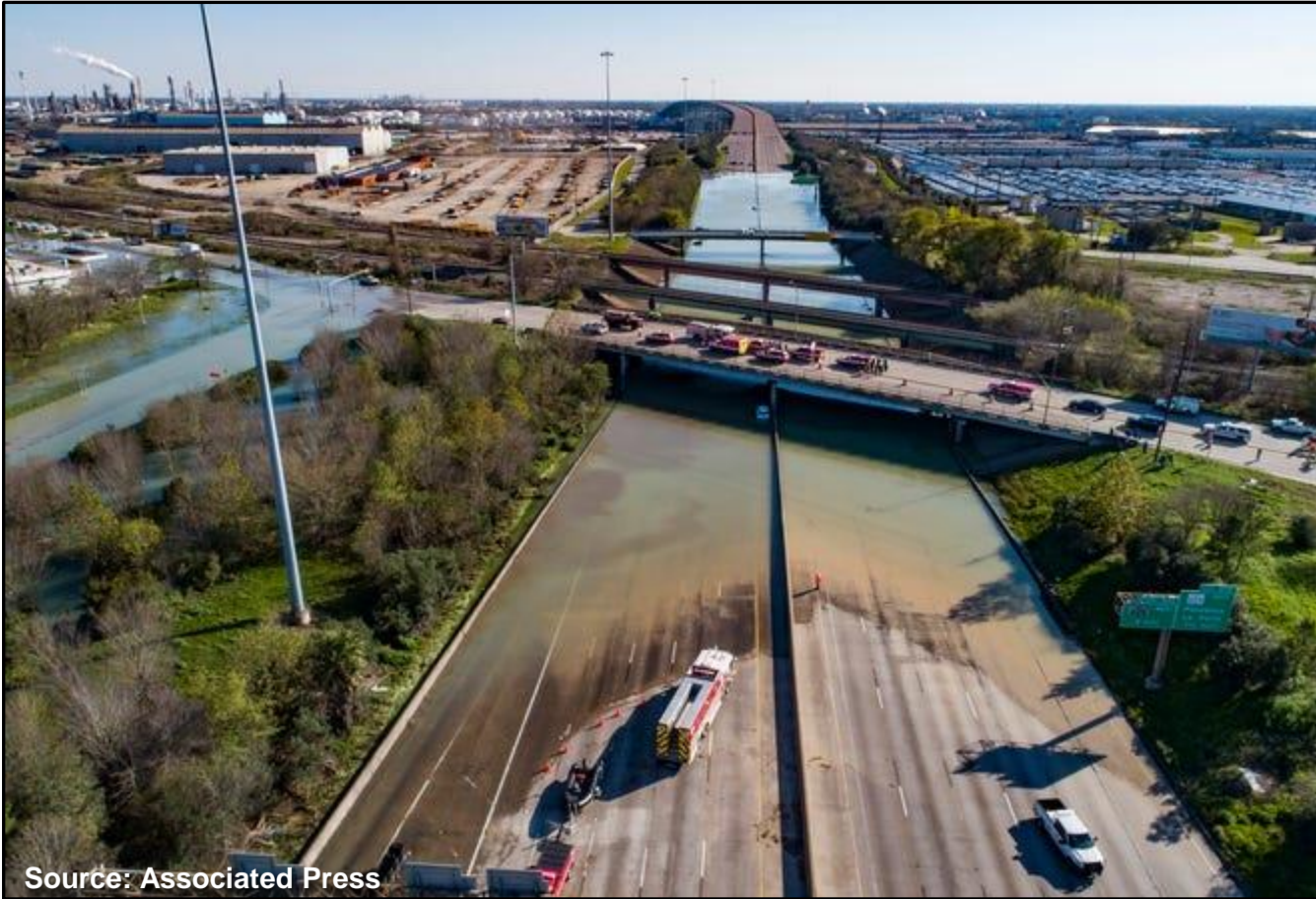
Five (5) confirmed deaths.

Significant flooding and dozens of high-water rescues.

The “Forgotten Storm”



Source: endeavors.org

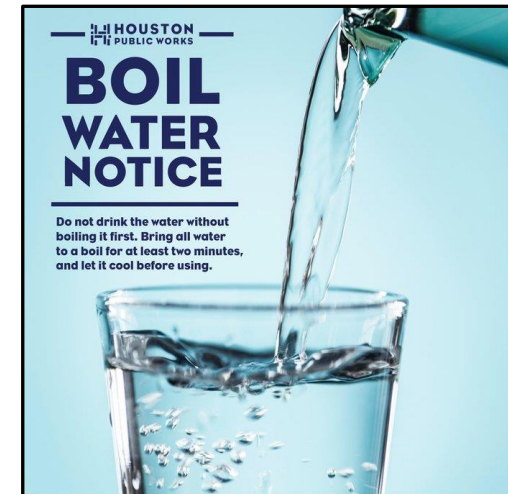


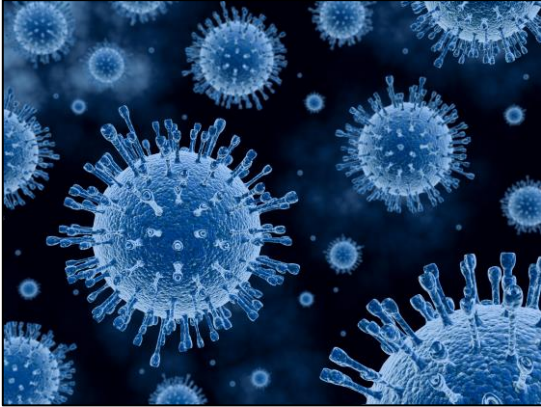
Source: Associated Press

February 27, 2020 - Water main break floods I-610, shuts down water supply to 50% of Houston.

Motorists stranded in their vehicles.

Houston schools and businesses closed – boil water notice in effect for 48 hours.





