



# MMMJUA Newsletter

Volume 3, Issue 1

February 2007

[www.mmmjua.com](http://www.mmmjua.com)

## Putting a Pandemic Influenza Plan into Place

Bird flu is again a front page issue. As such, MMMJUA wanted to remind our long term care insureds of the importance of planning and preparedness. Bird flu virus belongs to a group of influenza viruses known as Type A. It has been steadily advancing around the world, first appearing in Asia, then Europe and Africa. The lethal nature of A, combined with its inexorable spread, are what have made scientists take it seriously. The virus lacks just one trait that could turn it into a pandemic: transmissibility, the ability to spread easily from person to person. If the virus acquires that ability, a worldwide epidemic could erupt.

This issue has surfaced with the troubling New York Times headline of 2/3/2007 stating "Britain Suffers Outbreak of Bird Flu". The article goes on to say that "Britain scrambled to contain its first outbreak of the highly pathogenic A strain of bird flu on domestic poultry after the virus was found at a farm run by Europe's biggest turkey producer."

Bird flu has killed at least 164 people worldwide since 2003, most of them in Asia, and more than 200 million birds have died from it. Most people killed so far have been infected by domestic fowl and the virus remains very hard for humans to catch. But experts fear it could mutate into a form that easily spreads among humans, sparking a pandemic with the potential to kill millions.

The department of Health and Health care providers will play a crucial role in the event of a pandemic. Planning for pandemic influenza is key. Missouri has put extensive state-wide and local planning and response activities into place. Checklists, toolkit, and guidelines will assist health care providers and service organizations in planning for a pandemic outbreak and can be accessed at: [www.pandemicflu.gov/plan/states/missouri.html](http://www.pandemicflu.gov/plan/states/missouri.html)

Several long-term care organizations have provided input to the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC), which compiled a document titled Long-Term Care and Other Residential Facilities Pandemic Influenza Planning Checklist. The checklist (pages 3-10) identifies the elements of a structure for planning and decision making, and a written plan with subplans.

Long-term care and other residential facilities can use this tool to self-assess the strengths and weaknesses of current planning efforts.

MMMJUA encourages our insureds to review and complete this comprehensive questionnaire. We invite you to return the checklist to our office so that we might compile the data and provide you with a report reflecting the overall preparedness of our insured facilities. Completed questionnaires should be sent to:

Missouri Medical Malpractice Joint Underwriting Association  
P.O. Box 219680  
Kansas City, MO 64121-9680

Thank you.

## MMMJUA Program Update

Effective in December, 2006, there was a change with respect to the administration and payment of the "Additional First Year Charge" to be collected by the JUA. This charge must now be paid in full within the first policy term, for any new client quoted December 12, 2006 or after. New clients may pay the charge up front, or under the installment plan as it is applied for premium payments. Existing insureds who were quoted or bound prior to December 12, 2006 may continue to make payment of the charge in four annual payments per their existing Promissory Notes. A manual update detailing this change will be posted to the website ([www.mmmjua.com](http://www.mmmjua.com)) shortly.

If you have questions regarding this change, please contact your JUA underwriter at 800-806-7015.



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## WHAT WE DO IN RISK MANAGEMENT

The MMMJUA is dedicated to assisting insureds with safety, security and other risk management needs. A variety of risk management products and services are offered to insureds to help prevent injuries, reduce liability exposures, and meet regulatory requirements. Our risk management program is the utmost expression of our commitment to patient safety and the practice of good medicine. Take a look at our expanding scope of services and products.

### RISK MANAGEMENT ASSESSMENTS

The MMMJUA offers an onsite assessment survey to insureds to help prevent injuries, reduce liability exposures, and meet regulatory requirements. . The MMMJUA Long Term Care Risk Management Assessment is specifically designed to address these issues and reduce your facility's liability by offering actionable guidance on best practices related to day-day tasks within the long term care setting.

Our surveys focus on key aspects of the facility's administrative and clinical systems such as hiring practices, credentialing of licensed independent practitioners, clinical policies and procedures, Quality Assessment & Assurance Programs, risk management and other clinical aspects of resident care. Our assessment also focuses on aspects of care often related to professional liability claims such as falls, pressure ulcers, wandering/elopement, chemical restraints and others

### EDUCATION MODULES

In an effort to assist insureds supplement their clinical education efforts, MMMJUA is rolling out complimentary lesson modules. The first three modules that will be sent to our insureds address the management and prevention of:

- Falls
- Pressure Ulcers
- Wandering and Elopements

Each of these packets are in "hard copy" format allowing for easy reproduction. Module packets provide a "turn-key" ready-to-use solution for facilities to immediately provide staff education. Each contains a Teaching Plan, Learner's Guide with lesson information, participant test and certificate of completion. A power-point presentation on each of the three subjects is provided. We have even included sign-in sheets for participants to sign. Detailed instructions are included in each packet.

