



# Agenda

## Quarterly Community Provider Network (CPN) Meeting

Contra Costa Health Plan

**When:** Time: 7:30 AM – 9:00 AM  
Date: July 26, 2016

**Where:** 1350 Arnold Dr., Conference Room 103  
Martinez, CA

The agenda for the meeting is as follows:

I.	CALL TO ORDER and INTRODUCTIONS	Mary Berkery, RN
II.	REVIEW and APPROVAL of MINUTES from previous meeting	Mary Berkery, RN
III.	REGULAR REPORTS	
	<ul style="list-style-type: none"> <li>• Legislative Updates</li> <li>1. HEDIS</li> </ul>	Jose Yasul MD
IV.	NEW BUSINESS	
	<ul style="list-style-type: none"> <li>• CCHP Updates</li> <li>1. Disaster Preparedness (Contra Costa County EMS)</li> </ul>	Jose Yasul MD Lisa Vajgrt—Smith RN, BSN, MPH, CPH
VI.	OTHER	
	<ul style="list-style-type: none"> <li>• UM Question and answer</li> <li>• Provider Concerns</li> </ul>	Jose Yasul MD/CCHP Staff
VII.	ADJOURNMENT	

Our next scheduled meeting is:

October 25, 2016

CPN Quarterly Meeting

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**CONTRA COSTA HEALTH PLAN**  
 Central - East County  
 Quarterly Community Provider Network (CPN)  
**Meeting Minutes – April 26<sup>th</sup> 2016**

**Attending:**

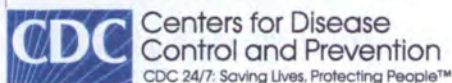
**CCHP Staff:** Jose Yasul, MD, Mary Berkery, RN, Christine Gordon, RN, BSN, PHN; Maria Tesolin, Clerk  
**CPN Providers:** Ming Chang, MD, Gretchen Graves, MD, Christine Mayor, NP, Taraneh Mostaghazi, MD, Edward Risgalla, MD, Suresh Sachdeva, MD, Juan Sequeira, MD, Ryan Tracy, MD, Kaitlin Warren, CPNP, Lucia Yang, MD

**Guests:**

Discussion	Action	Accountable
Meeting called to order @ 7:30 A.M.		M. Berkery, RN
I. Agenda was approved with no revisions.		M. Berkery, RN
II. <b>Review and Approval of Minutes from January 26, 2016:</b> Minutes were approved as presented.		M. Berkery, RN
III. <b>Regular Reports:</b> Legislative Updates Handout SB 493 - Pharmacist Provider Status Legislation Dr. Yasul reviewed the new policies and the impact on CCHP Providers. <ul style="list-style-type: none"> <li>• Declares all licensed pharmacists as healthcare providers who have the authority to provide health care services.</li> <li>• Allows pharmacists to administer drugs when ordered by a prescriber (including injection).</li> <li>• Provide consultation, training and education about drug therapy.</li> <li>• Perform patient assessments.</li> <li>• Independently initiate and administer immunizations to patients three years of age and older (if certain training requirements are met).</li> <li>• Order and interpret tests of drug therapies.</li> </ul> Handout AB 15 - End of Life Benefit Dr. Yasul acknowledged the sensitivity and controversy surrounding AB 15, the new legislation permitting adults who meet certain qualifications to make a request for an aid-in-dying drug. A future meeting will be scheduled to discuss in detail the particulars and address provider inquiries in reference to AB 15. He reported the following: <ul style="list-style-type: none"> <li>• Requires the signature of 2 providers.</li> <li>• The patient must self-administer the drug (orally).</li> <li>• Hospital patients must be discharged, to self-administer at home.</li> <li>• CCHP will pay for the drug.</li> </ul> Palliative Care – Changes to the PDL <ul style="list-style-type: none"> <li>• Naloxone has been added to the formulary for commercial plan members. (Effective May 2016).</li> <li>• Reduction/limit methadone as step therapy for long term opiate therapy.</li> <li>• CCHP pharmacy will run monthly analysis – to identify members seeking opiates from 3 or more providers. Those members will be referred to case management for follow up.</li> <li>• CCHP Pharmacy plans to place limits on the amount and length of opioid prescriptions beginning at the initial prescription.</li> </ul> Prior Authorizations Optometry services do not require a prior authorization.  Non-Emergency Transportation Benefits Effective April 1, 2016 CCHP will pay transportation costs for Medi-Cal members to attend medical appointments. The member must also demonstrate a need for the service. Patients need to call (855) 222-1218 for CCHP authorization.		J. Yasul, MD

IV.	<p><b>New Business:</b>  CCHP Updates  Disease Management Program Online  The program for adult diabetes and pediatric obesity, offers referrals and education to both providers and patients/families faced with these conditions. Community Providers may access the Disease Management Program referral form on the website provider section under "forms and resources" or contact Lourdes Jensen, RN at (925) 313-6968.</p> <p>Dashboard scores.  Dr. Yasul reviewed the 2015 Dashboard chart. CCHP/CPN/CCRMC is rated 10<sup>th</sup> best.  Dr. Yasul thanked all the providers for taking such wonderful care of our members.</p> <p>Adult Vaccine  CCHP adult members may go to Walgreens and Rite Aid for vaccines.</p> <p>CCHP Audit  DHCS &amp; DMHC will conduct a joint audit of the CCHP on May 9<sup>th</sup>. Providers may be contacted by the auditors for chart reviews. CCHP will provide photocopy service for providers if needed for audit.</p>		J. Yasul, MD
	<p><b>Other:</b>  Dr. Segueira reported that the "CCHP Claims Department is doing a perfect job processing claims and payments." All the providers present were in agreement.</p>		
	<p>Adjournment:  Meeting adjourned @ 8:30 A.M.</p>		M. Berkery, RN

**Next meeting July 26<sup>th</sup> , 2016**



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## ACIP votes down use of LAIV for 2016-2017 flu season

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### Media Statement

For Immediate Release: Wednesday, June 22, 2016

Contact: [Media Relations \(http://www.cdc.gov/media\)](http://www.cdc.gov/media),  
(404) 639-3286

CDC's Advisory Committee on Immunization Practices (ACIP) today voted that live attenuated influenza vaccine (LAIV), also known as the "nasal spray" flu vaccine, should not be used during the 2016-2017 flu season. ACIP continues to recommend annual flu vaccination, with either the inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV), for everyone 6 months and older.

ACIP is a panel of immunization experts that advises the Centers for Disease Control and Prevention (CDC). This ACIP vote is based on data showing poor or relatively lower effectiveness of LAIV from 2013 through 2016.

In late May, preliminary data on the effectiveness of LAIV among children 2 years through 17 years during 2015-2016 season became available from the U.S. Influenza Vaccine Effectiveness Network. That data showed the estimate for LAIV VE among study participants in that age group against any flu virus was 3 percent (with a 95 percent Confidence Interval (CI) (<http://www.cdc.gov/flu/about/qa/vaccineeffect.htm>) of -49 percent to 37 percent). This 3 percent estimate means no protective benefit could be measured. In comparison, IIV (flu shots) had a VE estimate of 63 percent (with a 95 percent CI of 52 percent to 72 percent) against any flu virus among children 2 years through 17 years. Other (non-CDC) studies support the conclusion that LAIV worked less well than IIV this season. The data from 2015-2016 follows two previous seasons (2013-2014 and 2014-2015 (<http://www.cdc.gov/media/releases/2015/s0226-acip.html>)) showing poor and/or lower than expected vaccine effectiveness (VE) for LAIV.

How well the flu vaccine works (or its ability to prevent flu illness) can range widely from season to season and can be affected by a number of factors, including characteristics of the person being vaccinated, the similarity between vaccine viruses and circulating viruses, and even which vaccine is used. LAIV contains live, weakened influenza viruses. Vaccines containing live viruses can cause a

stronger immune response than vaccines with inactivated virus. LAIV VE data before and soon after licensure suggested it was either comparable to, or better than, IIV. The reason for the recent poor performance of LAIV is not known.

Vaccine manufacturers had projected that as many as 171 million to 176 million doses of flu vaccine, in all forms, would be available for the United States during the 2016-2017 season. The makers of LAIV had projected a supply of as many as 14 million doses of LAIV/nasal spray flu vaccine, or about 8 percent of the total projected supply. LAIV is sold as FluMist Quadrivalent and it is produced by MedImmune, a subsidiary of AstraZeneca. LAIV was initially licensed in 2003 as a trivalent (three-component) vaccine. LAIV is currently the only non-injection-based flu vaccine available on the market.

