

## 2017 Home Care Earthquake Drill

### Background

At 8:00 AM local time, a damaging earthquake strikes along the Clarendon-Lindon fault line in western New York. The epicenter is determined to be in Buffalo. The most damaging shaking occurs in Genesee and Erie counties. Less severe but still damaging shaking occurs in an area stretching from Ithaca in Tompkins County, southward to New York City and western Nassau County, and northeast to Warren, Washington, and Saratoga counties.

Seismologists measure the earthquake a magnitude 6.0, making it the largest earthquake to hit the region since 1929 in Attica, New York. Ground shaking from the main shock lasts for approximately 45 seconds in some areas. Aftershocks of varying intensity are felt throughout the region for several days after the main shock, and cause further damage to structures already weakened by previous shaking. Tremors are felt as far away as Meadville in northern Pennsylvania and Ottawa in the southern province of Ontario, Canada.

### Direct Earthquake Damage

As a result of this earthquake, there are more than 2,500 people with injuries requiring hospitalization and an estimated 100 fatalities. Thousands of others receive injuries requiring minor medical attention. Most of the injuries are caused by objects (bookshelves, top-heavy furniture, appliances, and electronics) falling on people. Other injuries are caused by walking on broken or falling glass, people who were trying to walk or run during the earthquake, and were injured by pieces of buildings falling on them, throwing them to the ground, many suffering broken bones.

Thousands are missing or separated from their families. Thousands of earthquake victims' homes and possessions are destroyed or damaged, causing many to seek short term shelter. Most of the region is experiencing shortages of essential supplies, such as fresh food, bottled water, fuel, and generators. Damaged bridges and roadways and damage to freight trains cause oil and hazardous material (HAZMAT) contamination in cities, towns, waterways, and farmland in the affected area.

Please Note: Agencies should maintain documentation of participation in the drill including any activities conducted or actions taken on each of the 3 days of the drill.

At the completion of the drill, agencies should analyze their response to the drill and conduct an after action review. The after action review should determine the following:

- what was supposed to happen
- what actually occurred
- what went well
- what could the agency do differently or improve upon
- are there any necessary improvements that need to be incorporated into your Emergency Plan or policies and procedures.

Agencies should maintain documentation of their after action review.

## Day 1 - November 6<sup>th</sup>:

There are wide spread power outages and land line telephones are not operational. Agencies must implement their Emergency Preparedness Plan regarding loss of power and alternate means of communication.

- Agencies are required to complete and submit the **Agency** and **Capacity** forms on the Health Commerce System's HERDS application in the Activity entitled "2017 Home Care Earthquake Drill" based on the information provided above in the drill scenario.
- Agencies must report real/actual patient data including census, classification levels and TALs, Vent and Electricity dependent information.
- CHHAs/LTHHCPs/Hospices- Agencies are unable to contact 10% of their on-duty staff and 10% of their patients. The number of on-duty staff and patients unable to be contacted must be reported on the HERDS survey. The agency should also contact their local Office of Emergency Management (OEM) and provide more specific patient/staff information for assistance related to inability to contact all on duty staff and patients. **Please do not actually call the OEM. Record as if call had been made.**
- The Agency and Capacity forms must be submitted by 3pm on November 6<sup>th</sup> (today).

# 1. Navigating to the Survey Forms

- **Log on to Health Commerce System (HCS)**

Use your user name and password.

- **Go to the HERDS Application**

If you have the HERDS application in your applications, choose it from your my applications list.



To put the HERDS application into your my applications list:

- **Go to My Content**
  - **Choose 'All Applications'**



- **Click on Letter H**
- **Click on HERDS for Hospitals (Health Electronic Response Data System) or Home and Community Based Care (HERDS).** (Either one of these will take you to the HERDS application.)
- **Click the plus sign in the green circle in the Add/Remove column.**

Health Commerce System Applications View Help

Browse by **A** **B** **C** **D** **E** **F** **G** **H** **I** **J** **K** **L** **M** **N** **O** **P** **Q** **R** **S** **T** **U** **V** **W** **X** **Y** **Z** View All