### RISK MANAGEMENT SELF-ASSESSMENT

The MMMJUA Risk Management Department has developed and is distributing a Risk Management Self-Assessment tool. Our objective in distributing this tool is to raise our insureds awareness of areas that are often contributory to professional liability claims. Moreover, we provide tools, sample policies and other items helpful to facilities that need help in certain areas.

Areas addressed in the self-assessment include resident assessments, wandering assessment /management, fall prevention/management, monitoring of weight variances, hydration status, urinary incontinence, and pressure ulcer management. The process also addresses medication administration, the Medical Director's and attending physician's roles, acute change of condition, and the risk management and QA&A programs.

### RISK MANAGEMENT NEWSLETTERS

The MMMJUA distributes a quarterly newsletter which includes articles about our insurance products and services as well as emerging and ongoing medical professional liability risks in the long term care setting.



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## Long-Term Care and Other Residential Facilities Pandemic Influenza Planning Checklist

### CHECKLIST SECTIONS

1. Structure for planning and decision making
2. Development of a written pandemic influenza plan
3. Elements of an influenza pandemic plan

### 1. Structure for planning and decision making.

Tasks	Not Started	In Progress	Completed
<ul style="list-style-type: none"> <li>• Pandemic influenza has been incorporated into emergency management planning and exercises for the facility.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• A multidisciplinary planning committee or team has been created to specifically address pandemic influenza preparedness planning. (List committee's or team's name.)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• A person has been assigned responsibility for coordinating preparedness planning, hereafter referred to as the pandemic influenza response coordinator. (Insert name, title and contact information.)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Members of the planning committee include (as applicable to each setting) the following: (Develop a list of committee members with the name, title, and contact information for each personnel category checked below and attach to this checklist.)               <ul style="list-style-type: none"> <li>▪ Facility administration</li> <li>▪ Medical director</li> <li>▪ Nursing administration</li> <li>▪ Infection control</li> <li>▪ Occupational health</li> <li>▪ Staff training and orientation</li> <li>▪ Engineering/maintenance services</li> <li>▪ Environmental (housekeeping) services</li> <li>▪ Dietary (food) services</li> <li>▪ Pharmacy services</li> <li>▪ Occupational/rehabilitation/physical therapy services</li> <li>▪ Transportation services</li> <li>▪ Purchasing agent</li> <li>▪ Facility staff representative</li> <li>▪ Other member(s) as appropriate (e.g., clergy, community representatives, department heads, resident and family representatives, risk managers, quality improvement, direct care staff, collective bargaining agreement union representatives)</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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- Local and state health departments and provider/trade association points of contact have been identified for information on pandemic influenza planning resources. (Insert name, title and contact information for each.)



Local health department contact: \_\_\_\_\_

\_\_\_\_\_

State health department contact: \_\_\_\_\_

\_\_\_\_\_

State long-term care professional/trade association: \_\_\_\_\_

\_\_\_\_\_

- Local, regional, or state emergency preparedness groups, including bioterrorism/communicable disease coordinators points of contact have been identified. (Insert name, title and contact information for each.)
- City: \_\_\_\_\_
- County: \_\_\_\_\_
- 
- Other regional: \_\_\_\_\_



- Area hospitals points of contact have been identified in the event that facility residents require hospitalization or facility beds are needed for hospital patients being discharged in order to free up needed hospital beds. (Attach a list with the name, title, and contact information for each hospital.)



- The pandemic influenza response coordinator has contacted local or regional pandemic influenza planning groups to obtain information on coordinating the facility's plan with other influenza plans.





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## 2. Development of a written pandemic influenza plan.

Tasks	Not Started	In Progress	Completed
<ul style="list-style-type: none"> <li>Copies have been obtained of relevant sections of the HHS Pandemic Influenza Plan (available at <a href="http://www.hhs.gov/pandemicflu/plan/">www.hhs.gov/pandemicflu/plan/</a>) and available state, regional, or local plans are reviewed for incorporation into the facility's plan.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>The facility plan includes the elements listed in #3 below.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>The plan identifies the person(s) authorized to implement the plan and the organizational structure that will be used.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 3. Elements of an influenza pandemic plan.