Today's ACIP vote could have implications for vaccine providers who have already placed vaccine orders. The ACIP recommendation may particularly affect pediatricians and other vaccine providers for children since data from recent seasons suggests nasal spray flu vaccine accounts for about one-third of all flu vaccines given to children. CDC will be working with manufacturers throughout the summer to ensure there is enough vaccine supply to meet the demand.

CDC conducts vaccine effectiveness (VE) studies each season to estimate flu vaccine effectiveness. Today's ACIP vote highlights the importance of measuring and evaluating the effectiveness of public health interventions, which can have significant implications for public health policy. The change in the ACIP recommendation is an example of using new available data to ensure public health actions are most beneficial. Influenza is a serious disease that causes millions of illnesses, hundreds of thousands of hospitalizations, and thousands or tens of thousands of deaths each year. While the protection offered by flu vaccines can vary, the flu shot's overall VE estimate of 49 percent suggests that millions of people were protected against flu last season.

Today's ACIP recommendation must be reviewed and approved by CDC's director before it becomes CDC policy. The final annual recommendations on the prevention and control of influenza with vaccines will be published in a CDC [Morbidity and Mortality Weekly Report \(MMWR\), Recommendations and Reports](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html) (<http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html>) in late summer or early fall.

CDC has recommended an annual influenza vaccination for everyone ages 6 months and older since February 24, 2010. CDC and ACIP briefly had a preferential recommendation for nasal spray vaccine for young children (during 2014-2015); however, during the 2015-2016 season, influenza vaccination was recommended without any preference for one vaccine type or formulation over another.

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[U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES](http://www.hhs.gov/) (<http://www.hhs.gov/>)

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## HEALTH ADVISORY UPDATE JUNE 6, 2016 ZIKA VIRUS

### **SUMMARY:**

In May 2015, Zika virus started circulating in the Western Hemisphere. The first locally-acquired case in the Americas was reported in Brazil. Zika virus is transmitted by the bite of infected *Aedes aegypti* and *Aedes albopictus* mosquitoes, which are aggressive day biters and also vectors of Dengue, Chikungunya, and Yellow Fever viruses. Transmission of the virus has been reported in Mexico, the Caribbean, Central America, South America and some South Pacific Islands and US territories. We know that Zika is most commonly transmitted through mosquito bites, but it can also be transmitted from a man to his sex partners and from a pregnant woman to her infant. More information can be found at: [cdc.gov/zika](http://cdc.gov/zika)

### **CURRENT SITUATION**

- On January 15, 2016, the Centers for Disease Control and Prevention (CDC) began issuing travel advisories (<http://wwwnc.cdc.gov/travel/notices>) for people, particularly pregnant women, traveling to places where ongoing local Zika virus transmission has been documented.
- To date, NO local transmission has been documented in the continental United States; however, cases of Zika virus have been reported among travelers returning back to United States.
- Public Health can facilitate diagnostic testing (testing is unavailable commercially) and works to mitigate the risk of local transmission (the mosquito vectors do not currently exist in Contra Costa but surveillance is on-going).

### **Actions Requested of Healthcare Professionals:**

1. **Suspect Zika** (also consider Dengue and Chikungunya) in travelers with acute onset of fever, maculopapular rash, arthralgia, myalgia or conjunctivitis within 2 weeks after return from a place with local Zika transmission and persons with acute onset of the same symptoms if they also report recent unprotected sex with a man who has known Zika infection Suspect Zika.
2. **Report** suspected cases of Zika virus with appropriate symptomology and Zika exposure history/travel history to Contra Costa Public Health by phone at 925-313-6740, and by faxing the 'Zika Case History Form' to 925-313-6465. The 'Zika Case History Form' can be found here: <http://cchealth.org/cd/pdf/Zika-Case-History-Form.pdf>
3. **Test** patients with appropriate symptomology and Zika exposure history/travel history by arranging testing through Contra Costa Public Health. See Laboratory Testing. The 'Laboratory Requisition Form' can be found here: [http://cchealth.org/laboratory/pdf/lab\\_test\\_form.pdf](http://cchealth.org/laboratory/pdf/lab_test_form.pdf)
4. **Advise** patients to avoid mosquito bites and potential sexual transmission. Refer travelers, particularly pregnant women, to CDC Travel Advisories for current information about Zika virus and prevention. <http://wwwnc.cdc.gov/travel/notices>



**CURRENT RECOMMENDATIONS:**

**REPORTING/ SURVEILLANCE**

- Report suspected cases of Zika virus to Contra Costa Public Health by phone at 925-313-6740, and by faxing 'Zika Case History Form' (<http://cchealth.org/cd/pdf/Zika-Case-History-Form.pdf>) to 925-313-6465.
- Inform and screen pregnant women who traveled or lived in areas with Zika virus transmission in the past 2 to 12 weeks while pregnant.  
([http://www.cdc.gov/mmwr/volumes/65/wr/mm6512e2.htm?s\\_cid=mm6512e2\\_w.htm](http://www.cdc.gov/mmwr/volumes/65/wr/mm6512e2.htm?s_cid=mm6512e2_w.htm) )
- Evaluate fetuses and infants of women infected with Zika virus during pregnancy for possible congenital infection and microcephaly. All infants born to women with laboratory evidence of possible Zika virus infection require ongoing monitoring; data will be maintained in the U.S. Zika Pregnancy Registry  
([http://www.cdc.gov/mmwr/volumes/65/wr/mm6507e1.htm?s\\_cid=mm6507e1\\_w.htm](http://www.cdc.gov/mmwr/volumes/65/wr/mm6507e1.htm?s_cid=mm6507e1_w.htm) )

**TESTING**

- Testing is recommended for the following exposure groups:
  - **Symptomatic travelers** with acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis within 2 weeks after return from a place with local Zika transmission.
  - **Asymptomatic pregnant women:** 1) with history of travel to a place with local Zika transmission 2) reporting recent unprotected sex with a man who has known Zika exposure and who was symptomatic. Testing should be performed between 2 and 12 weeks after return from travels or sexual exposure.
  - **Infants/Neonates with:** 1) possible congenital Zika virus infection 2) born to a mother with a positive or inconclusive laboratory result
  - **Symptomatic sexual partners of travelers:** Persons reporting recent sex with a man who has known Zika exposure should be tested according to similar guidance as above.
- NO testing will be provided for asymptomatic non-pregnant persons (male or female) regardless of travel history to Zika affected country.
- Submit specimens to Contra Costa Public Health with the 'Laboratory Requisition Form':  
[http://cchealth.org/laboratory/pdf/lab\\_test\\_form.pdf](http://cchealth.org/laboratory/pdf/lab_test_form.pdf)  
**2500 Alhambra Ave., Room 209, Martinez, CA 94553**  
**Phone: 925-370-5775**  
**Fax: 925-370-5252**
- Refer to table for specimen collection guidance





CLINICAL SPECIMEN COLLECTION BY ZIKA EXPOSURE GROUP			
	LABORATORY DIAGNOSTIC METHOD		
	RT-PCR	SEROLOGY (IgM AND PRNT)	HISTOPATHOLOGY IMMUNOHISTOCHEMICAL STAINING
<b>SYMPTOMATIC</b>	<ul style="list-style-type: none"> <li>SERUM (2ML) OR CSF (1ML) COLLECTED WITHIN 7 DAYS OF ONSET</li> <li>URINE (2ML) COLLECTED WITHIN 21 DAYS OF ONSET</li> <li>AMNIOTIC FLUID (2ML) COLLECTED IF AN AMNIOCENTESIS IS PERFORMED</li> </ul>	<ul style="list-style-type: none"> <li>SERUM OR CSF COLLECTED &gt; 3 DAYS AFTER ONSET</li> </ul> <p><b>NOTE: ALL IgM + SPECIMENS WILL BE REFLEXED TO PRNT TESTING DUE TO POTENTIAL CROSS-REACTIVITY WITH OTHER FLAVIVIRUSES</b></p>	N/A
<b>POSSIBLE CONGENITAL ZIKA VIRUS INFECTION (NEONATE)</b>	<ul style="list-style-type: none"> <li>UMBILICAL CORD BLOOD (1ML) COLLECTED WITHIN 2 DAYS OF BIRTH</li> <li>SERUM (2ML)</li> <li>CSF (1ML), IF COLLECTED FOR OTHER STUDIES</li> </ul> <p><b>NOTE: IF MOTHER NOT ALREADY TESTED DURING PREGNANCY, COLLECT BLOOD WITH INFANT</b></p>		<p><b>COLLECT MULTIPLE TISSUES BOTH COLD FORMALIN FIXED AND FROZEN TISSUES (0.5-1.0 CM)</b></p> <ul style="list-style-type: none"> <li>PLACENTAL TISSUE</li> <li>UMBILICAL CORD TISSUE</li> </ul> <p><b>OTHER FETAL TISSUE (FETAL DEMISE) TISSUES FROM MULTIPLE ORGANS – BRAIN, EYE, SPINAL CORD</b></p>
<b>ASYMPTOMATIC (PREGNANT WOMEN ONLY)</b>	N/A	SERUM (2ML) COLLECTED BETWEEN 2-12 WEEKS AFTER ENTRY INTO US	N/A

- Storage & shipment of specimens (clinical laboratory processing department)
  - Serum and CSF samples should be stored and shipped cold at 4-8°C
  - Amniotic Fluid and tissues should be stored and shipped frozen. If  $\geq$  72 hours, all specimens should be frozen and ship on dry ice.