March 2020

- COVID-19 Pandemic shuts down the Houston Livestock Show and Rodeo
- Schools and businesses closed their doors
- Social distancing became common language
- Stores ran out of essential items... toilet paper

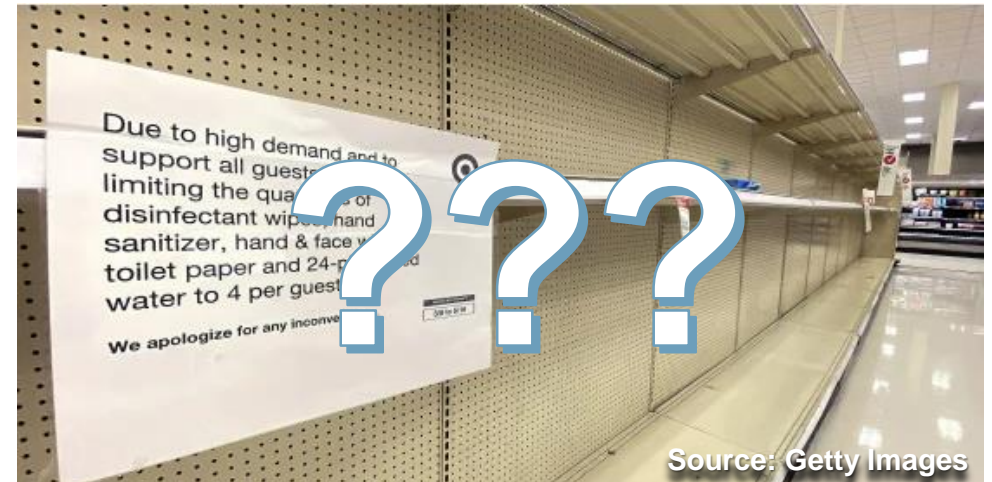


FOX 26
HOUSTON

**Houston Rodeo canceled after
local COVID-19 cases**



Source: Click2Houston



Source: Getty Images

2021 February Arctic Blast

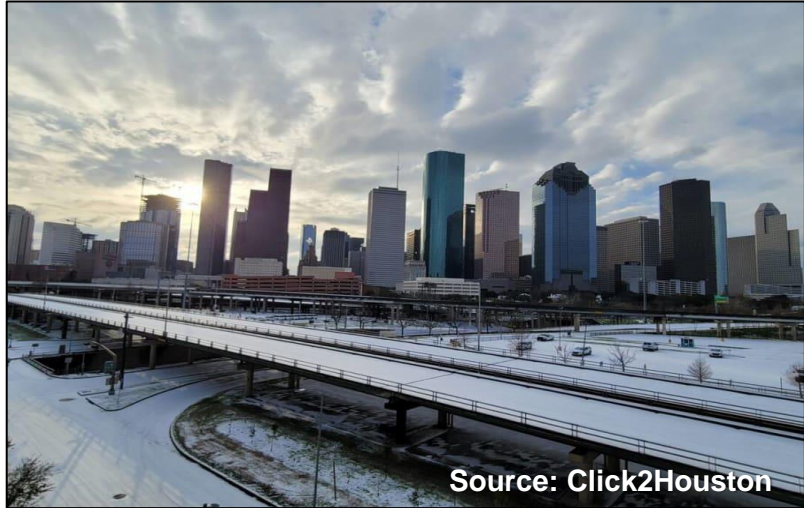
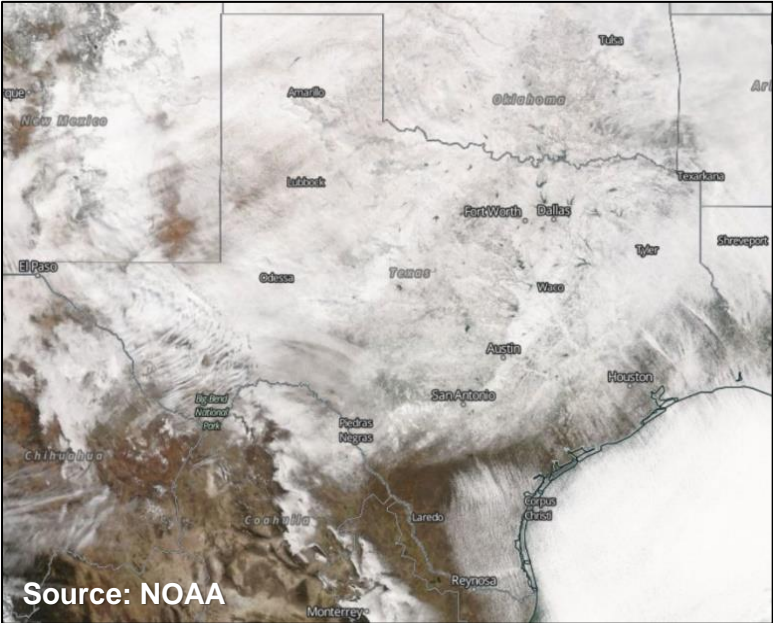
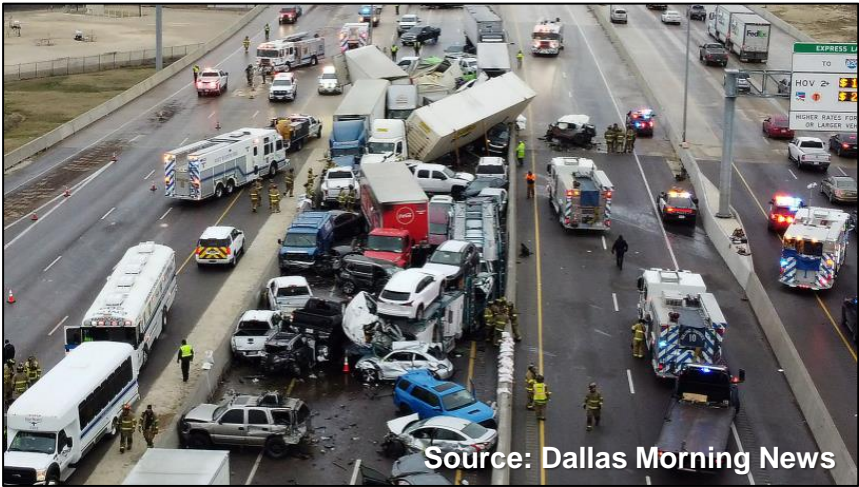
February 13th – 24th -
Catastrophic winter
and ice storm

