

Emergency Preparedness Video Part 6 Transcript

DR. JOHN MORLEY >> While we are waiting hopefully for the first phone call, maybe Bill, you mentioned the New Madrid National Exercise, could you comment a little bit? Or maybe Tim can comment a little bit on that as well. The New Madrid, sorry.

WILLIAM KORMOS >> Next year the NLE, as I call NLE 2011, National Level Exercise is going to be really looking in this area regionally, how do we do mutual aid? There is going to be a great deal of patient movement, patient reception around how we do that how we get people out into out of harm's way to better definitive care if you will, there is going to be a lot more the state, the cities, the localities, the local people, Emergency Management, county, the health care community, a lot of effort's been put into the synergy, because as we know, as you alluded to earlier, it's been... you know, you get a bad one every so often and a lot of people are really worry a bout this, I think the focus in the coming years is going to be on that which is very, very good.

DR. JOHN MORLEY >> And presumably there will be some focus on the elderly and demented.

WILLIAM KORMOS >> Yes!

DR. JOHN MORLEY >> If not before this program, after this program.

WILLIAM KORMOS >> But you know, over the years this has been a growing trend of getting more special needs, taking a look at that because I think in the past maybe in the its early infancy, emergency managers took a look, lets say, how do we plan for the many, the multitudes? Now we are getting down into specific areas of special needs and I think that's a plus, we have a way to go... for improvement, but a least we are recognizing these issues, challenges and they are challenges, a lot of moving parts.

DR. JOHN MORLEY >> That's a great answer, thank you Bill. And I believe that we have someone from Hines, up there in Chicago. I presume it's at least as hot out there as it is down here, so go ahead, please Hines. I can't hear...

CALLER >> Hello!!

DR. JOHN MORLEY >> Hi, is it the person from Hines in Chicago?

CALLER >> Yes, this is Dr. Syed Iman from the geriatrics department.

DR. JOHN MORLEY >> Hi there. Good to hear from you, what do you want to ask or what comment you want to make?

CALLER >> One comment that I want to make regarding the dementia patient, recently we have done a survey and most of patients who have dementia mild, moderate, or severe they are not listed in the proper list, in case of an emergency if one center wants to pull the list of all the patients, high risk patients, with moderate dementia or severe dementia living alone we don't... we cannot do that, so we should put emphasis on all the patients, high risk patients, there should be a way to identify the list of all the patients like HBPC, they can easily pull all the patients for HBPC with enough freedom, but this is not a case for dementia.

DR. JOHN MORLEY >> That's a wonderful comment, I think, you know, you are getting almost beyond disaster because in the studies we've done, no at our VA but in the community, we found that about 95% of people with dementia are not identified by their physicians until very late, so I think that we unidentified dementia and I think that you are absolutely right that there is a need that we should be able to, and that's what I've been trying to get at it, having these lists about people who are vulnerable, I think that with us as the physicians, but it's also the nurses, and all the other health care professionals should be trying to identify, the social workers, putting together a program that we can get to and recognize who is at risk, I think a group of particular at risk during this time are the people with mild cognitive impairment because under disasters often they tend to decrease their functioning quite a

bit and we need to be very aware of that group as I think you all know the VA St Louis University Mental Status Exam can quickly do that and having some sort of score available makes a big difference I think for people, also for those of you who don't know it doesn't cost the VA any money because it belongs to the VA that always makes a big difference. Ahh, any other comments, that I think that was a wonderful question.

CALLER >> Yeah, one last question, the one week medication supply or prescription, if you give supposed in January and disaster happens in November and in this... in the meantime the medication was changed, so how this prescription will be helpful? Maybe it will be more dangerous.

