Rural Challenges in Disaster Management

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Mayers Memorial Hospital District
Background

- Director of Public Relations and Legislation at Mayers Memorial Hospital District
- Public Information Officer
- Safety/Disaster Co-Coordinator
- 25 years of communications experience
- Work closely with all facility departments, local schools, media and local law enforcement agencies
- Plan and facilitate hospital-wide trainings, and coordinate educational materials for staff
- Hands-on with local emergencies/disasters
- Specialized training in health care marketing, emergency management, special districts and public relations

Mayers Memorial Hospital District

- Located in Fall River Mills and Burney, California
- Critical Access Hospital
- Frontier designation
- Service area of 8000+ square miles

DISASTERS SINCE 2012
- Wildfire — evacuation
- Received evacuees
- EHR down
- Received flood evacuees
Rurals ...

We are in the SAME BOAT

Disasters Happen

There is NO discretion to where you are located

You STILL have to be PREPARED
Rural Reality

Just HOW MUCH can happen in one month?

- Boiler breakdown
  - SNF evacuation
- Snowstorm
  - Loss of electricity
- Extreme flooding
  - Isolation of small towns in large geographic area

CHALLENGES

Identified challenges in these situations …

- Response time from outside agencies
- Access to resources in a timely manner
- LARGEST CHALLENGE …

Falling off the radar in County OES briefings
SOLUTIONS

Identified solutions in this situation ...

- Develop stronger relationships with County Public Health
- Communication with Law Enforcement, Fire and EMS
- Build upon strong communication base of a small facility

OVERVIEW

Based on information from rural facilities, we will discuss ...

- Data from rural facilities
- Resource limitations
- Geographic challenges
- Collaboration
- Community preparedness programs
- Resources
RURAL Challenges

DISASTER + RURAL = CHALLENGES

• NO “one size fits all”
• Unique challenges
• Must be (more) PREPARED
• Creativity and collaboration

Challenges? YES!

• Geographical remoteness
• Transportation/Road access/Closures
• Seasonal surge/Lack of surge capacity
• Limited public health infrastructure
• Shortage of providers/staff
• Communication
• Funding
• Volunteer responder base
What Rurals Have to Say …

Have you had a disaster/emergency in which Incident Command was initiated?

- Full communication disruption, including NO 911
- Complete loss of IT/EHR
- Electrical/Heat outage
- Flooding
- Wildfire

REAL Rural Examples

- Mayers Memorial Hospital District
- Modoc Medical Center
- Seneca Healthcare District
- Mountain Communities Healthcare District (Trinity)
- Eastern Plumas Healthcare District
RESOURCE LIMITATIONS

Too Many HATS

“Usually rural facilities only have a piece of a full-time employee to act as their Emergency Operations Manager.”

“Too many people wear too many hats, which makes disaster response very difficult when trying to juggle so many responsibilities.”
Communications

- Communication difficulty due to large geographic regions and sparse population
- Dependability of communication networks in rural areas
- Resource availability for communications
- Establishing effective/reliable communication system
- Establishing a trusted communication network in the community

Did You Know?

Research shows that, especially in high stress situations, people will judge the messenger before they will attend to the message. And, messengers are judged primarily on trust. The trustworthiness of messengers is based largely on a set of variables, including a range of non-verbal characteristics.

Finances/Resources

- Funding of department
- Funding of personnel
- Funding of training
- Funding of supplies

Problem

Solution

- Get creative
- Share resources
- Research grants
- Collaborate with community
Staffing

LET’S TALK …

TIME

• Dedicated staff
• Training
• Preparation
• Community interaction/collaboration

???
Your Turn …

Rural vs. Urban

- Minimal hours vs. full time (with staff)
- Budget
- Training
- Communication network
- Proximity to other facilities — supplies, staff, surge
- Staffing
Your Turn …

GEOGRAPHIC CHALLENGES

• Distance to other facilities
  • Transfers, evacuations
• Roads, highways and terrain
  • Road closures
  • Weather conditions
• Travel time
• Availability and access of supplies, resources, etc. due to distance
• Accessibility of training, etc., due to distance
DISTANCE

MMHD – Redding...75 miles
MMHD – Mt. Shasta...59 miles
MMHD – Alturas...74 miles
MMHD – Susanville...85 miles

Roads, Highways, Terrain
Accessibility …

• Supplies
• Training opportunities
• Other resources

It Happened …

Oroville Dam Incident
• Evacuees — transportation
• 160 miles

Eiler Fire Incident
• Evacuation — 75 miles
• Road closures
• Lack of transportation
Your Turn …

Collaboration

*With limited resources, geographic challenges, etc., an obvious solution …*

“Working together with other community agencies and organizations makes the disaster management process much easier in a rural community.”

“Hospitals are often the nucleus of health planning, activities and resources in rural communities.”
EYES Are on YOU!

People look to the HOSPITAL on many levels of disaster management

BUILDING RELATIONSHIPS

- EMS
- Fire
- Law
- Schools
- Organizations
- Public Health
- Media
- Local Businesses
Memoranda of Understanding

MOUs are agreements with other organizations or businesses for items and services that may be needed during an emergency or disaster.

- Transfer facilities
- Temporary staffing
- Clinics (supplies, etc.)
- Vendors
- Water, fuel
- Building rentals
- Equipment (generators, fans, etc.)

HOSPITAL + COMMUNITY = Success.
Community Preparedness

Community collaboration to assist with disaster preparedness:

- Enable communities to respond and assist
- Previous disasters
- Exercises, drills

SUCCESS IS DEPENDENT ON COLLABORATION AND COMMUNICATION

How to Get Started with Community

- Identify challenges
- Identify leadership
- Designate team
- Determine community risks
- Preparedness & response goals
- Evaluate capabilities & shortfalls
- Develop a plan
- Funding
- Train, exercise and drill
- Evaluate
- Modify & sustain
Review and Thank You

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