

What Do We Do With All of This Stuff?

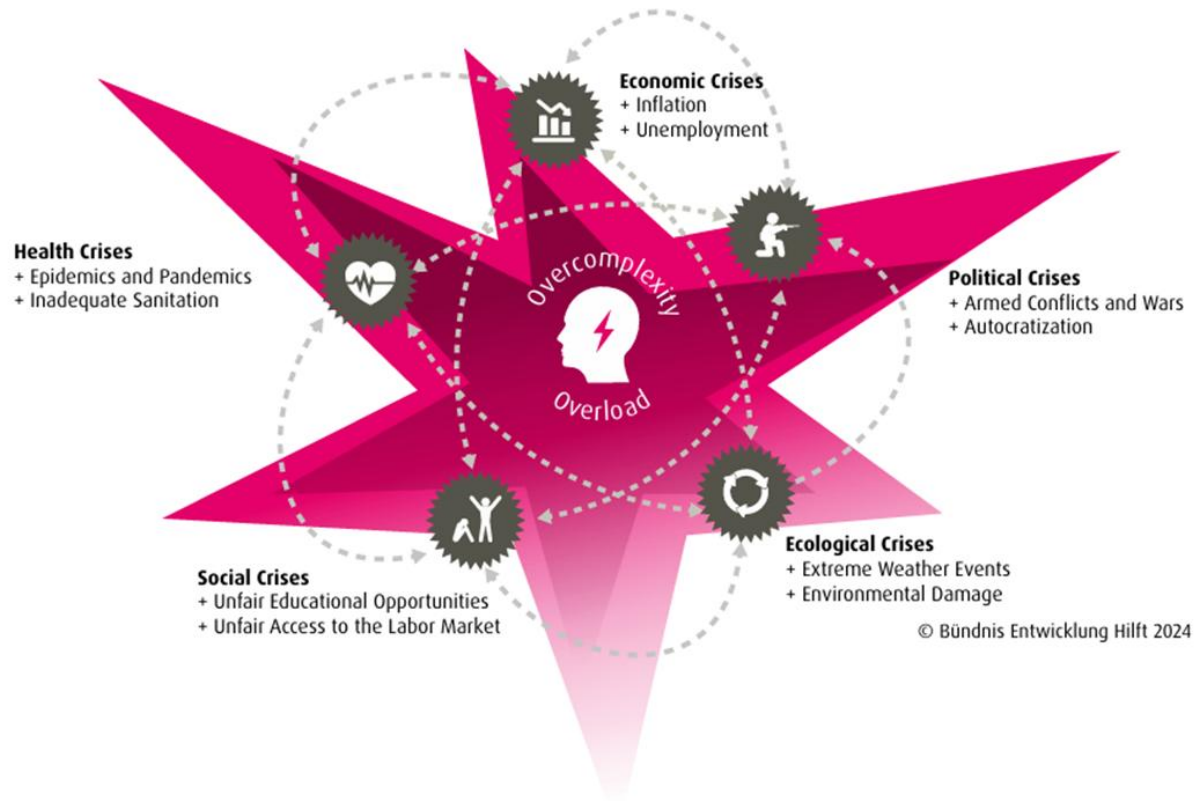
**Protected Health Information (PHI)
Management and Continuity of Care
During and After Sheltering Operations**

Learning Objectives

Describe	Describe the role of the PHN in PHI management during and after shelter operations
Outline	Outline current processes for PHI management during and after shelter operations
Describe	Describe current processes in managing continuity of care after sheltering operations
Discuss	Discuss additional documentation considerations during shelter operations (e.g. safety event reporting)
List	List three implications in using an electronic documentation platform in PHI management during shelter operations.

We are In an Era of Crises

Components of Multiple Crises



The world operates in a state of sustained vulnerability. Health systems are not reacting to isolated disasters—but to *overlapping crises*.

What is the PHN Role in PHI Management Across the Disaster Management Cycle?