Application Name	Acronym	Profile	Restricted	Add/Remove
<a href="#">Health Care Facility Evacuation Center Application</a>	HECAPP		Yes	
<a href="#">Health Facilities Information System</a>	HFIS			
<a href="#">Health Home SMART File Upload</a>				
<a href="#">Health Home Tracking System</a>			Yes	
<a href="#">Healthcare Financial Data Gateway</a>	HFDDG			
<a href="#">Healthy Neighborhoods - No Access Form</a>				
<a href="#">Hepatitis C Rapid Testing</a>			Yes	
<a href="#">HERDS for Hospitals (Health Electronic Response Data System)</a>	HERDS			
<a href="#">HIV Test Kits</a>			Yes	
<a href="#">HIV/AIDS Information for Regional Training Centers</a>			Yes	
<a href="#">HIV/AIDS Provider Portal</a>			Yes	
<a href="#">HIV/AIDS Surveillance Case Report</a>				
<a href="#">HIV/HCV Provider Directory</a>				
<a href="#">Home and Community Based Care (HERDS)</a>	HERDS			
<a href="#">Home Care Registry</a>				

- **Activity Selection (\*=Required Field)**

You will be told the name of the activity to select for your survey.

Your required Activity may appear on your To Do list.

Activity	Reporting Organization	Data Entity Organization	Form	Permission	Completion Status
Test	Z Test Hospice	<a href="#">Z Test Hospice</a>	HC	Save/Submit	Saved

If the activity is not on your to do list,

- **Click the data entry tab and select your activity.**

Select your activity from the drop down list.

- **Form Selection (\*=Required Field)**
  - Choose your organization's name from the drop down box.
  - Choose a form to make entries into. (Many activities have multiple forms).
- **Choose your Data Entity type:**

Home Health Agency = Certified Home Health Care Agencies and Long Term Home Health Care

Hospice = Hospice

LHCSA = Licensed Home Care Service Agencies

- **Choose your Data Entity Name**
- **Choose a Time Period (if required).**

Some surveys have forms that are recurring forms. Recurring Forms will need to be filled out more than once on the days instructed (i.e. Daily for a 5 day period).

**Data Entry**

**Activity:** \* Test

**Organization:** \* Z TEST CHHA (8888) [Show Organization Info](#)

**Form:** \* HC

**Data Entity Type:** \* Home Health Agency

**Data Entity Name:** \* Z TEST CHHA (8888) [Show Facility Info](#)

**Time Period:** \* Please Select Time Period

## 2. Entering Data Into a Form

- **Form Information**

**Form Information**

Navigational Style: Scroll ▾

\* Required Field   ✓ Data Saved to Work Area   ● Data Submitted to DOH  
← Current Field/Selection   ? Field Information   Ⓜ Field with Rules   ⚠ Warning   ! Error

**\* Required Field** Questions with a red asterisk are required fields and cannot be left blank. If it is a required numeric field and you have no data to enter, please enter a zero (0).

**✓ Data Saved to Work Area** Questions with a yellow check mark are fields that had data entered in them, and were saved when the user clicked the **“Save All”** button, but not yet submitted to DOH.

**● Data Submitted to DOH** Questions with a check mark in a green dot are fields that had data entered in them, and were saved when the user clicked the **“Save All”** button, and were submitted to DOH when the user clicked the **“Review and Submit Button”** and clicked the **“Submit to DOH”** button.

**← Current Field/Selection** The red arrow highlights a selected field. For example, if the user has clicked the **“Review and Submit”** Button and goes to the Review Screen, and they click on any of the questions on the review screen they will go back to the survey and that question will have the red arrow next to it.

**? Field Information** The question mark in a circle indicates there is additional information available. If the survey has additional instructions or information attached to a field, this information can be seen by clicking on the Field Information icon.

**Ⓜ Field with Rules** The R in a circle indicates that there is a rule attached to this field. An example of a rule would be *“the amount indicated in question 4 must be equal to the sum of the amounts in questions 1, 2, and 3”*. Click on the Field with Rules icon to identify the rule for the field.