**TREATMENT**

- There is no specific treatment for Zika infection; clinical guidance is to provide supportive care including rest, fluids, and use of analgesics and antipyretics (after Dengue has been ruled out).



#### PREVENTION

- There are no vaccines to prevent Zika infection.
- Travelers to regions with known Zika virus transmission should monitor CDC travel alerts (<http://wwwnc.cdc.gov/travel/notices>) and for pregnant women, consider postponing travel.
- Preventing mosquito bites is the main control measure to avoid becoming infected (<http://www.cdc.gov/features/stopmosquitoes/>).
- Male partners with Zika virus exposure can pass the infection to his sex partner(s). Condoms can reduce the risk of Zika transmission. Counsel patients about pregnancy planning and the timing of pregnancy after possible exposure to Zika virus. CDC MMWR Interim Guidelines for Prevention of Sexual Transmission of Zika Virus:  
[http://www.cdc.gov/mmwr/volumes/65/wr/mm6512e3.htm?s\\_cid=mm6512e3\\_w.htm](http://www.cdc.gov/mmwr/volumes/65/wr/mm6512e3.htm?s_cid=mm6512e3_w.htm)

#### RESOURCES

- CDC Zika Health Advisories (CDCHAN-00389, 00388 and 00385)  
<http://emergency.cdc.gov/HAN/index.asp>
- CDC COCA Call (April 12, 2016): Updated Interim Zika Clinical Guidance for Reproductive Age Women and Men, Sexual Transmission of Zika, and the U.S. Zika Pregnancy Registry  
[http://emergency.cdc.gov/coca/ppt/2016/coca-call-april12-zika-virus-clinical-guidelines\\_508.pdf](http://emergency.cdc.gov/coca/ppt/2016/coca-call-april12-zika-virus-clinical-guidelines_508.pdf)
- CDC COCA Call (January 26, 2016): Zika Virus – What Clinicians Need to Know? slides posted at:  
[http://emergency.cdc.gov/coca/ppt/2016/01\\_26\\_16\\_zika.pdf](http://emergency.cdc.gov/coca/ppt/2016/01_26_16_zika.pdf)
- Up-to-date transmission map: <http://www.cdc.gov/zika/geo/index.html>).

More information at: [cdc.gov/zika](http://cdc.gov/zika), [cchealth.org/providers/](http://cchealth.org/providers/) and [cchealth.org/mosquito-borne-illnesses/](http://cchealth.org/mosquito-borne-illnesses/)



**Intravenous (I.V.) Sedation and General Anesthesia Guidelines for Dental Procedures**

Patient selection for conducting dental procedures under I.V. sedation or general anesthesia utilizes medical history, physical status, and indications for anesthetic management. The dental provider in consultation with an anesthesiologist is responsible for determining whether a Medi-Cal beneficiary meets the minimum criteria necessary for receiving I.V. sedation or general anesthesia. The provider must also submit a *Treatment Authorization Request (TAR)* prior to delivering I.V. sedation or general anesthesia. However, a TAR is not required prior to delivering I.V. sedation or general anesthesia as part of an outpatient dental procedure in a nursing facility or any category of intermediate care for the developmentally disabled. Additionally, the dental provider must meet the requirements for chart documentation, which includes a copy of a complete history and physical examination, diagnosis, treatment plan, radiological reports, the indication for I.V. sedation or general anesthesia and documentation of perioperative care (preoperative, intraoperative and postoperative care) for the dental procedure.

**Criteria Indications for I.V. Sedation or General Anesthesia**

Behavior modification and local anesthesia shall be attempted first. If this fails or is not possible, then sedation shall be considered.

If the provider documents both number one and number two below, then the patient shall be considered for I.V. sedation or general anesthetic.

1. Failure of local anesthesia to control pain.
2. Failure of conscious sedation, either inhalation or oral.

If the provider documents any one of numbers three through six then the patient shall be considered for I.V. sedation or general anesthetic.

3. Failure of effective communicative techniques and the inability for immobilization (patient may be dangerous to self or staff).
4. Patient requires extensive dental restorative or surgical treatment that cannot be rendered under local anesthesia or conscious sedation.
5. Patient has acute situational anxiety due to immature cognitive functioning.
6. Patient is uncooperative due to certain physical or mental compromising conditions.

If sedation is indicated then the least profound procedure shall be attempted first. The procedures are ranked from low to high profundity in the following order: conscious sedation via inhalation or oral anesthetics, I.V. sedation, then general anesthesia.

Patients with certain medical conditions such as but not limited to: moderate to severe asthma, reactive airway disease, congestive heart failure, cardiac arrhythmias and significant bleeding disorders (continuous warfarin therapy) should be treated in a hospital setting or a licensed facility capable of responding to a serious medical crisis.