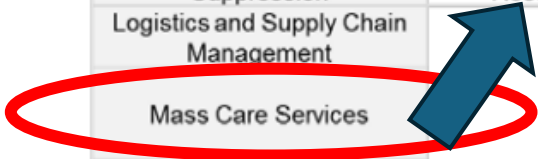


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PHI Management is an Essential Element in the Disaster Management Cycle

The Five Mission Areas				
Prevention	Protection	Mitigation	Response	Recovery
Planning				
Public Information and Warning				
Operational Coordination				
Intelligence and Information Sharing		Community Resilience	Infrastructure Systems	
Interdiction and Disruption		Long-Term Vulnerability Reduction	Critical Transportation	Economic Recovery
Screening, Search, and Detection		Risk and Disaster Resilience	Environmental Response/ Health and Safety	Health and Social Services
Forensics and Attribution	Access Control and Identity Verification	Threats and Hazards Identification	Fatality Management Services	Housing
	Cybersecurity		Fire Management and Suppression	Natural and Cultural Resources
	Physical Protective Measures		Logistics and Supply Chain Management	
	Risk Management for Protection Programs and Activities		Mass Care Services	
	Supply Chain Integrity and Security		Mass Search and Rescue Operations	
			On-Scene Security, Protection, and Law Enforcement	
			Operational Communications	
			Public Health, Healthcare, and Emergency Medical Services	
			Situational Assessment	

The 32 Core Capabilities



**Information Generation
&
Information Transfer**

What is the Current State in Your District? - During the Disaster



PHI Management

Engagement with VDH PHI Team?

Nursing Role

Current processes



Continuity of Care

Post operations



Safety Event Reporting

PHI Key Practice Standards During the Disaster

- **Permitted Disclosures:** PHI can be shared with disaster relief organizations (e.g., Red Cross) to assist in notification, and with public health authorities to prevent or lessen serious threats to health and safety.
- **Patient Privacy & Safety:** Even in emergencies, providers must apply reasonable safeguards to protect against unauthorized disclosures and ensure that only minimum necessary information is disclosed.
- **Facility Directory:** Healthcare entities may share information with the media or public to notify family about a patient's location and general condition provided they have the patient's permission or can reasonably infer that the patient does not object.
- **Maintain Quality Assurance:** Disaster QA ensures that response programs adhere to safety protocols, including regular monitoring, staff training, and data collection to improve service delivery during crises (e.g. safety event reporting).
 - Objective reporting of errors, near-misses, and system failures
 - Identify root causes and implement swift corrective actions

What is the Current State in Your District? - After the Disaster (Recovery)



PHI Management

Engagement with VDH PHI Team?

Nursing Role

Current processes



Continuity of Care

Post operations



Safety Event Reporting

PHI Key Practice Standards After the Disaster

- **Return to Standard Operating Procedures:** Once the emergency event ends and you are no longer working under contingency operations, you go back to standard operating procedures.
- **Record Integrity & Recovery:** Ensure all data is restored, reconciled, and secured. *Is there a Data Backup Plan? - Establish and implement procedures to create and maintain retrievable exact copies of electronic protected health information.*
- **Contingency Plan Review:** Assess the relative criticality of specific applications and data in support of other contingency plan components.
- **Data Breach Assessment:** Evaluate if any temporary, emergency-driven data sharing caused any intentional or unintentional breaches that need reporting.

Introduction of Electronic PHI Documentation in Disasters

Data Collection Instruments		Form options:		Survey options:	
+ Create	a new instrument from scratch	Form Display Logic	Survey Queue	Auto Invitation options	Survey Login
Import	a new instrument from the official REDCap Instrument Library	Survey Notifications			
Upload	instrument ZIP file from another project/user or external libraries				
Instrument name	Fields	View PDF	Enabled as survey	Instrument actions	Survey related options
Health Intake Form	67			Choose action	Survey settings + Automated Invitations
Medication Record Form	81			Choose action	Survey settings + Automated Invitations
General Assessment	133			Choose action	Survey settings + Automated Invitations
Shelter Nursing Notes	5			Choose action	Survey settings + Automated Invitations

Review of Health Intake Form



AAA

Health Intake Form

DEMOGRAPHICS		
Date/Time <input type="text"/> <input type="button" value="MM"/> <input type="button" value="DD"/> <input type="button" value="Now"/> <small>H:M</small> <small>M-D-Y H:M</small>	Shelter Location: <input type="text"/>	Client ID Number (if known): <input type="text"/>
Last Name: <input type="text"/>	First Name: <input type="text"/>	Date of Birth: <input type="text"/>
Primary Phone: <input type="text"/>	Gender: <input type="text"/>	Primary Language Spoken: <input type="text"/>