Tasks	Not Started	In Progress	Completed
<p><b>A plan is in place for surveillance and detection of the presence of pandemic influenza in residents and staff.</b></p> <ul style="list-style-type: none"> <li>A person has been assigned responsibility for monitoring public health advisories (federal and state), and updating the pandemic response coordinator and members of the pandemic influenza planning committee when pandemic influenza has been reported in the United States and is nearing the geographic area. For more information, see <a href="http://www.cdc.gov/flu/weekly/fluactivity.htm">www.cdc.gov/flu/weekly/fluactivity.htm</a>. (Insert name, title and contact information of person responsible.) _____</li> <li>A written protocol has been developed for weekly or daily monitoring of seasonal influenza-like illness in residents and staff. For more information, see <a href="http://www.cdc.gov/flu/professionals/diagnosis/">www.cdc.gov/flu/professionals/diagnosis/</a>. (Having a system for tracking illness trends during seasonal influenza will ensure that the facility can detect stressors that may affect operating capacity, including staffing and supply needs, during a pandemic.)</li> <li>A protocol has been developed for the evaluation and diagnosis of residents and/or staff with symptoms of pandemic influenza.</li> <li>Assessment for seasonal influenza is included in the evaluation of incoming residents. There is an admission policy or protocol to determine the appropriate placement and isolation of patients with an influenza-like illness. (The process used during periods of seasonal influenza can be applied during pandemic</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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influenza.)

- A system is in place to monitor for, and internally review transmission of, influenza among patients and staff in the facility. Information from this monitoring system is used to implement prevention interventions (e.g., isolation, cohorting). (This system will be necessary for assessing pandemic influenza transmission.)

**A facility communication plan has been developed. For more information, see [www.hhs.gov/pandemicflu/plan/sup10.html](http://www.hhs.gov/pandemicflu/plan/sup10.html).**

- Key public health points of contact during an influenza pandemic influenza have been identified. (Insert name, title and contact information for each.)
- Local health department contact: \_\_\_\_\_
- State health department contact: \_\_\_\_\_
- A person has been assigned responsibility for communications with public health authorities during a pandemic. (Insert name, title and contact information.)  
\_\_\_\_\_
- A person has been assigned responsibility for communications with staff, residents, and their families regarding the status and impact of pandemic influenza in the facility. (Having one voice that speaks for the facility during a pandemic will help ensure the delivery of timely and accurate information.)
- Contact information for family members or guardians of facility residents is up-to-date.
- Communication plans include how signs, phone trees, and other methods of communication will be used to inform staff, family members, visitors, and other persons coming into the facility (e.g., sales and delivery people) about the status of pandemic influenza in the facility.
- A list has been created of other healthcare entities and their points of contact (e.g., other long-term care and residential facilities, local hospitals' emergency medical services, relevant community organizations [including those involved with disaster preparedness]) with whom it will be necessary to maintain communication during a pandemic. (Insert location of contact list and attach a copy to the pandemic plan.) \_\_\_\_\_
- A facility representative(s) has been involved in the discussion of local plans for inter-facility communication during a pandemic.





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**A plan is in place to provide education and training to ensure that all personnel, residents, and family members of residents understand the implications of, and basic prevention and control measures for, pandemic influenza.**



- A person has been designated with responsibility for coordinating education and training on pandemic influenza (e.g., identifies and facilitates access to available programs, maintains a record of personnel attendance). (Insert name, title, and contact information.) \_\_\_\_\_  
\_\_\_\_\_
- Current and potential opportunities for long-distance (e.g., web-based) and local (e.g., health department or hospital-sponsored) programs have been identified. See [www.cdc.gov/flu/professionals/training/](http://www.cdc.gov/flu/professionals/training/).
- Language and reading-level appropriate materials have been identified to supplement and support education and training programs (e.g., available through state and federal public health agencies such as [www.cdc.gov/flu/groups.htm](http://www.cdc.gov/flu/groups.htm) and through professional organizations), and a plan is in place for obtaining these materials.
- Education and training includes information on infection control measures to prevent the spread of pandemic influenza.
- The facility has a plan for expediting the credentialing and training of non-facility staff brought in from other locations to provide patient care when the facility reaches a staffing crisis.
- Informational materials (e.g., brochures, posters) on pandemic influenza and relevant policies (e.g., suspension of visitation, where to obtain facility or family member information) have been developed or identified for residents and their families. These materials are language and reading-level appropriate, and a plan is in place to disseminate these materials in advance of the actual pandemic. For more information, see [www.cdc.gov/flu/professionals/infectioncontrol/index.htm](http://www.cdc.gov/flu/professionals/infectioncontrol/index.htm) and [www.cdc.gov/flu/groups.htm](http://www.cdc.gov/flu/groups.htm).