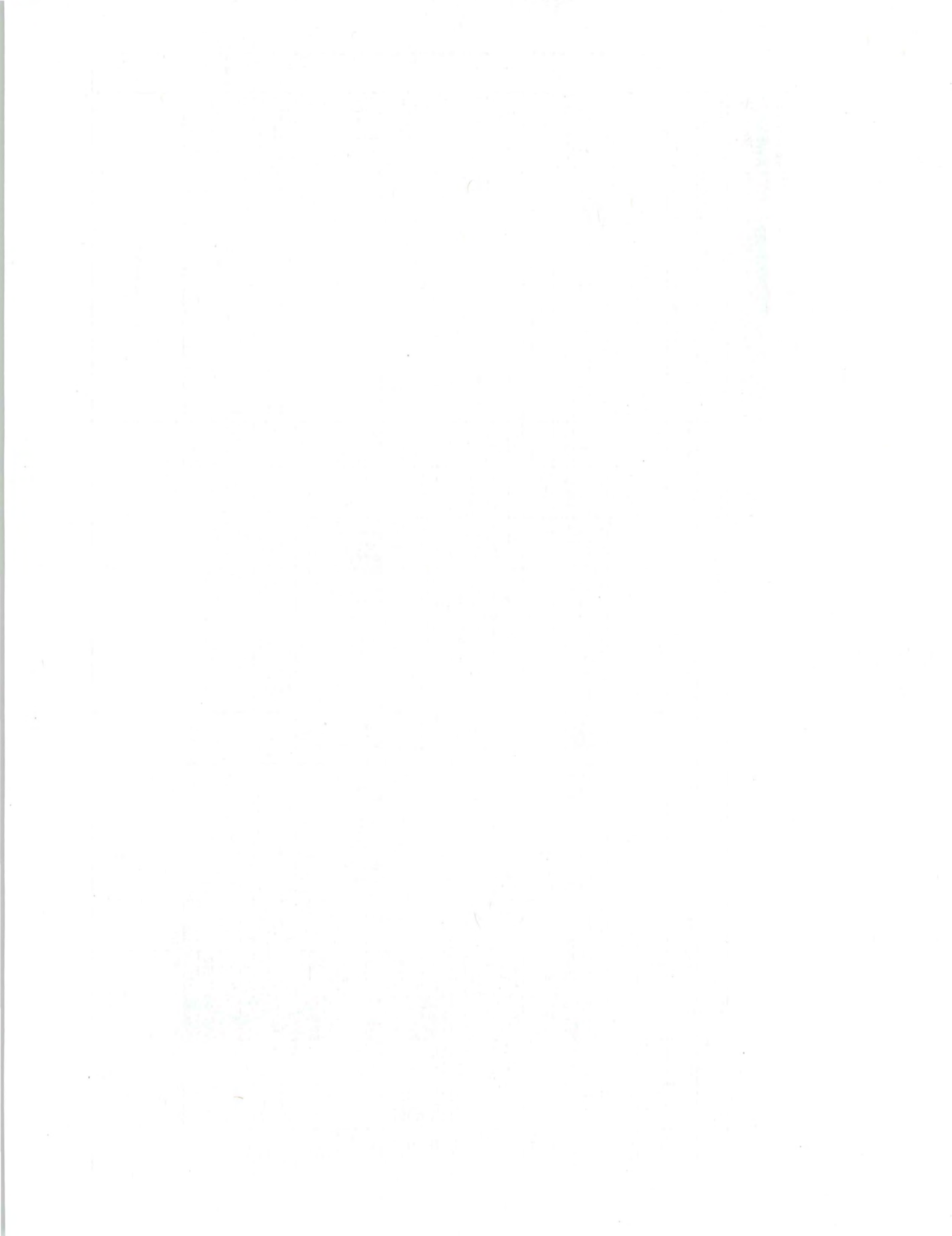


CCHP Medi-Cal HEDIS Measures		2014 CCHP	2015 CCHP	2016 CCHP	2013 RMC	2014 RMC	2015 RMC	2016 RMC	2014 CPN	2015 CPN	2016 CPN	2014 KSR	2015 KSR	2016 KSR	2015 MPL	2015 HPL	2015 Medi-Cal Mean
WCC	BMI %ile calculated for children	62.29%	69.34%	80.05%	55.80%	74.43%	85.29%	85.62%	40.37%	41.32%	69.01%	90.32%	92.59%	90.14%	51.27%	85.61%	77.41
	Nutrition counseling given for children	59.37%	67.64%	72.68%	50.28%	69.41%	79.41%	73.86%	40.99%	44.31%	64.08%	83.87%	88.89%	87.32%	51.98%	79.56%	69.98
	Physical activity counseling for children	50.85%	66.67%	71.58%	44.75%	63.01%	79.41%	74.51%	27.95%	41.92%	60.56%	83.87%	88.89%	87.32%	44.16%	71.53%	60.19
W34	*Yearly well child visit 3-6 yr.	74.75%	79.81%	78.14%	70.59%	71.20%	78.75%	80.36%	73.78%	75.61%	63.33%	87.50%	89.66%	92.21%	65.54%	83.75%	72.28
CIS	*Combo 3 immunizations	74.70%	77.86%	73.97%	76.12%	81.12%	72.25%	72.45%	64.00%	72.00%	70.90%	80.00%	89.66%	82.72%	66.19%	81.25%	70.98
PPC	*First trimester prenatal	83.45%	85.89%	86.13%	85.71%	81.93%	90.36%	82.91%	84.73%	85.39%	88.71%	90.32%	69.01%	92.00%	77.44%	91.73%	81.9
	Postpartum visit 21-56 days	60.34%	67.15%	68.13%	63.87%	61.85%	67.47%	70.85%	57.25%	58.43%	56.45%	61.29%	76.06%	74.67%	55.47%	72.43%	61.29
LBP	Avoiding Use of Imaging for Low Back Pain	87.85%	87.31%	82.30%	90.88%	85.60%	84.60%	80.44%	88.10%	83.57%	81.29%	93.94%	99.51%	89.67%	71.82%	82.86%	80.3
CCS	*Cervical cancer screening	54.99%	55.47%	58.15%	62.44%	46.40%	50.78%	51.87%	49.48%	53.92%	53.42%	96.88%	87.50%	87.14%	54.33%	73.08%	58.96
CDC	Diabetes Eye Exam 2 yrs.	51.34%	55.10%	51.94%	52.94%	53.74%	52.90%	51.54%	43.00%	52.22%	41.18%	56.67%	78.38%	82.32%	47.06%	67.74%	53.98
	*Diabetes HbA1c testing	84.43%	83.98%	86.17%	85.49%	85.41%	83.33%	85.67%	80.00%	85.56%	84.71%	90.00%	86.49%	94.12%	83.19%	91.94%	86.98
	Diabetes HbA1c(>9%) (lower is better)	41.61%	41.26%	41.50%	40.39%	37.72%	36.23%	35.84%	53.00%	56.67%	61.18%	40.00%	37.84%	41.18%	49.89%	29.68%	40
	Diabetes HbA1c (<8%)	48.18%	44.17%	50.24%	47.06%	51.25%	47.10%	54.61%	41.00%	35.56%	34.12%	43.33%	45.95%	52.94%	40.00%	58.58%	49.76
	Diabetes Nephropathy screen or treatment	83.94%	82.52%	88.83%	82.75%	83.99%	80.43%	88.40%	80.00%	84.44%	88.24%	96.67%	94.59%	94.12%	77.95%	87.70%	83.72
	Diabetes BP <140/90	61.31%	60.44%	60.44%	57.25%	65.48%	64.13%	58.70%	50.00%	45.56%	62.35%	60.00%	72.97%	70.59%	56.45%	76.64%	64.74
AAB	Avoidance of Antibiotics in Adults With Acute Bronchitis	44.09%	47.06%	41.08%	38.27%	45.30%	52.36%	39.95%	37.86%	33.68%	37.32%	77.27%	54.05%	58.62%	22.00%	40.38%	29.77
IMA-1	Immunizations for Adolescents: Combo 1	73.24%	72.51%	70.75%	66.67%	73.12%	70.21%	61.42%	69.94%	69.75%	66.94%	82.26%	79.63%	90.48%	63.79%	87.71%	70.56
CBP	*Controlling High Blood Pressure	53.28%	64.23%	57.11%	50.36%	56.03%	65.23%	58.74%	35.05%	50.63%	39.71%	84.38%	79.25%	74.42%	49.88%	70.32%	60.73
MMA	Medication Management for People with Asthma 50%	43.46%	59.10%	55.56%	48.02%	54.98%	54.97%	58.15%	52.50%	44.54%	46.90%	0.58%	87.94%	59.45%	47.41%	67.24%	
	Medication Management for People with Asthma 75%	22.79%	37.92%	30.83%	24.32%	31.90%	34.41%	35.64%	25.36%	21.26%	24.60%	0.00%	67.73%	27.36%	23.72%	43.38%	28.14
ACR	All-Cause Readmissions (lower is better)	12.29%	16.98%	15.52%	17.37%	12.13%	17.58%	15.92%	12.45%	14.52%	13.78%	13.20%	7.14%	11.76%			
	All-Cause Readmission, SPDs	13.05%	21.17%	19.70%	19.38%	12.82%	22.58%	19.89%	13.02%	15.96%	19.15%	15.08%	4.76%	9.09%			
	All-Cause Readmission, Non SPDs	9.50%	10.68%	12.22%	13.48%	9.32%	10.48%	12.99%	10.66%	11.70%	7.83%	8.45%	14.29%	13.04%			
AMB	Ambulatory Care - Outpatient Visits per 1000 Member Months	246.81	257.12	339.74	166.26	255.18	255.01	369.33	257.06	259.32	258.25	209.48	259.08	364.45	304.73	460.08	311.54
	Ambulatory Care - Emergency Department Visits per 1000 Member Months	53.25	56.21	55.65	63.4	68.49	65.11	62.30	52.61	49.26	48.46	18.04	41.89	44.93	50.67	83.68	47.25
MPM	Monitoring for Patients on persistent Medications - ACE or ARB	86.52%	85.55%	86.96%	87.83%	87.73%	84.50%	86.59%	82.73%	83.57%	84.36%	100.00%	94.33%	91.95%	84.87%	92.01%	86.15
	Monitoring for Patients on persistent Medications - Digoxin	95.45%	77.11%	74.76%	100.00%	97.30%	82.46%	79.45%	85.71%	63.64%	60.00%	0/0	66.67%	65.00%	49.35%	61.04%	54.03
	Monitoring for Patients on persistent Medications - Diuretics	85.11%	84.60%	86.26%	87.06%	85.83%	83.96%	86.38%	82.51%	81.49%	81.15%	100.00%	92.20%	90.84%	84.66%	91.78%	86.3
CAP	Children and Adolescents' Access to Primary Care Practitioners - 12-24 Months <sup>2</sup>	94.62%	93.94%	94.42%	94.65%	95.77%	92.47%	93.31%	91.77%	92.57%	93.52%	98.21%	98.90%	98.13%	94.23%	98.17%	94.26
	Children and Adolescents' Access to Primary Care Practitioners - 25 Months-6 Years <sup>2</sup>	86.07%	84.21%	83.56%	81.67%	85.70%	82.88%	82.66%	83.40%	82.31%	80.71%	94.36%	90.13%	89.75%	85.41%	92.93%	86.86
	Children and Adolescents' Access to Primary Care Practitioners - 7-11 Years <sup>2</sup>	86.71%	86.56%	86.20%	81.03%	83.56%	84.20%	83.75%	87.37%	86.07%	84.90%	94.94%	94.46%	92.34%	88.89%	95.88%	88.67
	Children and Adolescents' Access to Primary Care Practitioners - 12-19 Years <sup>2</sup>	83.44%	83.80%	83.95%	77.90%	80.13%	81.90%	81.58%	82.42%	81.44%	79.67%	93.59%	93.41%	91.80%	87.25%	94.91%	86.51

below Minimum Performance Level (MPL), national Medicaid 25th  
above High Performance Level (HPL), national Medicaid 90th percentile

