Moving Towards Disaster Case Management

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The Good ‘Ole Days

Traditional Case Management

4 Essential Components

- *Achievement of clinical outcomes within a prescribed timeframe*
- *The care giver as a case manager*
- *Episode-based group practices that transcend units*
- *Active participation by patients/families in goal setting and evaluation*
  - *K Zander J Nurs Adm 1988; 18(5): 23-30*

Traditional Case Management

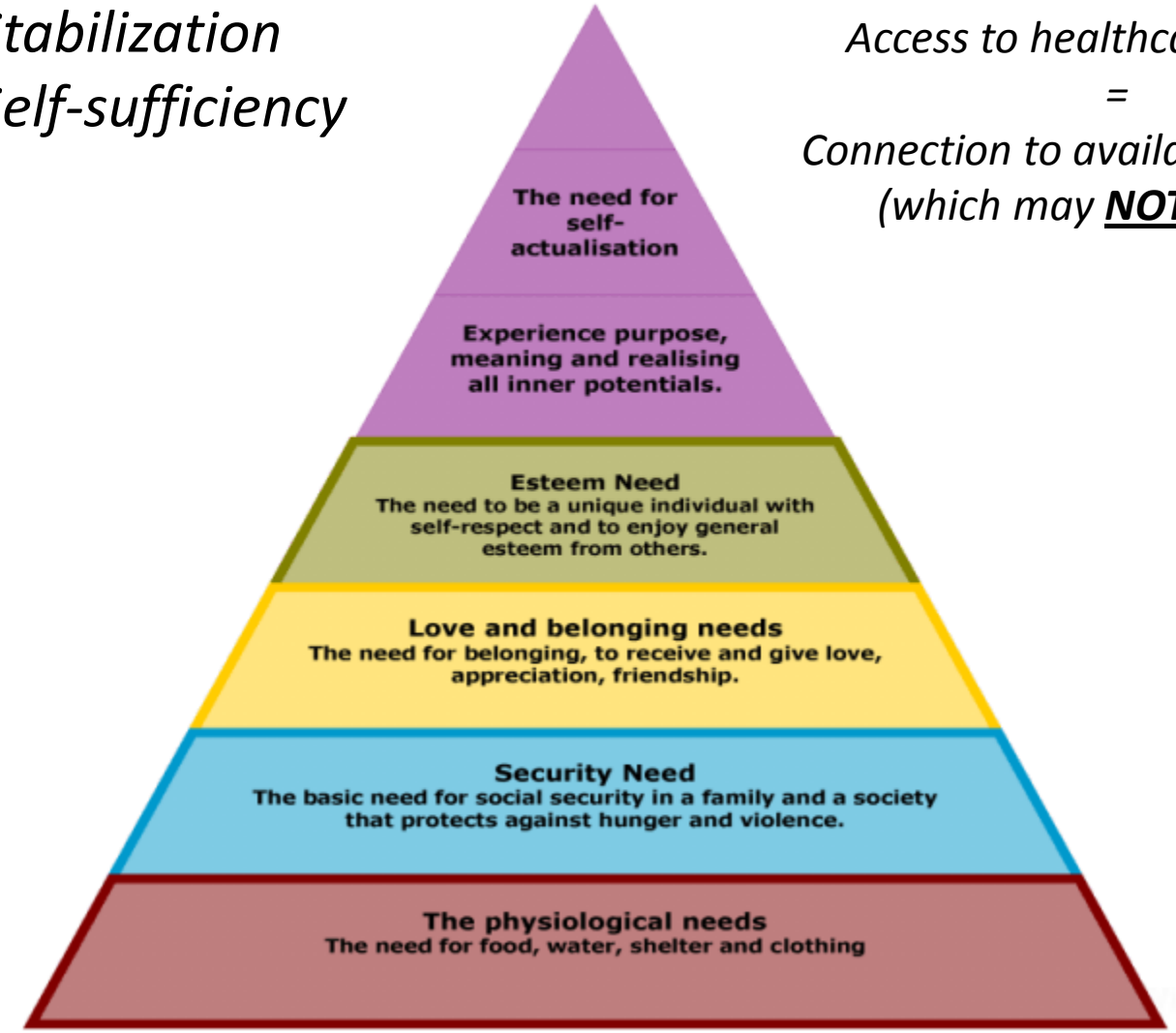
Responsibilities include:

- *Assessment of the patient and family*
- *Establishment of the nursing diagnosis*
- *Development of the nursing care plan*
- *Delegation of the nursing care to associates*
- *Activation of interventions*
- *Coordination and collaboration with the interdisciplinary team*
- *Evaluation of outcomes*

P Ethridge & G Lamb Nurs Mgt 1989; 20(3): 30-37

Case Management—Goals

- *Stabilization*
- *Self-sufficiency*



Access to healthcare services

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Connection to available resources

*(which may **NOT** be local)*

Case Management Extraordinary Situations

Disaster Case Management Program

- *Time-limited partnership*
- *Single POC*
- *Develop and carry out a Disaster Recovery Plan*
- *Goal-oriented plan outlining steps to achieve recovery*
- *Assessment of disaster-caused unmet needs*
  - *Broad range of resources*
  - *Organization/ coordination of information on available resources*
  - *Monitoring of progress*

Case Management Extraordinary Situations

Challenges:

