



Health Care Coalition of Orange County Advisory Committee – Hospice/Home Health

Tuesday, March 26, 2019 – 1:00 p.m. to 2:00 p.m.

Location:

Health Care Agency Operations Center
2228 Ritchey St. Santa Ana CA

Agenda

- I. CALL TO ORDER
- II. INTRODUCTIONS/ANNOUNCEMENTS
- III. APPROVAL OF MINUTES
 - None
- IV. EMS/HEM REPORT
 - Health Emergency Management (HEM) Program
- V. SURVEYS
- VI. NEW BUSINESS
 - Top three goals
 - Staffing to cover patients in event of emergency/disaster when staff may be affected.
 - Open communications with OCHCA when we are evacuating patients in case we need additional support.
 - How to ensure patients at home have DME, medications and medical supplies covered in emergency.
 - Gap Analysis Tool
 - Facility/MHOAC Situation Report (Attachment 1)
- VII. OTHER BUSINESS
 - Roundtable
- VIII. NEXT MEETING - June 12, 2019 – Health Care Agency Operations Center (AOC) - 1:00pm to 2:00pm
- IX. ADJOURNMENT

Facility/MHOAC Situation Report

REPORT STATUS (Choose Only One)	DATE / TIME OF REPORT	CONTACT INFORMATION
<input type="radio"/> Advisory: No Action Required <input type="radio"/> Alert: Action Required	MM/DD/YYYY	NAME OF REPORT CREATOR
	HH:MM	POSITION / TITLE
FACILITY NAME		PHONE NUMBER
FACILITY STREET ADDRESS		CITY
		REPORT CREATOR EMAIL ADDRESS
FACILITY TYPE (Select from drop-down options)	FOR FACILITIES ONLY: Number of Impacted Beds: <input style="width: 50px;" type="text"/> Number of Total Beds: <input style="width: 50px;" type="text"/>	Prognosis: <input type="radio"/> Improving <input type="radio"/> Worsening <input type="radio"/> No Change
		24 HOUR FACILITY EMAIL ADDRESS <hr/> Have you activated any internal plans in response to this incident? <input type="radio"/> YES <input type="radio"/> NO
CURRENT FACILITY STATUS (Choose only one):		
<input type="radio"/> GREEN: Normal Operations		COMMENTS
<input type="radio"/> YELLOW: Modified operations; using internal/corporate resources		
<input type="radio"/> RED: Modified operations; need assistance		
<input type="radio"/> BLACK: Significantly impaired or non functional; need MAJOR assistance		
CURRENT SITUATION:		
		Have you evacuated any portion of your facility? <input type="radio"/> YES <input type="radio"/> NO
		If Yes, Enter Number of Beds Evacuated: <input style="width: 100px;" type="text"/>
		Have you called 9-1-1 for any Type of Emergency Response / Assistance? <input type="radio"/> YES <input type="radio"/> NO
		IF YES TO ABOVE, EXPLAIN NATURE OF REQUEST/RESPONSE: <hr/>
IF ASSISTANCE IS NEEDED, PLEASE DESCRIBE:		
<input type="radio"/> INITIAL REPORT <input type="radio"/> UPDATE <input type="radio"/> FINAL REPORT		PLEASE SUBMIT TO EMSDUTYOFFICER@OCHCA.COM WHEN COMPLETED