Mass failures of
power and water
utilities, especially
across Texas

More than 5 million
homes and
businesses in Texas
without electricity

Death toll of 290
people, some
sources indicate
many more

Over \$126 billion in
damages, costliest
natural disaster
recorded in the
United States

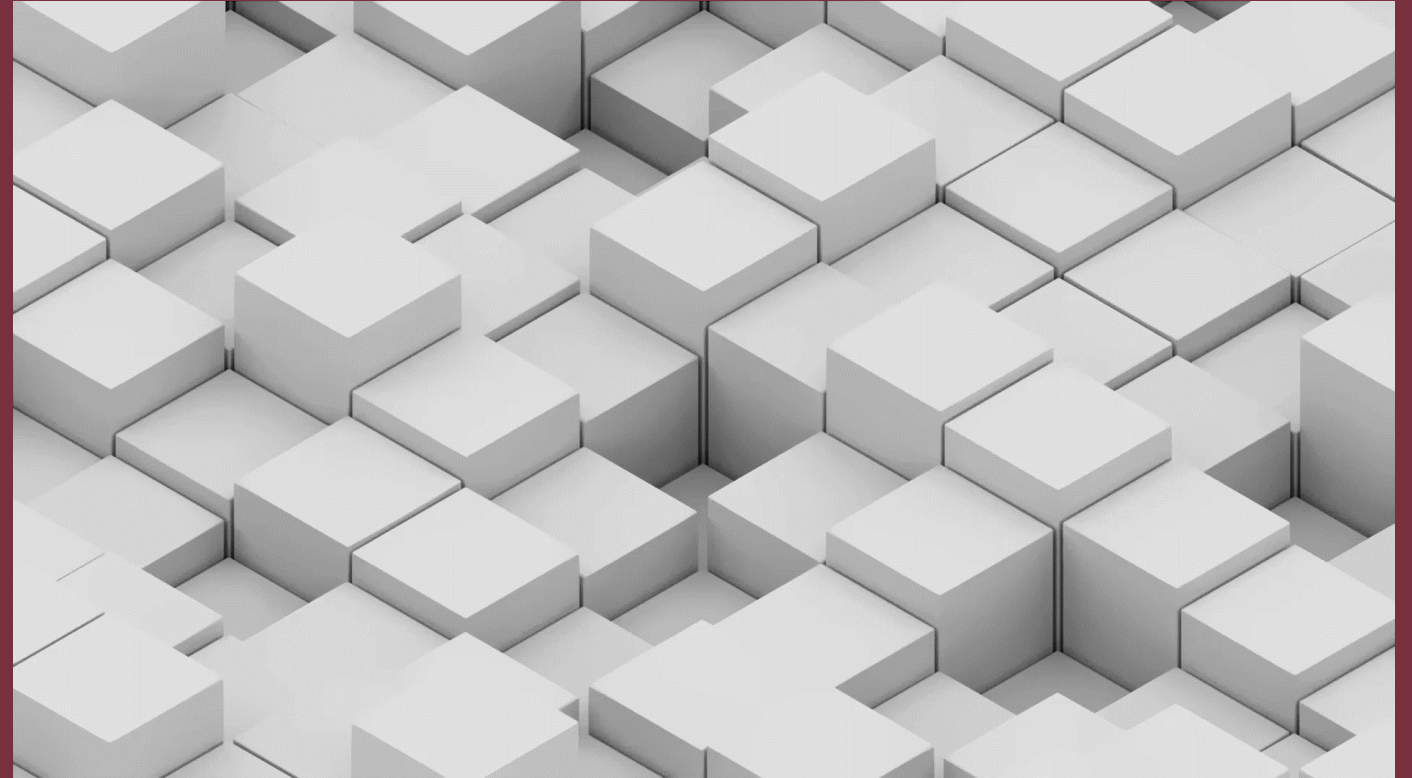




Corporate Continuity at Traditions

Key Elements:

- Determine Priorities
- Promote Concepts
- Teach Best Practices
- Educate Leadership



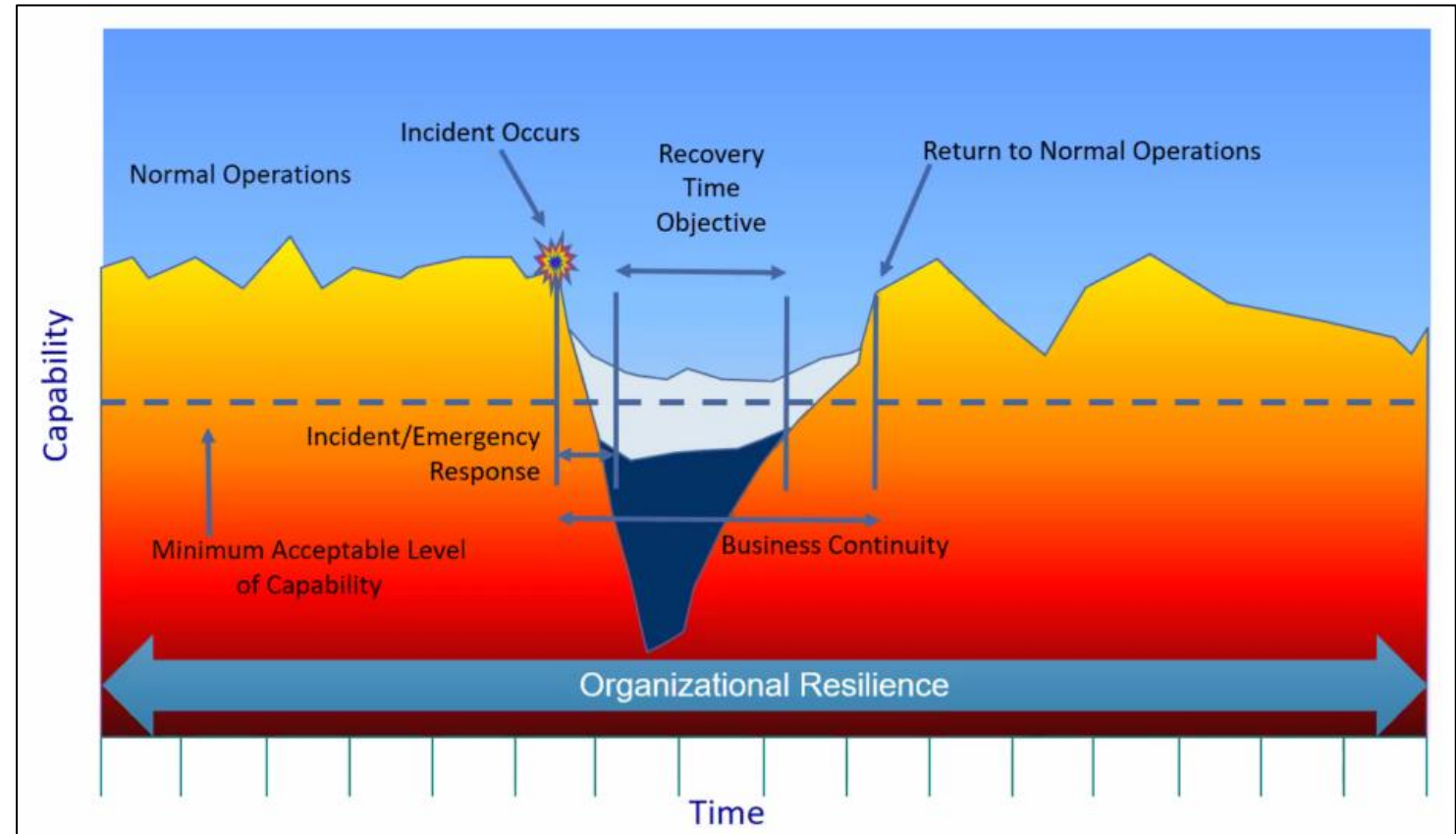
- Staff safety
- Patient safety
- Patient care
- Brand Protection