\*Included in default algorithm

<sup>2</sup> CAP measures are below MPL but do not require Improvement Plan



CCHP Medi-Cal HEDIS Measures		2016 CCHP	2016 Clinica	La 2016 Lifelong	2015 MPL	2015 HPL	2015 Medi-Cal Mean
WCC	BMI %ile calculated for children	80.05%	60.87%	78.95%	51.27%	85.61%	77.41
	Nutrition counseling given for children	72.68%	56.52%	57.89%	51.98%	79.56%	69.98
	Physical activity counseling for children	71.58%	47.83%	57.89%	44.16%	71.53%	60.19
W34	*Yearly well child visit 3-6 yr.	78.14%	46.67%	60.00%	65.54%	83.75%	72.28
CIS	*Combo 3 immunizations	73.97%	46.15%	72.00%	66.19%	81.25%	70.98
PPC	*First trimester prenatal	86.13%	100.00%	82.35%	77.44%	91.73%	81.9
	Postpartum visit 21-56 days	68.13%	66.67%	58.82%	55.47%	72.43%	61.29
LBP	Avoiding Use of Imaging for Low Back Pain	82.30%	70.59%	81.69%	71.82%	82.86%	80.3
CCS	*Cervical cancer screening	58.15%	86.67%	42.11%	54.33%	73.08%	58.96
CDC	Diabetes Eye Exam 2 yrs.	51.94%	43.75%	31.81%	47.06%	67.74%	53.98
	*Diabetes HbA1c testing	86.17%	87.50%	95.24%	83.19%	91.94%	86.98
	Diabetes HbA1c(>9%) (lower is better)	41.50%	81.25%	72.72%	49.89%	29.68%	40
	Diabetes HbA1c (<8%)	50.24%	25.00%	27.27%	40.00%	58.58%	49.76
	Diabetes Nephropathy screen or treatment	88.83%	81.25%	100.00%	77.95%	87.70%	83.72
	Diabetes BP <140/90	60.44%	75.00%	63.64%	56.45%	76.64%	64.74
AAB	Avoidance of Antibiotics in Adults With Acute Bronchitis	41.08%	50.00%	52.38%	22.00%	40.38%	29.77
IMA-1	Immunizations for Adolescents: Combo 1	70.75%	55.00%	70.59%	63.79%	87.71%	70.56
CBP	*Controlling High Blood Pressure	57.11%	66.67%	52.94%	49.88%	70.32%	60.73
MMA	Medication Management for People with Asthma 50%	55.56%	66.67%	42.86%	47.41%	67.24%	
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ACR	All-Cause Readmissions (lower is better)	15.52%	10.04%	9.87%			
	All-Cause Readmission, SPDs	19.70%	9.33%	20.00%			
	All-Cause Readmission, Non SPDs	12.22%	10.39%	1.56%			
AMB	Ambulatory Care - Outpatient Visits per 1000 Member Months	339.74	9.82	10.90	304.73	460.08	311.54
	Ambulatory Care - Emergency Department Visits per 1000 Member Months	55.65	2.15	2.75	50.67	83.68	47.25
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	Children and Adolescents' Access to Primary Care Practitioners - 7-11 Years <sup>2</sup>	86.20%	80.55%	85.08%	88.89%	95.88%	88.67
	Children and Adolescents' Access to Primary Care Practitioners - 12-19 Years <sup>2</sup>	83.95%	76.13%	75.70%	87.25%	94.91%	86.51

below Minimum Performance Level (MPL), national Medicaid 25th percentile  
above High Performance Level (HPL), national Medicaid 90th percentile

\*included in default algorithm

<sup>2</sup> CAP measures are below MPL but do not require Improvement Plan





# BE IN CONTROL!

Think and plan ahead.

If a disaster were to strike, what would you do?

Being prepared *before* a disaster strikes is one of the best ways to keep your family and home safe. It's not just about a checklist or having an emergency kit. Think about the risks you and your family will face and what you can all do to help your family prepare.

## THINK ABOUT

- Where will your family be when disaster strikes? They could be anywhere – at work, school, with friends.
- What kind of disasters could affect the area where you live (hurricanes, earthquakes, tornadoes, flooding)?

## PLAN AHEAD

- Using the guidelines inside, make sure to create a simple plan for your home, work, and school.
- Make a list of the items you want to collect.

## TALK ABOUT IT!

Having a plan is important. Sharing it is just as important. Get together. Have a family meeting and talk about your disaster plan!

# Work together as a team

Disasters can strike quickly and without warning. Families CAN and DO cope with disasters by thinking and planning ahead.



Children's Health Fund

[www.childrenshealthfund.org](http://www.childrenshealthfund.org)



Columbia University  
MAILMAN SCHOOL  
OF PUBLIC HEALTH  
National Center for Disaster Preparedness

[www.ncdp.mailman.columbia.edu](http://www.ncdp.mailman.columbia.edu)

The Children's Health Fund (CHF) produces low-literacy, culturally relevant education booklets and brochures to simplify complex issues affecting families and children. The materials make vital information accessible to children, teenagers, parents and other caregivers. They are created by subject experts and undergo an extensive review process. Materials adhere to low-literacy writing and design conventions and are tested for appropriate reading levels.

The National Center for Disaster Preparedness (NCDP) at the Columbia University Mailman School of Public Health is an academically-based resource center dedicated to the study, analysis and enhancement of the nation's ability to prepare for and respond to major disasters, including terrorism. The NCDP has a wide-ranging research, training and education, and advocacy agenda, with a special interest in mega-disasters.

My Family Disaster Plan is supported by a grant from American Idol "Idol Gives Back."

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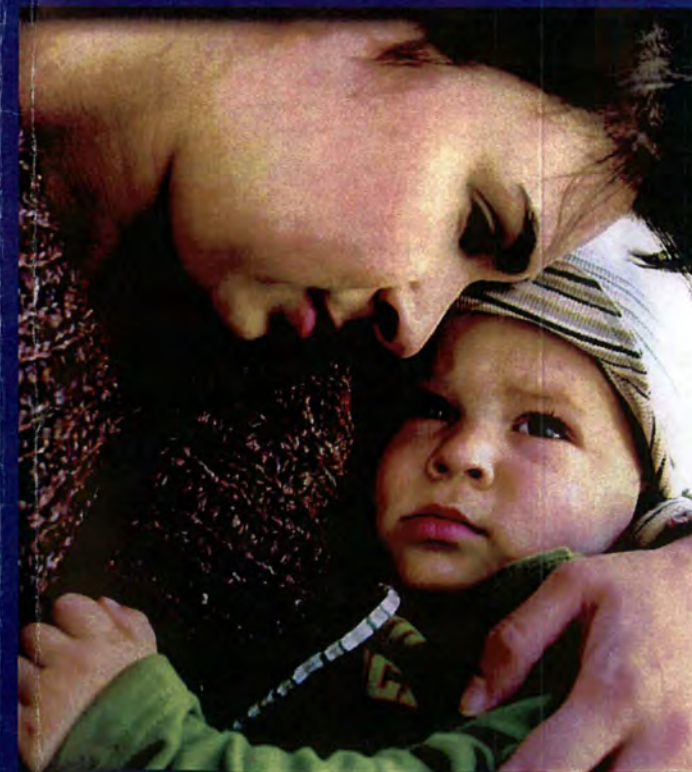
Children's  
Health Fund



Columbia University  
MAILMAN SCHOOL  
OF PUBLIC HEALTH  
National Center for Disaster Preparedness

# My Family Disaster Plan

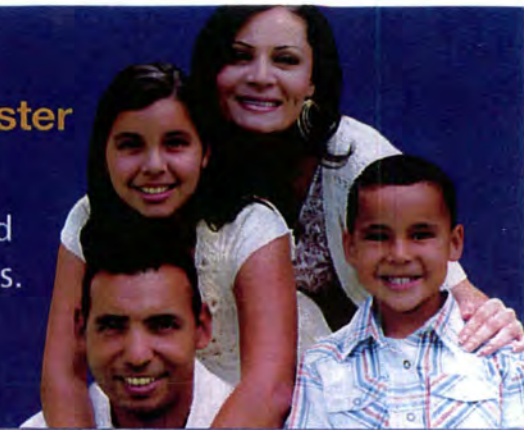
Be Prepared:  
How to Help Your Family in any Disaster



# My Family Disaster Plan

## Working Together to Prepare for a Disaster

A simple plan can prepare you and your family members. An important part of being prepared is thinking about the following 4 important areas. Planning ahead gives you the best chance to make it through ANY disaster.