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**An infection control plan is in place for managing residents and visitors with pandemic influenza that includes the following: (For information on infection control recommendations for pandemic influenza, see [www.hhs.gov/pandemicflu/plan/sup4.html](http://www.hhs.gov/pandemicflu/plan/sup4.html).)**

- An infection control policy that requires direct care staff to use Standard ([www.cdc.gov/ncidod/dhqp/gl\\_isolation\\_standard.html](http://www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html)) and Droplet Precautions (i.e., mask for close contact) ([www.cdc.gov/ncidod/dhqp/gl\\_isolation\\_droplet.html](http://www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html)) with symptomatic residents.
- A plan for implementing Respiratory Hygiene/Cough Etiquette throughout the facility. (See the following) [www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm](http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm).)
- A plan for cohorting symptomatic residents or groups using one or more of the following strategies: <sup>2</sup> 1) confining symptomatic residents and their exposed roommates to their room, 2) placing symptomatic residents together in one area of the facility, or 3) closing units where symptomatic and asymptomatic residents reside (i.e., restricting all residents to an affected unit, regardless of symptoms). The plan includes a stipulation that, where possible, staff who are assigned to work on affected units will not work on other units.
- Criteria and protocols for closing units or the entire facility to new admissions when pandemic influenza is in the facility have been developed.
- Criteria and protocols for enforcing visitor limitations have been developed.



**An occupational health plan for addressing staff absences and other related occupational issues has been developed that includes the following:**

- A liberal/non-punitive sick leave policy that addresses the needs of symptomatic personnel and facility staffing needs. The policy considers:
  - The handling of personnel who develop symptoms while at work.
  - When personnel may return to work after having pandemic influenza.
  - When personnel who are symptomatic, but well enough to work, will be permitted to continue working.
  - Personnel who need to care for family members who become ill.
- A plan to educate staff to self-assess and report symptoms of pandemic influenza before reporting for duty.
- A list of mental health and faith-based resources that will be available to provide counseling to personnel during a pandemic.
- A system to monitor influenza vaccination of personnel.





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- A plan for managing personnel who are at increased risk for influenza complications (e.g., pregnant women, immunocompromised workers) by placing them on administrative leave or altering their work location.

## **A vaccine and antiviral use plan has been developed.**

- CDC and state health department websites have been identified for obtaining the most current recommendations and guidance for the use, availability, access, and distribution of vaccines and antiviral medications during a pandemic. For more information, see [www.hhs.gov/pandemicflu/plan/sup6.html](http://www.hhs.gov/pandemicflu/plan/sup6.html) and [www.hhs.gov/pandemicflu/plan/sup7.html](http://www.hhs.gov/pandemicflu/plan/sup7.html).
- HHS guidance has been used to estimate the number of personnel and residents who would be targeted as first and second priority for receipt of pandemic influenza vaccine or antiviral prophylaxis. For more information, see [www.hhs.gov/pandemicflu/plan/sup6.html](http://www.hhs.gov/pandemicflu/plan/sup6.html) and [www.hhs.gov/pandemicflu/plan/sup7.html](http://www.hhs.gov/pandemicflu/plan/sup7.html).
- A plan is in place for expediting delivery of influenza vaccine or antiviral prophylaxis to residents and staff as recommended by the state health department.



## **Issues related to surge capacity during a pandemic have been addressed.**

- A contingency staffing plan has been developed that identifies the minimum staffing needs and prioritizes critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential facility operations.
- A person has been assigned responsibility for conducting a daily assessment of staffing status and needs during an influenza pandemic. (Insert name, title and contact information.) \_\_\_\_\_
- Legal counsel and state health department contacts have been consulted to determine the applicability of declaring a facility "staffing crisis" and appropriate emergency staffing alternatives, consistent with state law.
- The staffing plan includes strategies for collaborating with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis.
- Estimates have been made of the quantities of essential materials and equipment (e.g., masks, gloves, hand hygiene products, intravenous pumps)





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that would be needed during a six-week pandemic.

- A plan has been developed to address likely supply shortages, including strategies for using normal and alternative channels for procuring needed resources.
- Alternative care plans have been developed for facility residents who need acute care services when hospital beds become unavailable.
- Surge capacity plans include strategies to help increase hospital bed capacity in the community.
  - Signed agreements have been established with area hospitals for admission to the long-term care facility of non-influenza patients to facilitate utilization of acute care resources for more seriously ill patients.
  - Facility space has been identified that could be adapted for use as expanded inpatient beds and information provided to local and regional planning contacts.
- A contingency plan has been developed for managing an increased need for post mortem care and disposition of deceased residents.
- An area in the facility that could be used as a temporary morgue has been identified.
- Local plans for expanding morgue capacity have been discussed with local and regional planning contacts.

## Members of the MMMJUA Board

**Dennis Smith**, Missouri Employers Mutual Insurance Company  
*Board Chairman*

**Dave Monaghan**, American Family Insurance  
*Board Secretary-Treasurer / Executive Committee Member*

**Kate Becker**, Saint Louis University

**Don Ainsworth**, Safety National Casualty Corp.

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Missouri Medical Malpractice  
Joint Underwriting Association

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## Question? Comments? Concerns?

The Missouri Medical Malpractice Joint Underwriting Association (MMMJUA) welcomes your comments, feedback, and thoughts. Please contact us with requests for future article topics or general information about the MMMJUA program. Or please visit our web page at [mmmjua.com](http://mmmjua.com) for additional information.

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