Organizational Resilience = Proactive Approach to Risk

Incident/Emergency Response VS Business Continuity

- Emergency Management seeks to safeguard people from harm.
- Business Continuity is focused on the continuity of mission critical operations and business functions.



Source: modified US DoD graphic

Elements of building a program for Special Populations

Risk Identification/Assessment

Implement Emergency Plans and Conduct Training

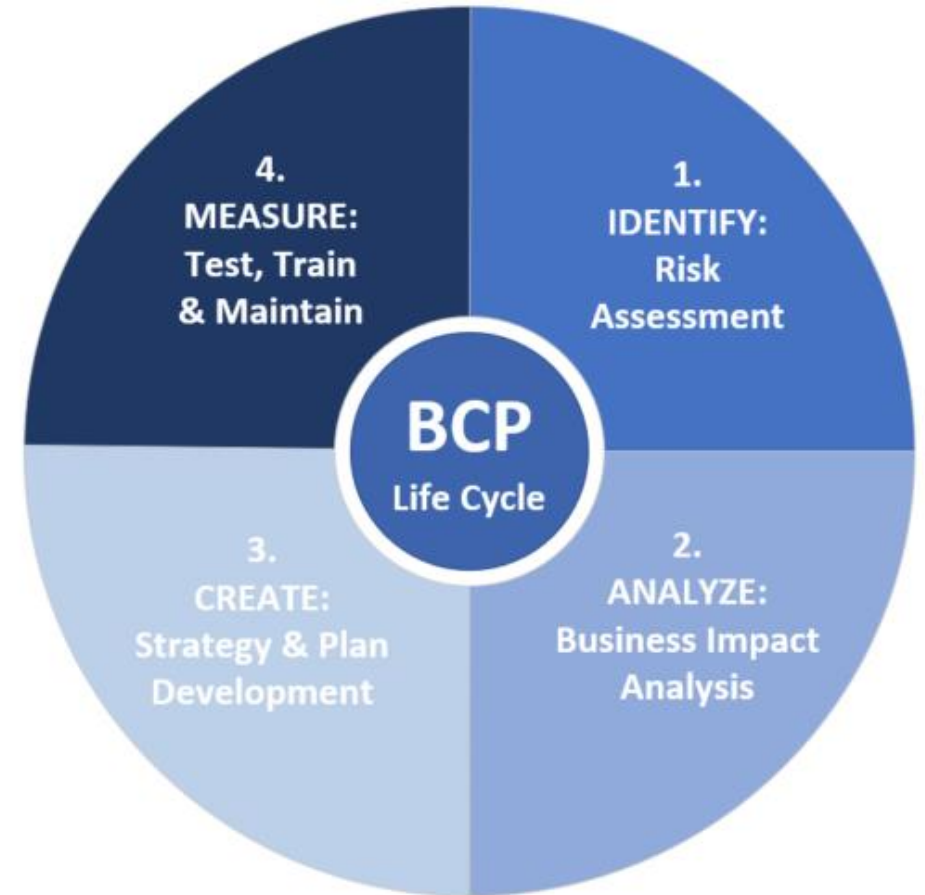
Emergency Plan Exercises

Incident/Emergency Response
Administrative and Clinical Staff Responsibilities

After-Action Report/Corrective Actions

Internal Promotion of Continual Improvement

- Management process that identifies risk, threats, and vulnerabilities which could impact operations.
- Business continuity provides a framework for building **organizational resilience** and the capability for an effective response and recovery.
- Traditions Health is committed to building a business continuity program to meet/exceed the standards of CMS/Joint Commission compliance.



The Plan Do Check Act (PDCA) Cycle



Operationalize PDCA Cycle


Plan: Establish your objectives, processes, procedures and resources.

Do: Implement and operate your program or project as informed by your plan.

Check: Gather data and evaluate the outcomes from the “do” phase; conduct plan exercises and after action reports.