## 1. Water & Food



### Think About:

- Your drinkable water supply. It should be your number one priority. Without water, a person can only survive for a few days.
- Storing or purifying water in case your normal supply is shut off or polluted.
- The other local sources that are available to you, such as rivers, lakes, or hot water tanks.
- How much food you will need and who you will need food for.
- Grocery stores. They might be closed for long periods of time.
- Whether you will need water or heat to prepare food.

### Plan Ahead:

- Have one gallon of purified water per person, per day, for at least 3 days for drinking and sanitation.
- Have at least a three day supply of non-perishable food.
- Buy inexpensive, healthy shelf stable food to store. Bulk items could spoil once opened.

**TIP** Food is important, but only if you've figured out your water needs first!

### How to purify water



- Boil water for at least one full minute, then cool; or
- Use plain, unscented bleach: Add 16 drops per gallon of water, let sit 30 minutes.

## 2. Shelter & Supplies

### Think About:

- What you will do and what you will need if you stay home during a disaster.
- What you would take with you if you are evacuated from your home (including important papers).
- What you will do with your pet(s).

### Plan Ahead:

- Speak to your doctor to help you plan for family members with special health care needs.
- Have a handy emergency kit ready that can go with you.
- Eyeglasses and a sufficient supply of personal medications must stay with you. Bring them with you if you evacuate.
- Have a smart collection of other emergency equipment.

Be sure to include:

- Flashlight
- battery or crank operated radio
- money
- spare batteries
- bathroom and hygiene supplies

**TIP** Creating an emergency kit doesn't have to be expensive. You may already have the items in your home. Be sure to check the supplies you already have.



## 3. Communication

### Think About:

- How you will find your family if you are separated during a disaster.
- Selecting a meeting place and choosing a phone number to call into so you can reconnect. Make sure everyone has the information.



### Plan Ahead:

- Talk to your family – everyone should have a plan of action. Have a family meeting and develop the plan together!
- Create a plan that you can use in all kinds of disasters.

**TIP** Make sure everyone's safe and plan to meet up or call in. Make the call count!

## 4. Your Community

### Think About:

- People in your neighborhood who will need help in a disaster (elderly people, handicapped).
- Your child's school's disaster and evacuation plans.

### Plan Ahead:

- Get to know your neighbors and talk about how you can help each other in a disaster.
- Join community groups and volunteer to help with disaster preparedness.
- Learn CPR and first aid.

**TIP** Work with your local emergency officials to spread the word about preparation with your community.



**American  
Red Cross**

**Family Disaster Plan  
and  
Personal Survival Guide**

**Emergency Services  
American Red Cross Bay Area  
Diablo Chapter  
1300 Alberta Way  
Concord, Ca 94521-3705  
(925) 603-7400**

# Family Disaster Plan and Personal Survival Guide

There are many different kinds of disasters. Earthquakes, floods, fires, airplane crashes, chemical spills, pipeline leaks and explosions, and other, small and large which seldom give warning and are always equally devastating to their victims, This guide is primarily geared to earthquakes, but the planning you and your family do now will be of benefit when and if any disaster strikes you.

## Preparation

**Family Meetings:** At least once a year have a meeting with your family to discuss and update your plan and determine what training, equipment and supplies are needed. Occasional drills will assure quick reaction and avoid injury and panic in an emergency. Share your plans with neighbors, friends, relatives and co-workers.

## Training:

1. How to protect yourselves from falling objects, smoke, fire, caustic fumes, etc.
2. First Aid (available through your Red Cross Chapter)  
Persons Trained: \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_  
Location of First Aid Kit: \_\_\_\_\_
3. How and Where to shut off utilities: \_\_\_\_\_  
Location of gas valve: \_\_\_\_\_  
Location of wrench: \_\_\_\_\_  
Location of main water valve: \_\_\_\_\_  
Location of main circuit breaker: \_\_\_\_\_  
Location of other utilities: \_\_\_\_\_  
\_\_\_\_\_

### 4. Draw a Plan of your Home

On a separate piece of paper draw a floor plan of your home showing the location of exit windows  $\wedge$  and doors  $\blacktriangle$ , utility cutoffs  $\bullet$ , First Aid Kit  $\oplus$ , emergency supplies  $\square$ , food, clothing, tools, etc. Be sure everyone in your household is familiar with it. Show it to babysitters and house guests when you're going to be away. They could use it to show someone to a utility cutoff in an emergency.

### 5. Alternate places to meet around home

Outside \_\_\_\_\_

Inside \_\_\_\_\_

6. Alternate reunion locations when family is not at home, e.g. home Red Cross shelter, neighbors, relatives, park, school, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Name and telephone number of person outside area for family members to call to report location and condition:  
\_\_\_\_\_  
\_\_\_\_\_

8. What is your school disaster policy? Church? Club? Other? Are medical consent forms complete?

Where are emergency supplies and equipment located?

Portable Radio: \_\_\_\_\_

Flashlight/Batteries: \_\_\_\_\_

Water: \_\_\_\_\_

Food: \_\_\_\_\_

Sanitation Supplies: \_\_\_\_\_

Fire Extinguisher: \_\_\_\_\_

Tools: \_\_\_\_\_

Blankets: \_\_\_\_\_

Cooking Equipment \_\_\_\_\_

Safety Equipment: \_\_\_\_\_

Prescription Glasses: \_\_\_\_\_

Medications: \_\_\_\_\_

Complete set of clothes, shoes, gloves:

\_\_\_\_\_

\_\_\_\_\_

# Home Emergency Supplies

This list consists of items usually available in a home and used regularly. It is designed to help your family identify and organize for any emergency. Quantities of these emergency supplies should be adequate for at least 48 hours. A 2 week supply is recommended as a minimum reserve of water, food, medicine, and other consumable items.

## Survival

- Water -- 2 quarts to 1 gallon per person per day.
- First Aid Kit -- ample and freshly stocked.
- First Aid Book -- know how to use it.
- Food -- canned or dehydrated. Pre-cooked and/or requiring minimum heat and water. Consider infants, pets, and other special dietary requirements.
- Can opener.
- Blankets - or sleeping bag for each member of family
- Radio - Portable, battery operated. Spare batteries.
- Critical medication and glasses -- as required
- fire extinguisher -- dry chemical.
- Flashlight -- fresh and spare batteries and bulb
- Watch or clock -- battter or spring wound

## Sanitation Supplies

- Large plastic trash bags -- for trash, waste, water protection, ground cloth
- Large trash cans
- Hand soap , Liquid detergent, Shampoo
- Toothpaste and toothbrush
- Pre-moistened towlettes (wet wipes)
- Deodorant , Dentures, Feminine supplies
- Infant supplies, Toilet Supplies
- Powdered chlorinated lime -- add to sewage to deodorize, disinfect and keep away insects.
- Newspapers- to wrap garbage and waste. Can also be used for warmth.

## Safety

- Heavy shoes -- for every family member (boots)
- Heavy gloves -- for every person clearing debris.
- Candles, Matches -- dipped in wax & in waterproof container
- Clothes -- complete change kept dry (in bags, preferably vacuum sealed)
- Knife -- Sharp or razor blades
- Garden hose -- for siphoning and fire fighting

## Cooking

- Barbeque -- charcoal & lighter or gas
- Plastic bags -- various sizes, sealable
- Pots -- at least 2
- Paper plates, Paper towels, Plastic utensils

# Tools

- Axe
- Shovel
- Broom
- Crescent wrench -- for turning off gas main (Small and Large)
- Screw driver -- (small and large, philips and flathead)
- Pliers
- Hammer -- Claw
- 1/2" Rope -- nylon, 100-200 feet
- Coil of bailing wire
- Tape -- Duct and electrical
- Pen and Paper

## Car Mini-Survival Kit

- Non- Perishable food -- Store in coffe cans
- Bottled water
- First Aid Kit Fire extinguisher -- CO2
- Sealable plastic bags Flares Blanket.
- Flashlight -- fresh and spare batteries and bulb
- Critical medication
- Tools -- screwdrivers, pliers, wire, short rubber hose -- for siphoning
- small package of tissues
- pre-moistened towlettes (wet wipes)

## Water Tips

To Purify drinking water use any of the folowing methods:

1. Boil for 5-10 minutes
2. Add 10 drops of household bleach per gallon of water, mix well and let stand for 30 minutes. A slight smell or taste of chlorine indicates the water is good to drink.
3. Add household tincture of iodine the same manner as bleach above
4. Use commerical purification tablets such as Halazone or Globaltine.