**⚠ Warning** The exclamation point in a yellow triangle is a warning of an action that must be taken. An example of a warning is:

**⚠ Once finalized, please remember to submit your data by clicking the Review & Submit button and then the Submit Data to DOH button.**

**! Error** An exclamation point in a red circle indicates that there is an error in the data entered. An example of an error is:

**! You have 1 error below. Review and make changes.**

- **Data Entry**

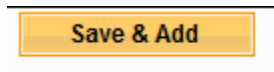
Answer all questions that are applicable to your organization. Some boxes may require text, and some may require numbers. Required Fields (\*) must have an entry. You can click Save All at any time to save work that has been entered. If you click the **Reset Button**, the survey data will go back to the last saved version of the form.



- **Repeating Sections**

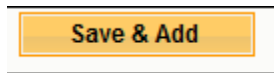
Repeating sections give the user the ability to answer the same set of questions more than once. To open the Repeating Section:

- **Click Save and Add Button**



When you have entered your first set of data, click the **Save and Add** button again to save your entry and to receive a new set of blank fields.

- **Click Save and Add Button**



When you have entered your final set of data into the fields of the repeating section, click the **Save All** button on the bottom blue tool bar, or the top blue tool bar.



- **Click Save All**

The data will be saved, and you will not receive a new set of fields in the repeating section. If you accidentally add too many sections, or simply want to get rid of a particular section, open that section and click Delete.



### 3. Submitting the Forms

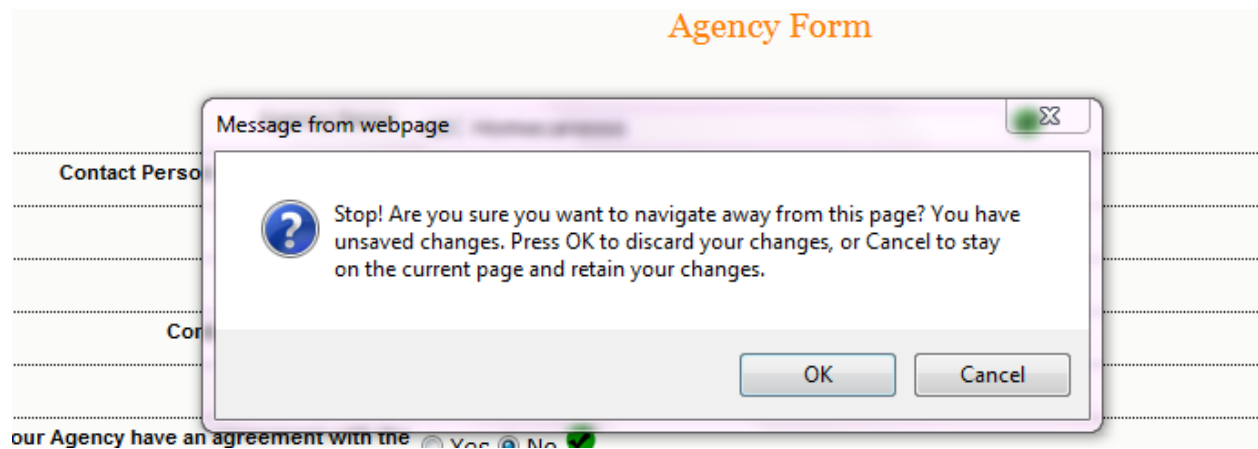
Once all of your data has been entered for the entire form, be sure to save the information

- Click **Save All**

**IMPORTANT!!!** Do not click “**Review and Submit**” unless you have clicked “**Save All**” First.



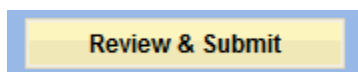
If you click “Review and Submit” before saving, you will get the following error message:



If you click **OK** – you will go to the Review screen, but any unsaved data will be lost.

Once the information is saved:

- Click **Review & Submit**



This will take you to the Data Review Screen.

The Data Review Screen will show all questions on the form and the values entered to answer the questions. The Data Review Screen will also show the data status (either saved or submitted), the user that made the latest entry, and the date and time of the latest entry.

If you click on a field in the Data Review Screen you will be taken back to the survey at that particular question.

On the Data Review Screen you can choose to either modify the data or submit the data to Department of Health.



If you need to change any data entered:

- **Click Modify**

This will take you back to the survey to make changes. Be sure to save any data that you modify by clicking **“Save All”**.

If you are satisfied with the data entered:

- **Click Submit Data**

**Note: If your data has been submitted to DOH – it can still be modified and re-submitted.**