MEDICAL EMERGENCY		
Do you have an emergency medical need right now? <input type="radio"/> Yes <input type="radio"/> No reset		
Does client appear to be disoriented, agitated, or a threat to self or others? <input type="radio"/> Yes <input type="radio"/> No reset		
Does the client appear in acute physical distress? <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Chest Pain <input type="checkbox"/> Severe Pain <input type="checkbox"/> Injury requiring medical attention <input type="checkbox"/> Other: <input type="checkbox"/> Not Applicable	EMS Called (Time): <input type="text"/> <input type="button" value="Now"/> <small>H:M</small>	Transport (Time): <input type="text"/> <input type="button" value="Now"/> <small>H:M</small>
Destination Facility/Treatment/Notes: <input type="text"/> Expand		

REGISTRATION	
Interpreter Needed: <input type="radio"/> Yes <input type="radio"/> No reset	Is this person a guardian/caregiver/provider to someone at the shelter? <input type="radio"/> Yes <input type="radio"/> No reset
Has a guardian/caregiver at shelter <input type="radio"/> Yes <input type="radio"/> No reset	
If unaccompanied minor, location of next of kin/guardian: <input type="text"/>	Pet Tracking: <input type="text"/>
Receive Federal Assistance (Medicare/Medicaid): <input type="radio"/> Yes <input type="radio"/> No reset	State Aid (WIC): <input type="radio"/> Yes <input type="radio"/> No reset
I, _____ attest to completing these actions and fulfilling the request: <input type="text"/> Initial	
Notes: <input type="text"/> Expand	

VERBAL RAPID TRIAGE		
Do you feel healthy today? <input type="radio"/> Yes <input type="radio"/> No reset	Do you or have you had any of the following within the past 24 hours? <input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Runny nose <input type="checkbox"/> Sore throat <input type="checkbox"/> Stiff/Sore neck <input type="checkbox"/> Red eye(s) or drainage from eye(s) <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> None	Do you have any severe environmental, food, or medication allergies? <input type="radio"/> Yes <input type="radio"/> No reset
Have you recently been ill/sick? <input type="radio"/> Yes <input type="radio"/> No reset		Do you currently have a rash? <input type="radio"/> Yes <input type="radio"/> No reset
Do you currently have a wound or lesion? <input type="radio"/> Yes <input type="radio"/> No reset		

Review of Medication Form

Medication Record Form	
Shelter Site/Location: [shelter_location]	Date: [date_time]
Name: [first_name] [last_name]	DOB: [dob]
Head of Household: [guardian_caregiver_1]	
Shelter Site/Location	<input type="text"/>
Name:	<input type="text"/>
Allergies:	<div style="border: 1px solid gray; height: 60px;"></div> Expand
Date:	<input type="text"/> Today M-D-Y
Date of Birth:	<input type="text"/> Today M-D-Y
Medication Needs	
Name of Pharmacy: {pharmacy_mrf}	Pharmacy Phone Number: {pharm_number_mrf}
Name of Physician: {physician_mrf}	Office Phone Number: {office_number_mrf}
Do you require medications for a health condition? {medication_mrf}	Do you have <u>all</u> of your medications with you? {med_with_mrf}
How many medications do you currently take? {take_med_mrf}	