Act: Drive continuous improvement – implement corrective actions, plan updates, additional training

Establish Team Objectives

	Q1	Q2	Q3	Q4
Continuity Annual Lifecycle Activities	Hazard Vulnerability Assessments	Exercises		
			Plan Updates	
			After Action Reports	
	Continuity Lifecycle Activities For New Acquisitions & Corporate (CMS Req.)			
Training & Systems Support	ICS and Technology System Training			
	StormGeo Admin & System Development			
	ENS Admin & System Development			
Incident Response Activities	Incident Response			
	After-Action Reports and Performance Improvement Plans			



Emergency Plan Exercise Preparation

- Prepare
- Respond
- Recover
- Mitigate



Full Scale Exercise

- Multi-agency, multi-jurisdictional, and multi-discipline
- Exercise on location – as close to reality as possible
- Functional response
- Involves First Responders “boots on the ground” response

Functional Exercise

- Simulated operational environment
- Scenario-driven
- Focus on specific hazard scenario
- Designed to test specific team members, procedures, and resources

Tabletop Exercise

- Discussion-based session
- Informal setting
- Facilitator guides participants through a scenario
- Duration depends on the audience, scenario, and objectives

Walkthrough, workshop, or orientation

- Basic training procedures and resources
- Designed to familiarize team members with emergency response
- Review crisis communication plans
- Training of roles and responsibilities



Establish Objectives
of the exercise



Determine the event
scenario



Create a timeline for
the event

Establish participant roles:

- Facilitators
- Observers
- Active Participants

Conduct any necessary training and review participant roles

- Review Emergency Procedures
- Review Incident Command System
- Review Communications Plan



Establish guidelines: set expectations and promote collaboration

Schedule a pre-planning meeting with site leadership to accomplish the following:

- Establish how the exercise will be conducted
- Explain situational updates and allow time for discussion
- Introduce the need for artificiality to ensure covering a range of potential impacts
- Provide guidance about how the exercise is NOT designed to be punitive
- Drive challenging discussion to determine where improvements are needed
- Encourage taking good notes for post-exercise discussion

Consider risks
identified by the
Hazard Vulnerability
Assessment

Scenario should be
realistic

Use a range of Data
Injects to challenge
participants'
knowledge of
procedures

Generate questions to assess and validate capabilities

- Determine a list of questions that are meaningful to the exercise
 - Allow questions to drive discussion on the desired objectives
 - Dive into the details of the response
 - Patience is key
 - Include an observer in the exercise to record dialogue responses from participants
 - Provide guidance if requested, or if participants are struggling
 - Provide feedback if responses are missing the mark – note areas for improvement, which may include the need for additional training
-

Data injects add dimension to an exercise

Key questions that are presented to test knowledge of response procedures

Focus on a specific objective
Example: Compliance
(what to do if PHI is lost)

Also helpful to determine training needs

- Identify what went well – Strengths
- Determine areas for improvement – Opportunities
- Assign Corrective Actions
 - Priority
 - Owner
 - Due date

After Action Review (AAR) is a structured approach for reflecting on the work of a group and identifying strengths, weaknesses, and areas for improvement.

At Traditions Health, these are conducted after Plan Exercises and any Emergency Plan Activation.

An AAR is centered on four questions:

- **What was expected to happen?**
- **What actually occurred?**
- **What went well and why?**
- **What can be improved and how?**

Primary Goal: A culture of continuous organizational learning and improvement

After Action Report is a document for summarizing the findings of the AAR.

An AAR - Report features:

- **A clear summary of concrete and actionable recommendations that will improve the decision-making process**
- **Strengths (what went well) and Opportunities (what needs improvement)**
- **Identified tasks and topics that require leadership attention**
- **Agreed upon Corrective Actions assigned to leadership with relevant due dates for completion**

End Result: Clear, concise documentation that applies lessons learned to future events and EP activations.

TH TRADITIONS HEALTH
After-Action Report

Event Name:	Severe Weather: Oklahoma		
Event Date:	4/13/22	Event Time:	Afternoon
Event Location:	Park Hill, OK		
Event Type:	Emergency Plan Activation in response to natural event – Severe Weather		
Reported Date:	4/14/22	Reported Time?	
Reported by:	Stephanie Glenn		
Attendees:	Stephanie Glenn, Alison Svrcek		

Event Summary:

Date/Time:	Item:	Details:
4/11/22 @11:23am	Regional weather forecast	The StormGeo Daily Briefing included a forecast of strong to severe thunderstorms across Central and Eastern Oklahoma April 12 th -14 th . This information was disseminated to Branch Administrators and a conference call was requested for Monday afternoon.
<p>April 12-13 - Severe Thunderstorms - Upper Midwest / Central and Southern Plains / Middle and Lower Mississippi Valley</p> <p>Timing: 04PM Apr 12 to 03AM Apr 13, 2022 CDT</p>		

TH TRADITIONS HEALTH
After-Action Report

4/13/22	Storm Reports	A tornado was reported near Stillwell, OK on the 13 th and there were also a couple reports of wind damage in Eastern OK.

++ Activation Summary (steps taken to implement EP):

Date/Time:	Item:	Details:
4/13/22	Activation of plan	Plan activated at 10:49am due to possible touch down of tornado in Stillwell, OK. Evidence of strong wind damage later confirmed as an EF1 tornado.
	Communication with staff (frequency, method)	Utilized group text to activate the plan and notify patients in the area of the tornado.
4/13/22-4/14/22	Communication with patients (frequency, method)	All patients were contacted by telephone and/or seen in person as scheduled by the clinician.
4/13/22-4/14/22	Patient visit schedule changes	No changes to schedule of patient visits.
4/13/22-4/14/22	Office closure (phones rolled, staff off of the roads)	Office did not require closure.

TH TRADITIONS HEALTH
After-Action Report

	Any issues recorded with the response (significant power outages, roads inaccessible)	There were no significant issues, all patients were safe, no property damage noted. These patients are not level 1 or 2 patients.
4/14/22	Return to normal business operations	All clinicians returned to normal business operations.

Strengths (What went well?):

Category:	Item:
Communications (staff)	Rapid notification of the incident via group text.
Communications (patients)	Rapid notification of patients by phone in the area near the tornado.

Opportunities (What needs improvement?):

Category:	Item:
Threat Intelligence	There was no notification of a tornado watch or warning when the tornado occurred, however, Adair County was under a Severe Thunderstorm Warning issued by the National Weather Service.
Emergency Notification	Patients are contacted by phone, which is a very manual process. Having an Emergency Notification System would greatly reduce the length of time required to contact patients about an emergency.