Learn how to remove the water in the hot water heater and get other water supplies

## Important Telephone Numbers

1. Fire Dept

2. Police Dept

3. Emergency Medical

4. Physician

5. Gas Co.

6. Electric Co.

7. Water Co.

8.

9.

10.

## Inspect your home:

- 1. Secure water heater, refrigerator, tall and heavy furniture to wall studs.
- 2. Move heavy items to lower shelves.
- 3. Install clips, latches and other locking devices on cabinet doors.
- 4. Provide strong support and flexible connections on gas appliances
- 5. Remove or Isolate Flammable materials

## During an Earthquake:

1. If you're indoors get under a table, desk or bed, or brace yourself in a strong doorway. Watch for falling, flying and sliding objects. Stay away from windows.
2. If you're outdoors move to an open area away from buildings, trees, power poles, brick or block walls and other objects that could fall.
3. If you're in an automobile stop and stay in it until the shaking stops. Avoid stopping near trees and power lines, on or under overpasses
4. If you're in a high rise building get under a desk until shaking stops. Do not use the elevator to evacuate, Use the stairs.
5. If you're in a store, get under a table, or any sturdy object or in a doorway. Avoid stopping under anything that could fall. Do not dash for exit. Choose your exit Carefully

## If you must evacuate:

1. Prominently post message indicating where you can be found.
2. Take with you:
  - A. Medicines and First Aid Kit
  - B. Flashlight, Radio and Batteries
  - C. Important papers and cash
  - D. Food, sleeping bags/blankets and extra clothes
  - E. Make arrangements for pets

## After a disaster

1. Put on heavy shoes immediately to avoid injury from stepping on glass and other debris.
2. check for injuries and give first aid
3. Check for fires and fire hazards
  - A. Sniff for gas leaks, starting at hot water heater. If you smell gas or suspect a leak, turn off main gas valve, open windows, and carefully leave the house. Do NOT turn lights on or off, light matches, or do anything that makes a spark.

Note: Do not shut off gas unless an emergency exists. If time permits call the gas company or a qualified plumber. Do not turn it back until gas company or plumber has checked it out.

B. If water leaks are suspected shut off water at main valve.

C. If damage to electrical system is suspected (frayed wires, sparks, or the smell of hot insulation) turn off system at main circuit breaker or fuse box.

4. Check neighbors for injury
5. Turn on radio and listen for advisories. Locate light source, if necessary
6. Do not touch any downed power lines or objects touched by downed wires.
7. Clean up potentially harmful material
8. Check to see that sewage lines are intact before continued flushing of toilets
9. Check house, roof, chimney for damage
10. Check Emergency supplies
11. Do not use phone except for genuine emergencies
12. Do not go sightseeing
13. Be prepared for after shocks
14. Open closets and cupboards carefully
15. Cooperate with public safety officials. Be prepared to evacuate when necessary

## American Red Cross Disaster Relief

Red Cross disaster assistance may be in the form of feeding stations, clothing, shelter, cleaning supplies, comfort kits, first aid, or the provision of other basic needs. The Red Cross supplies blood and handles welfare inquiries, and as soon as possible helps with the most urgent needs to enable families to resume living as a unit. Given on the basis of verified need help may include funds for food, clothing housing, fuel, cooking and eating utensils, bed and bedding, cleaning supplies, linens, rent, necessary furniture, medical and health care, prescription drugs, prosthetic devices, eyeglasses, personal occupational supplies and equipment, transportation, and minor home repairs.

All Red Cross help to disaster victims is an outright gift. No repayment is required or requested. All funds used by the Red Cross for this purpose are voluntarily donated by the American People

Red cross disaster services are carried out by trained volunteers supported by a few paid staff, Your local chapter needs your help.

Why not call or come in soon to find out how you can become a Red Cross Volunteer

# Your Family Disaster Supplies & Preparedness Calendar



The Family Disaster Supplies & Preparedness Calendar is intended to help you take appropriate preparedness actions and create a 3–7 day disaster supply kit before the next emergency happens. Using the calendar, your family can assemble an emergency kit in small steps over a six month period. Check off each of the items you collect or the actions you take during the week. Supplies may be stored all together in a large plastic garbage can with wheels, putting the heavy items at the bottom. When medical supplies, flashlights and emergency items are placed near the top, they can be located quickly for inspecting and restocking. Remember to rotate your perishable supplies and change water every six months. **Review this calendar every six months.** For example, each time you change your clock, review this list.

Note: You should store 1–2 gallons of water per person for each day. This water is for consumption and sanitation. For this reason the calendar repeats the need to purchase water several times.

## MONTH ONE

### Week One

#### Grocery Store

- 1 gallon of water\*
- 1 jar peanut butter\*
- 1 large can juice\*
- hand-operated can opener
- instant coffee, tea, powdered soft drinks
- permanent marking pen to mark date on cans & bottled water
- 1 gallon of water for each pet

Also: pet food, diapers, and/or baby food if needed.

#### To Do

- Establish an out-of-state contact to call in case of disaster.
- Prepare a list of important phone numbers: out-of-state contact, physicians, veterinarian, family, creditors, insurance, etc.
- Make a family plan. Follow the information from the Workbook or Red Cross brochures.

### Week Two

#### Hardware Store

- crescent wrench
- heavy rope
- duct tape
- 2 flashlights with batteries
- bungee cords
- water proof matches

#### To Do

- Check your house for hazards. Follow the Reduce Hazards Booklet or Red Cross brochures.
- Identify which hazards you will reduce first.
- Locate your gas meter and water shutoffs and attach the proper tool near each.
- Obtain a collar-tag or microchip for your pet for emergency identification

### Week Three

#### Grocery Store

- 1 gallon of water\*
- 1 can meat\*
- 1 can fruit\*
- sanitary napkins
- video tape
- 1 gallon of water for each pet

Also: pet food, diapers, and/or baby food if needed.

#### To Do

- Use a video camera to tape the contents of your home for insurance purposes.
- Store video tape with friend/family member who lives out of town.
- Investigate home/ rental insurance.
- Date each can of food using a marking pen.

### Week Four

#### Hardware Store

- plumber's tape
- crow bar
- smoke detector with battery
- tarp

Also: extra medications or prescription marked "emergency use," if needed

#### To Do

- Install or test your smoke/ fire/carbon monoxide detector. Replace batteries.
- Tie water heater to wall studs. Follow the diagrams in the Reduce Hazards booklet.

\* Purchase one item per person

## MONTH TWO

### Week Five

#### Grocery Store

- 1 gallon of water\*
- 1 can meat\*
- 1 can fruit\*
- 1 can vegetables\*
- 2 rolls toilet paper\*
- extra toothbrush\*
- personal hygiene items: toothbrush, comb, etc.
- travel size tooth paste

Also: special food for special diets.

#### To Do

- Have a fire drill at home.
- For pets, ask veterinarian about appropriate size container for evacuating. (Vets may have info on used containers.)

### Week Six

#### First Aid Supplies

- aspirin and/or acetaminophen
- compresses
- rolls of gauze or bandages
- first aid tape
- adhesive bandages in assorted sizes
- cold packs

Also: extra hearing aid batteries, if needed.

#### To Do

- Check your child's day care or school to find out about disaster plans.
- Take first aid/CPR class.
- Purchase a camp stove and fuel to boil water as needed

### Week Seven

#### Grocery Store

- 1 gallon of water\*
- 1 can ready-to-eat soup (not concentrate)\*
- 1 can fruit\*
- 1 can vegetables\*

Also: extra plastic baby bottles, formula and diapers, if needed.

#### To Do

- Research how to become a licensed ham radio operator.

### Week Eight

#### First Aid Supplies

- scissors
- tweezers
- antiseptic
- thermometer
- disposable hand wipes
- sewing kit
- waterproof plastic container for first aid supplies

#### To Do

- Send some of your favorite family and pet photos (or copies) to family members out of state for safe keeping.

## MONTH THREE

### Week Nine

#### Grocery Store

- 1 gallon of water\*
- 1 can ready-to-eat soup (not concentrate)\*
- liquid dish soap
- 1 quart plain liquid bleach
- 1 box heavy-duty garbage bags

Also: saline solution and a contact lens case if needed.

#### To Do

- Place a pair of hard sole shoes and a flashlight under your bed so that they are handy during an earthquake.