DR. JOHN MORLEY >> I think you are right and I think these are the complex issues that we deal with, I think many people are on relatively stable medicines and this becomes really a physician's decision and something that would have to be reviewed every time the person comes in and sees you, many of our patients are coming in every four to six months, I think we could review it over that period of time, we could actually set it up within the VA such that they didn't necessarily have it with them but could have it send out immediately in the case of a disaster, that doesn't get over the three days but what I would do if I was a patient is I would take my medicines and I'd always have that extra three to four days sitting in my emergency kit and I just keep on telling the pharmacist that somehow I lost four days worth, no a good thing to do but the pharmacist would drive me crazy saying I shouldn't tell people that, but you know, that's one way to do it and then to readjust it and particularly with the demented patient working with the caregiver, this is a complex area, you know, and I think this is the problem, we tend to look at disasters as simple and broad, which they are to some extent, we know when there is disaster, the things that we are going to do and those systems are getting better and better, but it's when you come down to the individual, it gets harder and harder, so do you have any suggestions of what we should do under these circumstances? Because I think it's not easy and I think we are going to struggle through finding answers so we are open to suggestions and for the rest of you out there the number is 314-894-5734 and we really would like as many suggestions as possible, we feel this area is still in its infancy but we think is very important. Any ideas on how you'd handle the medicine piece?

CALLER >> In the VA system, I think a little easier than offsite if we have the id with the patient and there should be a center in the VA where they can go in the computer and print a list of current medications or can read the list of current medications.

DR. JOHN MORLEY >> Yeah I think that makes sense and I think that's a good idea still, as I said, doesn't get us over the three days or so in the emergency which if we were developing the emergency kits and were readily available to all our veterans, I think we could help them with those just making sure that they update them, make sure the medicines weren't out of date, here we have a very good pharmacy service who does for our older Veterans a lot of education and we could ask Lauren and all her wonderful colleagues to take this on as yet another task that they could do in their spare time and I'm sure she'd be happy to do it because she is always happy, you know.

CALLER >> If even they can do once at year minimum the check and replace.

DR. JOHN MORLEY >> No, I agree with you and I think those are very important things because certainly every time I see my patients they seem that they've added a number of medications that they are not supposed to be taking and somehow they found them in the closet and decided to take them again, so I think yes, it's very important that we keep on reviewing and working out what's going on.

CALLER >> Thank you very much.

DR. JOHN MORLEY >> Thank you very much for your comments that was wonderful, thank you. Now, basically while we are waiting for some more calls, remember it's 314-894-5734 and if you don't want to keep on hearing me say that please call in faster, ok? This is how it is. Tracy, you had some experience with heat and cold problems in the past I believe and other problems with the patients, and...

TRACY BEARDSLEY >> We're just going into the home environment again, you know, we see how, you know, how the patients can suffer during the heat... you know, a lot of our patients are, you know, financially unstable

they don't have a lot of resources available so, you know, we'll go in and there'll not be air conditioning or no heat during the winter so, you know, we... in HBPC we work, again, as an IDT team so we, you know, we'll go into their home and we'll see, you know, that this patient, you know, can't pay their electric bill for the last three months, so immediately, you know, we contact our social worker and she gets involved, you know, social workers have great resources out there and they can help the patients, you know, either find appropriate shelter, they contact family members, you know, even just, you know, sometimes we had our great social workers get involved with the power companies and, you know, have some agreement set up during this time frame, you know, that we can help them during the emergencies.

DR. JOHN MORLEY >> That's a wonderful idea and you know the VA has another great program which is the Angels for Heroes where people take in a Veteran instead of them going to a nursing homes, an extension of that may well be to look and say if we got Veterans who are vulnerable should we not be finding an angel for them in their area who will look in on them under an emergency situation, help them? I think this is one of the great possibilities that we can do and look at. Remember that number? It's 314-894-5734 and you will get sick and tired of me doing this if you don't call in, I can promise you. Lauren, you have some experience with fire, I understand.

DR. LAUREN ROBERTS >> Most recently we had a Veteran call in to the pharmacy whose home have sadly been destroyed in a fire and so he was very upset, all his medications have been destroyed and he didn't know what to do so as I mentioned earlier we have some plans in place where the patient can call in, talk with security and fill out a report, that report comes to the pharmacy then we can get them the replacement supply medication, so that can kind of... as long as Veterans know that this system is in place in case the medication is destroyed we can definitely help them relax and know we can get them their medications, they won't have to go without them.

DR. JOHN MORLEY >> Tim, you have some experience thinking about documents and how to make sure you don't loose your documents; I know that in the Air Force reserve, at least my son is in the Army reserve and is always loosing his documents, I'm sure you are an expert on that from your own point of view as you get deployed let alone as from other points of view.