Corrective Actions:

Category:	Action:	Priority:	Owner:	Due Date:
Threat Intelligence	Finalize implementation of StormGeo real-time alert notifications to provide increased awareness of threat intelligence.	Urgent	Continuity Team	6/17/22
Emergency Notification	Implement an Emergency Notification system to improve communications during a disaster.	Best Practice	Continuity Team	12/31/22

Exercise and Preparedness Tools from FEMA (fema.gov)

- Preparedness Toolkit
- Exercise Best Practice Guides
- HSEEP (Homeland Security Exercise and Evaluation Program) Videos
- Exercise Program Starter Kits

[Ready.gov/exercises](https://www.ready.gov/exercises)

DRI International

Business Continuity Institute



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Thank you!

 [traditionshealth.com](https://www.traditionshealth.com)

 Alison Svrcek - Houston

 713-419-5731



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Appendix

Example Exercises



TRADITIONS HEALTH

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**Emergency
Preparedness
Functional Exercise:**

**Las Vegas Branch
July 29, 2022**

traditionshealth.com



Exercise Participants

Exercise Facilitators:

- Alison Svrcek – Director of Corporate Continuity
- James Mitchell – VP of Corporate Continuity, Integrations & Project Management Office

Exercise Observers:

- Shirley Bagby - Regional Performance Improvement and Education Specialist
- Logan Park – Corporate Continuity Analyst
- Odette Steward – Corporate Continuity Analyst
- Rondal Killgore – Corporate Continuity Analyst

Exercise Active Participants:

- Cesar Flores - Administrator
- London Crouch – Branch Director
- Zerez Floranza – Business Office Manager
- Branch Staff – as necessary



2022

Q1

Q2

Q3

Q4

Continuity
Annual
Lifecycle
Activities

Hazard Vulnerability
Assessments

Exercises

Plan Updates

After Action Reports

Continuity Lifecycle Activities For New Acquisitions & Corporate (CMS Req.)

Training &
Systems Support

ICS and Technology System Training

StormGeo Admin & System Development

ENS Admin & System Development

Incident
Response
Activities

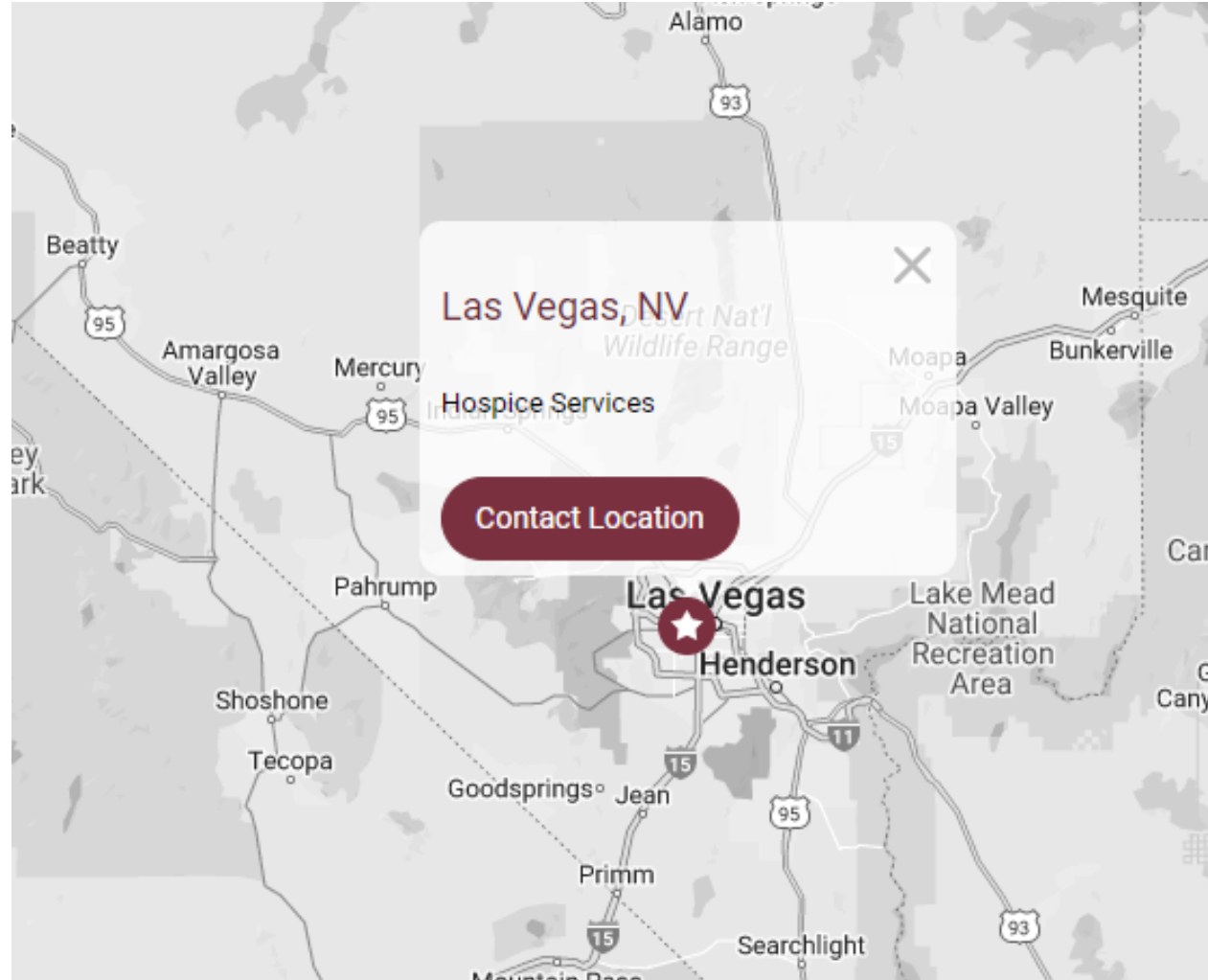
Incident Response

After-Action Reports and Performance Improvement Plans



Exercise Location:

- Las Vegas, NV





Exercise Guidelines

- Exercise will be conducted as a functional exercise.
- Situational updates, discussion questions, and data injects will be presented.
- Time will be allotted to discuss response actions.
- Do not fight the scenario. Some artificiality is necessary to ensure we cover a range of potential impacts to your staff, patients and operations.
- This exercise is not meant to be punitive, but should drive challenging discussion and a list of opportunities for improvement.
- All participants should **note their activities and observations** for post exercise discussion (AAR) and plan improvements.