- *Often the most vulnerable of vulnerable*
  - *4 Vs—very young, old, sick and poor*
- *Many times co-morbidities*
  - *Mental illness*
  - *Substance abuse*
- *Little knowledge of programs or eligibility*
- *Great mistrust*
- *Absent documentation*
  - *Identity/ proof of address*
  - *Prescriptions—medications/equipment*

Case Management Partners

ESF 6 & 8

- *ASPR/ABC (At-Risk Individuals, Behavioral Health and Community Resilience)*
- *Administration for Children and Families*
  - *FEMA/Disaster Case Management Program*
- *Administration on Aging*
- *Office on Disability*
- *Substance Abuse and Mental Health Services Administration*
- *National Disaster Medical System (+partners)*
- *USPHS/Incident Response Coordination Teams*
- *USPHS/Rapid Deployment Force*
- *FEMA/ HUD/ American Red Cross*
- *Indian Health Service*
- *Veteran's Administration*
- *Office of Refugee Resettlement*

Centers for Medicare and Medicaid Services

Disaster Case Management Roles

Objectives

- History of development of SATs
- Service Access Teams Mission
- What is the role of Disaster Case Management
- What is ESF-8 ? Who gets Deployed?
- Disaster Case Management Assessment
- Strategies for outreach and services

History of SATs

- First called “Patient Advocacy Team”

  Developed from after action reports submitted by USPHS officers deployed to Hurricane, Katrina, Gustav and Ike.
- Patients evacuated from community, hospitals, nursing homes, self referred to evacuation shelter, or field medical shelters.
- Return of patients not provided by DoD transport and it was necessary to arrange return through local state and private transport companies.
- Patient Advocacy Teams created to assess patient’s medical needs for discharge

SAT Functions

- Assess services needs at time of admission to shelter.
- Assess the need for skilled care and serve “at-risk” individuals and populations
  - Elderly, Dementia, Arthritis
  - Developmentally disabled
  - Physically disabled requiring wheelchair, scooter, electric wheelchair
  - Mentally illness
  - Minors separated from guardians
  - Chronic Illness (Diabetes, CHF, Cancer, Dialysis)

Disaster Case Management History

- Hurricane Katrina demonstrated that people impacted by disasters often require case management services to be returned to self-sufficiency and return citizens to their communities and their pre-disaster capabilities.
- “One-stop shopping” approach to disaster case management
- Funding for case management services
- Case managers skilled in discharge process and coordination of ALL services required .

Disaster Case Management Programs

- Integrate with existing state, local and non-governmental programs.
- Deploys quickly to a disaster scene
- Adjusts staff needs to any size disaster, particularly if the affected area encompasses multiple states
- Based on the principles of self-determination, self-sufficiency, federalism, flexibility, speed and support for states

SAT and MHT Haitian Repatriation Mission

Disaster Case Management Services

- Triage each individual while completing intake to determine needs assessment & eligibility
- Conduct outreach by providing information and referrals.
- Develop individual disaster recovery plans
- Advocate/coordinate referrals & transportation
- Maintaining confidentiality
- Monitoring recovery plan progress

Disaster Case Management Outreach

- A well-coordinated outreach effort is critical to the success of DCM to ensure:
- Maximum number of affected persons receive DCM services
- Disaster survivors are linked to services and assistance
- People receive the support they need to positively impact their lives

Strategies for Effective Outreach

- Coordinate with FEMA, FMS, NGO's, local faith based community centers to obtain referrals
- Coordinate outreach with
  - Local disaster relief and social service providers
  - Department of Mental Health
  - State Blind and Deaf Agencies
  - Houses of worship and faith based organizations
  - State Protection and Advocacy (P & A) agencies
  - Long-Term Recovery Committees/Organizations
  - Multi-lingual outreach, as appropriate
  - Develop resource handouts for services needed in the future

DCM Assessment: Assessing Needs & Services

- Entitlement benefits (Temporary Assistance for Needy Families (TANF), Social Supplemental Income (SSI), Food Stamps, State general assistance, affordable house assistance
- Housing (utilities, disaster damage, rent/own).
- Special needs determination (people with disabilities, persons with chronic medical needs, isolation, communication barriers, limited reading, cultural differences)

DCM Assessment: Assessing Needs & Services

- Employment
- Transportation
- Childcare needs
- Medical needs, Medications, DME
- Legal and social service needs
- Mental Health needs

Definition of Special Needs? Importance of Continuity of Care

- Conditions that require continuous assistance but do not require the level of skilled care required in an acute care institutional setting.
- DCM can assess needs and facilitate continuity of care and refer and discharge these patients to a safe environment with prior levels of care if needed.

Extraordinary Case Management Resources

National Library of Medicine

- *Disaster Information Management Research Center*
  http://disasterinfo.nlm.nih/gov

- *Resource Guide for Disaster Medicine and Public Health*
  http://disasterlit.nlm.nih.gov/ *Note: there is a listserve*

- *Web applications*
  http://disasterinfo.nlm.nih.gov/dimrc/disasterapps.html
  examples: ReUnite Upload missing & found person info
  Shelter View (American Red Cross)

FEMA Disaster Case Management Program
http://www.acf.hhs.gov/ohsepr/dcm/docs/dcm_factsheet.pd

To Learn More

Office of Force Readiness and Deployment

LT Damon Smith—SAT Teams

Disaster Case Management and Emergency Repatriation Training Through ACF

CDR Stacey Evans
LCDR Jonathan White
LT Elizabeth Russell