Name of Medication*	Medication Prescriber	Dose	Route and Frequency	Has Medication YES/NO	Has supply for # of days
{medication_mrf1}	{prescriber_mrf1}	{dose_mrf1}	{route_mrf1}	{has_med_mrf1}	{supply_mrf1}
{medication_mrf2}	{prescriber_mrf2}	{dose_mrf2}	{route_mrf2}	{has_med_mrf2}	{supply_mrf2}
{medication_mrf3}	{prescriber_mrf3}	{dose_mrf3}	{route_mrf3}	{has_med_mrf3}	{supply_mrf3}
{medication_mrf4}	{prescriber_mrf4}	{dose_mrf4}	{route_mrf4}	{has_med_mrf4}	{supply_mrf4}
{medication_mrf5}	{prescriber_mrf5}	{dose_mrf5}	{route_mrf5}	{has_med_mrf5}	{supply_mrf5}
{medication_mrf6}	{prescriber_mrf6}	{dose_mrf6}	{route_mrf6}	{has_med_mrf6}	{supply_mrf6}
{medication_mrf7}	{prescriber_mrf7}	{dose_mrf7}	{route_mrf7}	{has_med_mrf7}	{supply_mrf7}
{medication_mrf8}	{prescriber_mrf8}	{dose_mrf8}	{route_mrf8}	{has_med_mrf8}	{supply_mrf8}
{medication_mrf9}	{prescriber_mrf9}	{dose_mrf9}	{route_mrf9}	{has_med_mrf9}	{supply_mrf9}
{medication_mrf10}	{prescriber_mrf10}	{dose_mrf10}	{route_mrf10}	{has_med_mrf10}	{supply_mrf10}
<i>*If medication name is unknown fill in purpose of the medication (e.g. blood pressure).</i>					
Do you require any of these medications Immediately? {med_now_mrf1}			Do any of these medications requires Rx. Refill {refill_mrf1}		
{yes_medication} {yes_immediately_mrf}			{yes_refill} {yes_refill_mrf}		
Medication #1					
Medication #2					
Medication #3					
Medication #4					
Medication #5					
Medication #6					
Medication #7					
Medication #8					
Medication #9					
Medication #10					

Review of General Assessment Form

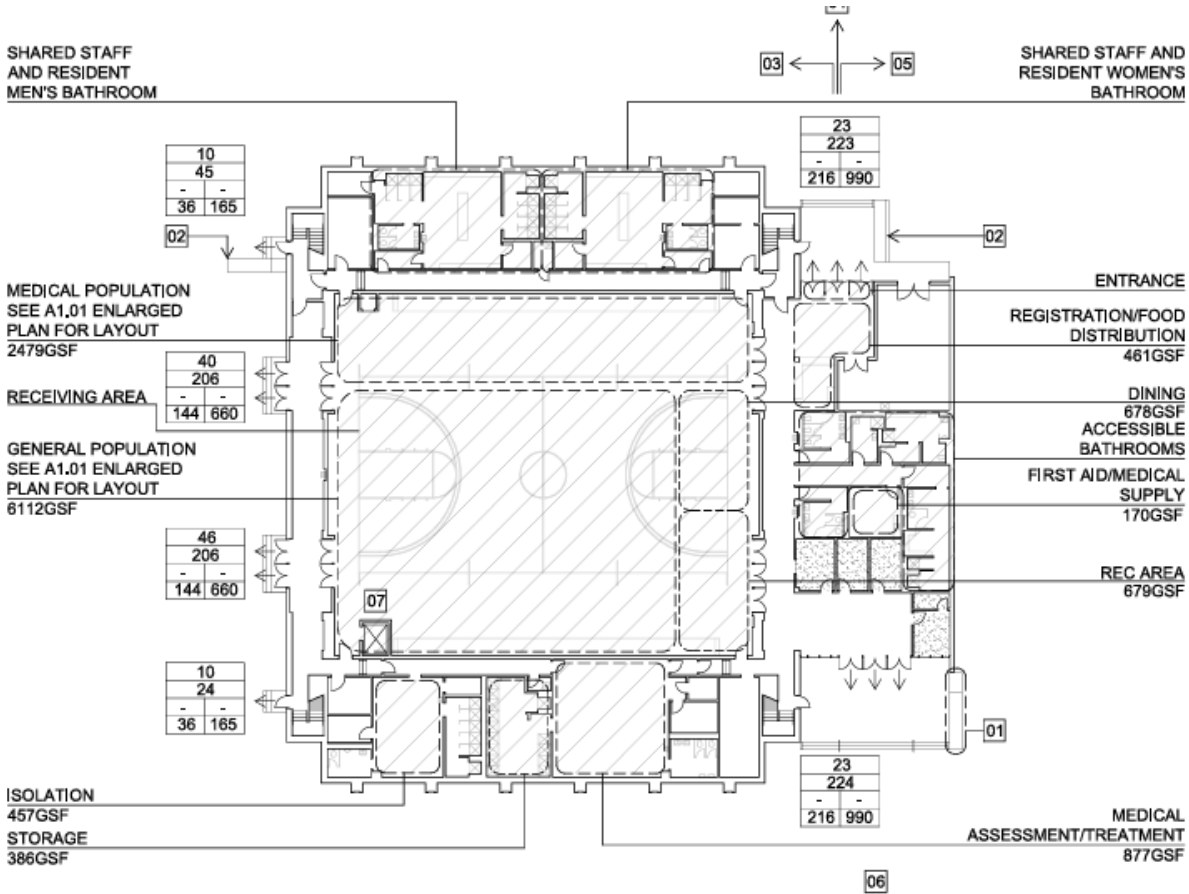
GENERAL ASSESSMENT	
Assessment Question	Assessment Notes:
<p>Do you/will you require assistance with medicine, equipment, or electricity to operate medical equipment or other items for daily living (oxygen, CPAP, oversized cot, dietary)?</p> <p>{assistance_ga}{assistance_ga_ana}</p>	{assisstance_ga_notes}
<p>Are you missing any of your prescription and OTC medication? If yes, use Medication Records Form</p> <p>{missing_script_ga}{missing_script_ga_ana}</p>	{missing_script_ga_notes}
<p>Do you normally need a caregiver, personal assistant or service animal?</p> <p>If yes, will you need a caregiver, personal assistant or service animal at the shelter?</p> <p>{service_animal_ga}{service_animal_ga_ana}</p>	{service_animal_ga_notes}
<p>Do you rely on a mobility device (cane, walker, wheelchair, scooter, transfer board)?</p> <p>If yes, do you have that device with you?</p> <p>{mobility_ga}{mobility_ga_ana}</p>	{mobility_ga_notes}
<p>Do you have any mental or emotional health needs?</p> <p>{emotional_need_ga}</p> <p>{emotional_need_ga_ana}</p>	{emotional_need_ga_notes}
<p>Do you have any other medical condition(s) or that requires substantial assistance we have not discussed?</p> <p>For example; Are you pregnant? Do you have dietary restrictions? Etc.</p> <p>{other_med_cond_ga}</p> <p>{other_med_cond_ga_ana}</p>	{other_med_cond_ga_notes}