Take good notes!

It is much easier to think of things to do in peace time than it is in the middle of a response.



Exercise Objectives

- Testing Emergency Preparedness Plan.
- Testing Communication Processes:
 - Staff communications
 - Patient communications
 - Facility communications
 - Local authorities
 - DME and Pharmacy vendors
 - Transport Agency
- Testing clinical documentation processes.
- Focus on decision making processes.
- Determination of specific training areas for future exercises and activities.
- Assess existing plans for scope and sufficiency.
- Develop specific corrective actions to drive continuous improvement.



Exercise Scenario

During the overnight hours, a mass shooting took place at an outdoor concert venue near the Mandalay Bay on the Las Vegas Strip. A total of 60 people were killed and approximately 867 people were injured – 413 of them with gunshot wounds or shrapnel injuries.

The shooter is still at large and was last seen traveling west of the Las Vegas strip on foot at 11:00pm.

In response to the shooting and pursuit of the suspect, authorities have called for a mandatory lockdown across a 5-mile radius from the Mandalay Bay.

Travel restrictions are in place across the city with the exception of emergency service vehicles and first responders.





Exercise Questions – 8am

- What steps have you taken at this point?
- What communication have you sent to staff?
- What communication have you made to patients?
- Have you done or are you doing any advance preparations with staff or patients?

Response:

Branch leadership monitored local media for updates on the situation and took the following actions:

- Activated the Emergency Preparedness Plan (the Disaster Coordinator was unavailable, so the Alternate Disaster Coordinator took the lead in making decisions).
- The call tree was activated to notify all staff that they needed to stay away from the lockdown zone, and to determine if any staff were in the lockdown zone. *Actual phone calls were made to all staff.*
- All vendors were contacted including Pharmacy, DME and Transportation. *Actual phone calls were made to all vendors.*



Exercise Questions – 8am

Response Continued:

Sample messaging to staff during phone calls:

“Hello, this is (name of caller-London or Zerez) from Traditions Health we are activating the emergency phone tree and conducting our emergency drill, I repeat this is a drill. There has been a shooting at Mandalay Bay and the shooter is still at large, please refrain from entering the area at 89119 and 89118, triage your patients, and inform them to shelter in place. Please stand by for further instructions.”

Sample messaging to vendors during phone calls:

“Hello, this is (name of caller-London or Zerez) from Traditions Health – This is a drill – we are contacting all vendors that we would activate during an emergency, and I wanted to establish contact with you at this time. Again, this is only a drill. Thank you.”



Exercise Questions – 8am

Response Continued:

Branch leadership determined by looking into the EMR, HCHB that there was one patient in an in-patient facility that was in the lockdown zone. *As a function of the exercise, the facility was contacted to make notification that a drill was being conducted and that our branch staff was touching base with the facility as they would during an actual emergency.*

The phone calls to all staff using the call tree took approximately 19 minutes to conduct. Of the 18 staff members contacted, there were 4 that did not answer, however, during the course of the exercise, 2 of those staff members returned the phone call upon receiving the message.

No staff were in the lockdown zone, and all were advised to stay away, meaning they could not come to the office, but they were allowed to continue visits in areas that were outside of the lockdown zone to check on patients.