TIMOTHY BUCHANAN >> I don't know if I am an expert but I learned from just working with the Department of Defense, you don't want someone else to be responsible for your records, so you need to keep them in a couple of places, one, you can keep them on either in you primary residence or on your person, your vehicle in like an accordion file, something that is easily portable and easily transportable. The other practical suggestion I would make is, make copies of any important documents that you deem essential rather be your medication list, you allergies, any legal documents, living wills, power of attorneys, anything that you would deem, financial records, anything that is essential and put that with a trusted relative or friend in a separate location from your residence, either in a different town, somewhere that is easily obtainable and identifiable but somewhere so you absolutely have piece of mind if something were to happen that those documents are readily available.

DR. JOHN MORLEY >> I think those are excellent thoughts and that number folks is 314-894-5734, you don't have to just ask questions, we really want input from you out in the field because that is the way we are going to develop a good system within the VA for emergencies, either that none of you out there and you're all sitting on your mouth and that's very difficult to sit on your mouth, so please work on moving the mouth to where it should be and call us if possible at 314-894-5734. Bill when you are looking at the overview of a system, you have an emergency, but training is often no good and now you know for instance, let's say, that the VA nursing home has to be evacuated, how would you sort of practically make sure that happened while you're coordinating it? What are the major fac... roles of a coordinator? And who actually has to make sure this actually works?

WILLIAM KORMOS >> I'm going to back up a minute; I'm going to take a little adverse side, because I've been asked here to give talks to people who are home bound, to visit people or actually nursing homes that they develop very good plans, so I think that is going on very, very good. I think some of the things is, one of the most important things is the relationship to a community, I think that's very, very important, I'm sure you got that working, I think it's not just a decision of the person who does the plan but in an instant you have a command structure set up, like I said, instant command structure and again I'm going to plug the FEMA courses, 100 and 200, but within that there are maybe different milestones, different things that you take a look at whether people have to go, you know, be,

I'm going to use the term bug out or be evacuated versus staying, so I do think VA and other people now have improved their plans overall, I think working and having that relationship that network with the community and having an instant command authority person within the system, I think, is very important and practicing, we talked about this, exercising, it's not only the training, it's the going that extra step for exercising which is important and that will give you a sense of confidence that whatever happens that can occur.

DR. JOHN MORLEY >> That's a good approach. Tim, any other comments or thoughts about where we are?

TIMOTHY BUCHANAN >> I think every facility and every locality and every VISN has to assess where they're at, I know that we've done a couple of actual hands on exercises that actually describe what you've done in real world or in pract... in theory, you know, we got buildings in the summer that didn't have power, the air conditioning went out, I should've said back up power, the air conditioning goes out and you got a real world example of needing to move patients to another facility, as a result of that, the building ends up getting back up power, that's a real world application or then taking, seeing, analyzing what your capability is, you got two different divisions here at St Louis at our medical center, let's take one building off the power grid and let's evacuate these patients and see how it goes or at least do a table top exercise and let's exercise communication or the lack thereof, what happens if we cut the phone lines and cut the computer?, how do we communicate between one division and other?, do we break out a satellite phone?, how do we actually go about that?, so I think you really have to what we talked about, you got to exercise it practically and at the local level and then see how that transcends into other organizations outside your local municipality, and state level, national level.

DR. JOHN MORLEY >> Those are great points. You know the phone number is 314-894-5734, did I say that loudly enough? 314-894-5734, we are going to go a couple more minutes if you don't call in, we actually go scheduled about 20 minutes for all these calls that are not coming at the moment and I guess we will have a couple more comments locally from the panel, but if you don't call in then there'll be a deathly silence which is horrible for air time, which means we'll take the break early because we kept the best for last as I'm sure you recognize which is Dr. Tumosa's approach to basically looking at the problems in a much more practical way that we've been doing it at the moment, so before we get there, Dr. Tumosa, you have any thoughts or comments you want to deal with at the moment before we get to your discussion later?

DR. NINA TUMOSA >> Comments in general as far as emergency preparedness from the patients' point of view is or whatever?