ADVANCED NEEDS ASSESSMENT	
Health Condition	
<p>{heent_select}</p> <p>Allergies, dental, hearing or vision problems</p> <p>{heent_ana_notes1}{heent_ana_notes}</p>	<p>{heent_acc_ana1}{heent_acc_ana}</p> <p>{heent_support_ana1}{heent_support_ana}</p> <p>{heent_care_ana1}{heent_care_ana}</p>
<p>{neurological_select}</p> <p>Headaches, seizures, Alzheimer's, CV, Parkinson's, Dementia, sleep apnea</p> <p>{neuro_ana_notes1}{neuro_ana_notes}</p>	<p>{neuro_acc_ana1}{neuro_acc_ana}</p> <p>{neuro_support_ana1}{neuro_support_ana}</p> <p>{neuro_care_ana1}{neuro_care_ana}</p>
<p>{cardiac_select}</p> <p>Heart disease, HTN, CHF, pacemaker, implanted defibrillator, history of stroke, blood clots</p> <p>{card_ana_notes1}{card_ana_notes}</p>	<p>{card_acc_ana1}{card_acc_ana}</p> <p>{card_support_ana1}{card_support_ana}</p> <p>{card_care_ana1}{card_care_ana}</p>
<p>{respiratory_select}</p> <p>Asthma, COPD, Emphysema, TB, cystic fibrosis</p> <p>{resp_ana_notes1}{resp_ana_notes}</p>	<p>{resp_acc_ana1}{resp_acc_ana}</p> <p>{resp_support_ana1}{resp_support_ana}</p> <p>{resp_care_ana1}{resp_care_ana}</p>
<p>{gastrointestinal_select}</p> <p>GERD, stoma, feeding tube, eating disorder, Hepatitis, cirrhosis, swallowing disorder</p> <p>{gast_ana_notes1}{gast_ana_notes}</p>	<p>{gast_acc_ana1}{gast_acc_ana}</p> <p>{gast_support_ana1}{gast_support_ana}</p> <p>{gast_care_ana1}{gast_care_ana}</p>
<p>{genitourinary_select}</p> <p>Bladder, renal, female disorders, dialysis</p> <p>{gen_ana_notes1}{gen_ana_notes}</p>	<p>{gen_acc_ana1}{gen_acc_ana}</p> <p>{gen_support_ana1}{gen_support_ana}</p> <p>{gen_care_ana1}{gen_care_ana}</p>
<p>{endocrine_select}</p> <p>Diabetic Type_, thyroid</p> <p>{endo_ana_notes1}{endo_ana_notes}</p>	<p>{endo_acc_ana1}{endo_acc_ana}</p> <p>{endo_support_ana1}{endo_support_ana}</p> <p>{endo_care_ana1}{endo_care_ana}</p>
<p>{musculoskeletal_select}</p> <p>Arthritis, joint pain, fractures, multiple sclerosis, muscular dystrophy, cerebral palsy</p>	<p>{musc_acc_ana1}{musc_acc_ana}</p> <p>{musc_support_ana1}{musc_support_ana}</p>