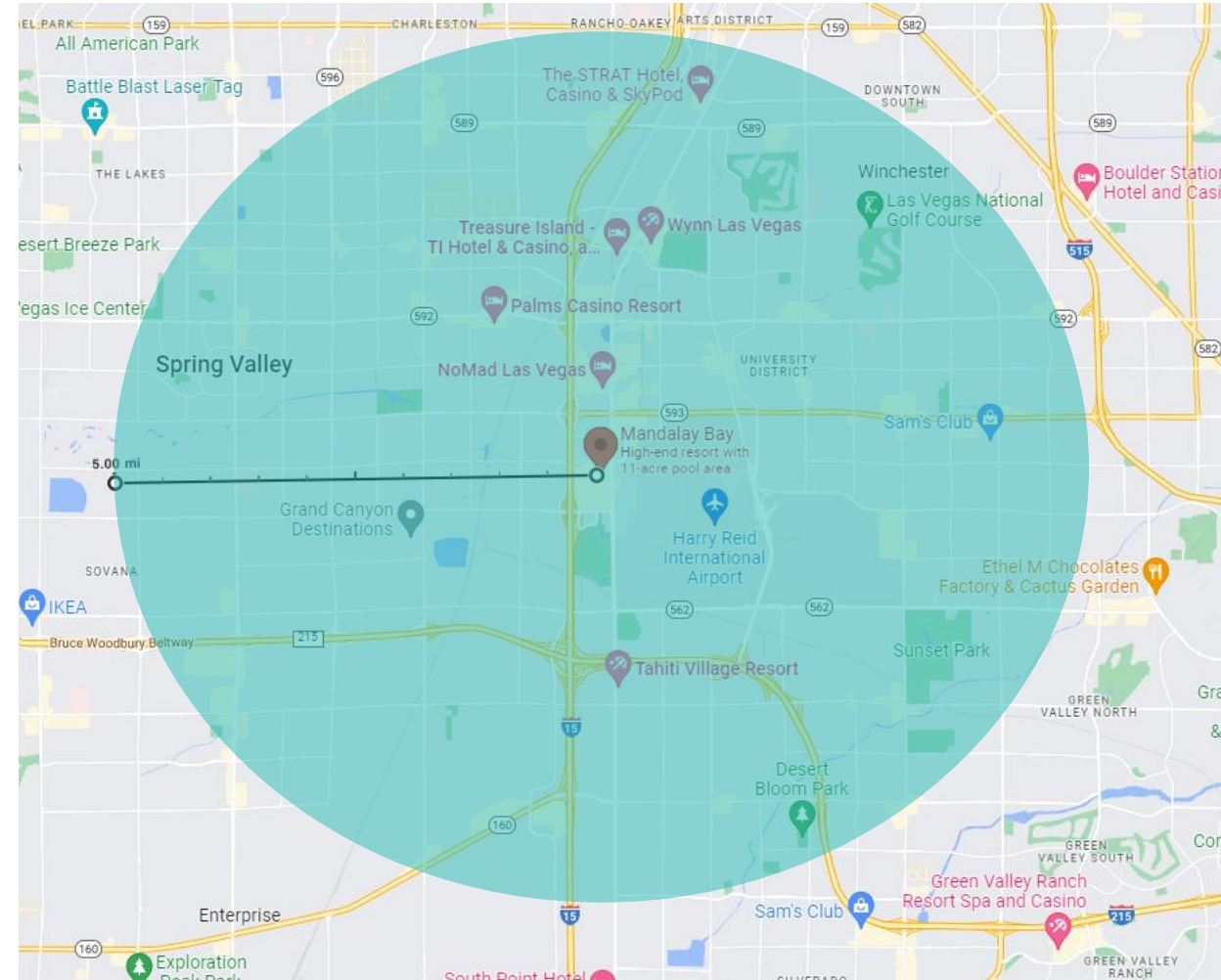


Exercise Scenario – 9:00am

As information about the shooting spreads and police activity increases in pursuit of the suspect, phone lines become jammed and fewer and fewer calls are able to go through.

Lockdown is still ongoing, and staff are unable to access the branch office suite or the Orleans hotel.

Travel restrictions are still in place across the city.





Exercise Questions – 9:00am

- What steps have you taken at this point?
- What communication have you sent to staff?
- What communication have you made to patients?
- Have you done or are you doing any advance preparations with staff or patients?

Response:

The input that cellular phone calls were unable to be made became a real problem because the staff do not have AT&T FirstNet enabled devices or hotspots and have limited awareness of GETS/WPS.

Communications would come to a standstill if all staff were working remotely, and cell service was too congested to use.



Exercise Scenario – 10:00am

Residents of Las Vegas are on edge as the shooter remains at-large.

Lockdown is still ongoing, and staff are unable to access the branch office suite or the Orleans Hotel. Travel restrictions are still in place across the city.

Data Inject #1:

- Staff reached out to an in-patient facility with 2 hospice patients, however the facility is within the 5-mile radius that is still on lockdown and staff are unable to reach the facility.
- Also, staff were unable to reach 10% of patients due to lack of cell service in the area.





Exercise Questions – 10:00am

- What steps have you taken at this point?
- What communication have you sent to staff?
- What communication have you made to patients?
- Have you done or are you doing any advance preparations with staff or patients?

Response:

Branch leadership response to the in-patient facility being inaccessible was that they would rely on the Administration of the in-patient facility to activate their own Emergency Plan to safeguard their staff and all patients.

Traditions Health branch leadership would focus resources on our staff and patients that are outside of the lockdown area.



Exercise Scenario – 11:00am

Police have received reports of the suspect in the neighborhoods near Charlie Frias Park and are narrowing their search.

Many of the injured concertgoers are stacking up at nearby hotels and at the airport. The local hospitals are becoming overwhelmed.

Data Inject #2:

- The branch's DME Vendor is unable to deliver medical supplies for the next 48 hours due to the need to support local hospitals.





Exercise Questions – 11:00am

- Is there a backup DME Vendor?
- What steps have you taken at this point?
- What communication have you sent to staff?
- What communication have you made to patients?
- Have you done or are you doing any advance preparations with staff or patients?

Response:

If the DME vendor was unavailable, branch leadership would triage all patients and make sure the ones with high acuity received the primary focus.

Additional Data Inject – “If DME cannot be delivered and we cannot assist the patient, what do you do?”

Answer provided by branch leadership: Contact EMS to transport the patient to a hospital.



Exercise Scenario – 12:00pm

As more wounded victims continue to filter into local hospitals, they reach capacity and need to free up beds. Hospital Administrators try to make additional room by preparing to discharge hospital-eligible patients home or to other in-patient facilities to open beds for wounded and injured patients.

Data Inject #3:

- The branch is contacted by local hospitals to take hospice-eligible patients.
- Two of the hospice-eligible patients require medical transport.





Exercise Questions – 12:00pm

- What steps have you taken at this point?
- What communication have you sent to staff?
- What communication have you made to patients?
- Have you done or are you doing any advance preparations with staff or patients?

Response:

The hospice leadership had concerns about the process to have consent forms signed in the correct way. Without proper consent forms, the hospice is unable to accept these new patients, unless these forms are completed or waived.

There also has to be access to DME and pharmacy, which given this scenario, presented some issues to accessing the necessary equipment.

For the sake of this scenario, the consent forms were waived, the branch staff would then further evaluate with family if the patients were able to go home or to an in-patient facility.



Exercise Scenario – 1:00pm

The suspect is finally in custody and lockdown is lifted. Traffic in the city is no longer restricted, however, roads are still congested from the lockdown and will take some time to clear.

Data Inject #4:

- The pharmacy vendor was finally able to be contacted, however, their supplies are running short due to the mass shooting. They will need time to restock and should have supplies available in the next 24 – 48 hours.





Exercise Questions – 1:00pm

- What steps have you taken at this point?
- What communication have you sent to staff?
- What communication have you made to patients?
- Have you done or are you doing any advance preparations with staff or patients?

Response:

The hospice leadership would triage patients to determine their needs and reach out to local pharmacies if the pharmacy vendor was completely unavailable. They would also ask the pharmacy vendor if they have a backup plan.

Return to normal business operations:

- Branch leadership would again activate the calling tree to inform all staff that the Emergency Plan Activation ended, and they should return to all normal activities.
- Leadership would also contact patients and facilities to make them aware the activation has ended.



Exercise Wrap-Up

- What worked?
- What areas do you see for improvement?
- What specific corrective actions do we need to improve performance going forward?
- Who should own those correction actions?
- When should those corrective actions be due?

What worked:

- Effective communications with staff, patients and vendors (physical phone calls were made).
- Utilizing EMR to triage and prioritize patients by acuity status.
- Utilizing EMS as a last resort when DME is unavailable, and a patient is in dire need of life-sustaining supplies.

What needs improvement:

- Backup telecommunications during an emergency when mobile services are too congested.
- Emergency notification system that vastly improve the time to contact all staff members during an emergency.
- Having a document to specify the steps to take during a patient surge.
- Understanding resiliency plans for major vendors.