DR. JOHN MORLEY >> Yeah, general education because that's what you do.

DR. NINA TUMOSA >> Ok, that's right. Well, one of the things that we actually are including in the kit, which is not a part of every kit that would be distributed to the patients although it might be, is a booklet from the Hartford Foundation and the MIT AgeLab where they put together a document on how to address emergency preparedness, specifically for the demented patients, and it's something that you could go online and Google and get a hold of the information on how to get your own copy, I think Tim actually got online, where did you go Tim?, to the Alzheimer's?

TIMOTHY BUCHANAN >> I went to alz.org.

DR. NINA TUMOSA >> So the alz.org, I think the Red Cross also has a link to it as well. So there are educational materials out there for people to find if they don't know where to begin, Google is a very good place to begin as well as obviously telling people about what we are talking about here today and setting up your own work groups, getting people interested in working with it. Support groups are probably a good place to go to as well. I think that the volunteer... the VSOs, The Voluntary Service Organizations probably have a need and they probably recognize that they have a need but they probably haven't figured out who it is to talk to, so I think that is an excellent group to be setting up bridges with to see what kind of education they would like to have and we certainly all in the business of education and if somebody comes to us with the particular need, I think it's very reasonable for us to develop programs to meet that need.

DR. JOHN MORLEY >> Thank you Nina, I think basically, you know, we covered the major facets of this stage, we have the practical aspects coming up after a break and as I'm not hearing any ringing out there even though the number is still 314-894-5734 and I almost learned it by heart at this stage. Aahh, we have a call, I knew if I was bossy enough we get somebody to come in, we are looking forward to the call and you said it was from... [Somebody on the background] it sounds like hotel, but I guess, Coatesville, I should've got that right, I'm so sorry ok, that's the American trying to tell me to speak English properly, Coatesville, so Coatesville you are on the air. Can you hear us Coatesville?

CALLER >> Hi, this is Karen.

DR. JOHN MORLEY >> Hi there. Go ahead.

CALLER >> I'm calling from the Coatesville VA Medical Center.

DR. JOHN MORLEY >> Yeah and you have a question or thought?

CALLER >> I have a comment.

DR. JOHN MORLEY >> Ok, go ahead.

CALLER >> I'm working currently with the Alzheimer's Association and our 911 emergency call center and we are training our first responders how to handle dementia patients in an emergency response.

DR. JOHN MORLEY >> Yeah, I think that's extraordinarily important, and you found this is a good way to go?

CALLER >> Yes and because we are constantly training them because they are moving to other positions and we are also training, training the trainers so I just thought it might be good to share with everybody.

DR. JOHN MORLEY >> I think that's wonderful and we appreciate you are telling us about that, I think, yes one of the big problems we have is people do change positions and therefore we got to constantly be retraining everybody, making sure they know, I think the Alzheimer's Association is a wonderful resource in the areas of strong, to help train people in dementia, we really appreciate that comment, thank you very much.

CALLER >> Thank you.

TRACY BEARDSLEY >> And I think one other aspect is, you know, need to look at home safety for the patients with dementia, because, you know, again working in the home we see a lot, you know, caregivers who don't recognize the dementia or don't recognize the safety concerns which can cause emergencies, you know, we had one patient recently who smoked, and, you know, the caregiver didn't really realize how many memory problems he had and he took a lit cigarette and put it in the trash, you know, luckily they were home but, you know, if left alone that could've caused an emergency and a disaster right there, so I think, you know, educating the caregivers and, you know, the cause, the facts of dementia and just general home safety is so crucial. We also have a lot of patients that wander, so in the... like you said earlier, you know, in the case of an emergency, you know, if they're wandering around the city and they don't have any idea who they are, you know, you need to make sure and get them the patient identification bracelet, a lot of times, you know, the Alzheimer's Foundation can help get that and I think Tim said that Medic...

TIMOTHY BUCHANAN >> It's the Medic Alert Tag and something else I ran across that was interesting, there is an actually national next of kin registry and it's been utilized in up to 87 countries including the American Red Cross.

DR. JOHN MORLEY >> And the VA will supply these for our patients as I've done for a number of our patients, they will get them as well so there are multiple ways to do this.