Review of Shelter Nursing Notes

GENERAL INFORMATION			
Date: {date_nurse_note}	Shelter Location/Site: [shelter_location]		
Name: [last_name], [first_name]	Sex: [gender]	DOB: [dob_mrf]	Age: {age_nurse_notes}
Nursing Assessment and Plan: {notes_nn}			
ASSESSMENT AND PLAN HISTORY			
[date_nurse_note][1]	[notes_nn][1]		
[date_nurse_note][2]	[notes_nn][2]		
[date_nurse_note][3]	[notes_nn][3]		
[date_nurse_note][4]	[notes_nn][4]		
[date_nurse_note][5]	[notes_nn][5]		
[date_nurse_note][6]	[notes_nn][6]		
[date_nurse_note][7]	[notes_nn][7]		
[date_nurse_note][8]	[notes_nn][8]		
[date_nurse_note][9]	[notes_nn][9]		
[date_nurse_note][10]	[notes_nn][10]		

Electronic PHI Management Exercise



Situation

Tropical Storm Helene has rapidly intensified. National Hurricane Center forecasts show the storm strengthening to a Category 2 hurricane before making landfall in your district within 36 hours. A state of emergency has been declared, and low-lying areas are under mandatory evacuation. The state will activate all State Coordinated Regional Shelters in 24 hours to support the needs of evacuated residents. The VDH Incident Management Team has been activated for this emergency event



Situation

Your district is now in the preparation stage of supporting area stakeholders in standing up the state managed shelter in your jurisdiction. VDH is the lead state agency for the planning, implementation, and allocation of health and medical resources. This authority and responsibility for health and medical support to disaster shelters is delegated down to the Health District Directors, who are the lead proponents for health and medical response within their jurisdictions.

As the Nurse Leader, you are supporting the district director in the coordination, implementation and allocation of health and medical resources. The shelter is expected to be operational and accepting residents by 10pm Saturday. The storm is expected to hit your area by 10AM, Sunday March 29th.

Situation

The shelter starts accepting residents at 10am. Your first shift of nursing staff has reported. Your team encountered 10 residents that need to be triaged and dispositioned.

1. **James Fraser**
2. **Clair Fraser**
3. **Brianna MacKenzie**
4. **Roger MacKenzie**
5. **Jack Randall**
6. **Dougal MacKenzie**
7. **Murtagh Fitzgibbons**
8. **Geillis Duncan**
9. **Stephen Bonnet**
10. **John Grey**

Activity

You will be assigned one of the 10 residents to move through the medical triage and intake process.

Conduct the medical triage and assessment using the Redcap Sheltering form.

Be prepared for injects that will navigate you to the other sheltering forms (Medication, General assessment, Sheltering Notes) where you will document the appropriate nursing tasks/activities.

- 1. James Fraser**
- 2. Clair Fraser**
- 3. Brianna MacKenzie**
- 4. Roger MacKenzie**
- 5. Jack Randall**
- 6. Dougal MacKenzie**
- 7. Murtagh Fitzgibbons**
- 8. Geillis Duncan**
- 9. Stephen Bonnet**
- 10. John Grey**

Documentation/Management of Injuries



Back Injury lifting
equipment (VDH Employee)



Slip and fall Knee injury
(Shelteree)



Immediate first Aid

Discussion

Describe	Describe the role of the PHN in PHI management during and after shelter operations
Outline	Outline current processes for PHI management during and after shelter operations
Describe	Describe current processes in managing continuity of care after sheltering operations
Discuss	Discuss additional documentation considerations during shelter operations (e.g. safety event reporting)
List	List three implications in using an electronic documentation platform in PHI management during shelter operations.
Feedback	Discussion about usability of Redcap tool What changes will you make (if any) with your current processes based on this session?