### Week Ten

#### Hardware Store

- waterproof portable plastic container (with lid) for important papers
- portable AM/FM radio (with batteries)
- 1 flashlight (with batteries)

Also: space blanket, blankets or sleeping bag for each family member and pet.

#### To Do

- Make photocopies of important papers and store safely.
- Update animal vaccination records. Put with important papers.

### Week Eleven

#### Grocery Store

- 1 gallon of water\*
- 1 large can juice\*
- large plastic food bags
- 1 box quick energy snacks
- 3 rolls paper towels
- ¼ teaspoon (or 1ml) measuring device (for use with bleach to treat water)

Also: sunscreen, if needed.

#### To Do

- Store a roll of quarters for emergency phone calls, extra cash and credit cards.
- Go on a hunt with your family to find a pay phone near your home.

### Week Twelve

#### First Aid Supplies

- anti-diarrhea medicine
- rubbing alcohol
- 2 pair latex gloves
- ipecac syrup and activated charcoal (for accidental poisoning)
- children's vitamins

Also: items for denture care, if needed.

#### To Do

- Take your family on a field trip to main electrical panel, gas meter and water shutoff. Demonstrate how to turn them off. If the valves don't move, contact the utility for repair.

\* Purchase one item per person



## MONTH FOUR

### Week Thirteen

#### Hardware Store

- whistle
- ABC Fire extinguisher
- pliers
- vise grips
- local area map
- hand warmers
- extra batteries for radio and flashlight

#### To Do

- Find out if you have a neighborhood safety organization and join it!

### Week Fourteen

#### Grocery Store

- 1 can fruit\*
- 1 can meat\*
- 1 can vegetables\*
- 1 package paper plates\*
- eating utensils
- package paper cups
- adult vitamins

#### To Do

- Develop a neighborhood pet care plan.

### Week Fifteen

#### Hardware Store

- extra flashlight batteries
- masking tape
- hammer
- "L" brackets or flexible straps to secure tall furniture to wall studs

#### To Do

- Brace shelves and cabinets.
- Secure fish tanks, bird houses and reptile cages.

### Week Sixteen

#### Grocery Store

- 1 can meat\*
- 1 can vegetables\*
- 1 box large heavy-duty garbage bags
- kleenex
- 1 box quick energy snacks (granola bars or raisins)

#### To Do

- Make a plan to check on a neighbor who might need help in an emergency.

## MONTH FIVE

### Week Seventeen

#### Grocery Store

- 1 box graham crackers
- assorted plastic containers with lids
- assorted safety pins
- dry cereal

Also: extra clothing like jacket, towels, hat, umbrella, gloves, shoes, etc.

#### To Do

- Arrange for a friend or neighbor to help your children or watch your pets if you are at work.

### Week Eighteen

#### Hardware Store

- "child-proof" latches or other fasteners for your cupboards
- double sided tape or velcro-type fasteners to secure moveable objects
- extra rope or leash for pet

#### To Do

- Pack a "go-pack" in case you need to evacuate.

### Week Nineteen

#### Grocery Store

- 1 box heavy duty garbage bags
- 1 box quick energy snacks
- pen and paper

#### To Do

- Have an earthquake drill at home.
- If you are a licensed ham radio operator, contact a local government agency to volunteer for emergency service.

### Week Twenty

#### Grocery Store

- camping or utility knife
- extra radio batteries

Also: for each pet, extra medications or prescription marked "emergency use," if needed.

#### To Do

- Find out about your workplace disaster plans.

## MONTH SIX

### Week Twenty One

#### Hardware Store

- heavy work gloves
- 1 box disposable dust masks
- screw driver
- plastic safety goggles

### Week Twenty Two

#### Grocery Store

- extra hand-operated can opener
- 3 rolls paper towels

### Week Twenty Three

#### Hardware Store

- battery powered camping lantern with extra battery or extra flashlights
- for pets, a large ground screw to tie animals to when fences fall

### Week Twenty Four

#### Grocery Store

- large plastic food bags
- plastic wrap
- aluminum foil

\* Purchase one item per person

# Create a Family Disaster Supplies Kit

## To Get Started

- Review suggestions in the Emergency Preparedness Workbook.
- Check your house for supplies that you already have on hand.
- Decide where to store supplies (food may be packed together in a single container or kept on shelves for easy rotation).

## Meet With Your Family to Plan

- Discuss the types of disasters that could occur. Explain how to prepare and how to respond.
- Discuss what to do if you need to evacuate.
- Practice your plan.
- At the end of six months, review what you have done. Start with month one of the calendar. Evaluate, rotate and supplement supplies and preparedness actions.

## Suggested Foods *Select foods by your family's needs and preferences. Pick low-salt, water-packed varieties if possible.*

- Canned Meat: tuna, chicken, raviolis, chili, beef stew, spam, corned beef, etc.
- Vegetables: green beans, kernel corn, peas, beets, kidney beans, carrots, etc.
- Fruit: pears, peaches, mandarin oranges, apple sauce, etc.
- Cereal: Cheerios, Chex, Kix, Shredded Wheat, etc.
- Quick Energy Snacks: granola bars, raisins, etc.

Remember to rotate your supplies every six months

## Storage Tips

- Keep food in dry, cool spot - dark area if possible.
- Keep food covered at all times.
- If you open food boxes or cans, do so carefully, so that you can close them tightly after each use.
- Wrap cookies or crackers in a plastic bag and inside a tight container.
- Empty opened packages of sugar, dried fruits and nuts into screw-top jars or air tight cans to protect them from pests.
- Inspect all food for signs of spoilage before use.
- Use foods before they go bad, and replace them with fresh supplies.
- Mark all foods with purchase date. Use ink or a marking pen. Place new items at the back/bottom of the storage area/container, and older ones in front.

### Use\* within 6 months:

- powdered milk (box)
- dried fruit (in air tight container)
- dry, crisp crackers (in air tight container)
- potatoes
- water
- bleach

### Use\* within one year:

- canned condensed milk and vegetable soups
- canned fruits, fruit juices and vegetables
- ready to eat cereals and uncooked instant cereals (in air tight container)
- peanut butter
- jelly
- hard candy and canned meats
- vitamin C
- water in manufactured sealed container

### Long life: *(if checked annually and in air tight containers and proper conditions)*

- wheat
- vegetable oil
- dried corn
- baking powder
- soybeans
- instant coffee, tea and cocoa
- salt
- noncarbonated soft drinks
- white rice
- bouillon products
- dry pasta
- powdered milk (nitrogen-packed)

\*Use or replace these items at the suggested time.

## 72 Hour Emergency Backpack (For 2 persons)

**Cost**

<b>Backpack:</b> Red, 2 pouch w/ zippers, padded strong straps	\$10.00
<b>Breathing protection:</b> 4 pack of paper filter masks, N95 Rated Or optional, industrial respirator, MSA Combo grade	\$3.95 \$28.00
<b>Water:</b> 8 pints, plastic sealed bottles, (fills partial need for fluids) 24 canned variety drinks (2 each 12 pack carton) not in backpack	\$3.00 6.00
<b>Food (sample change to fit your families needs):</b> 5 Oatmeal/fruit chewy bars, variety, metal foil sealed 5 special nutrition sweetened granola bars, foil sealed 5 personal sized packs, cookies, Metal foil sealed 2 powered dry mile "1 qt." Packets, Metal foiled sealed 2 fruit flavored drink mix packets (koolaid) 1 canned meat, tuna, chicken or ham, 12 Oz w/ Can opener 1 Peanut butter, 12 oz, hard plastic jar (3040 Calories/jar) 1 Strawberry jam, 12 oz, Hard plastic (1000 Calories/jar) 1 variety fruit cocktail w/ pull top can (200 calories) 3 Dietary high calorie energy drinks (360 calories each) 1 box Graham crackers, plastic sealed (300 calories) 1 Box saltine crackers, plastic sealed (300 calories) 2 Fruit in Jello cups, Hard plastic w/ seal top (180 calories) 1 Large Can Chiken noodle souyp, pull top (400 calories)	\$2.00 \$3.00 \$1.90 \$1.58 \$1.00 \$3.00 \$2.49 \$3.00 \$1.30 \$4.95 \$3.00 \$3.00 \$1.76 \$2.99
<b>Calories:12000</b> <b>Cost:~\$35.00</b>	
<b>Personal Items:</b> First aid kit, personal clothing change (vacuum bag preferred) Dental care kit, Metal foli thermal blankets, plastic poncho Soap w/ cloth, toilet paper, liquid hand sanitizer, wet wipes Mouthwash, 2 Plastic tissue packs, Personal medications for 3 days Woman/mens grooming, deodorant, water proof matches	\$5.00 \$3.00 \$4.20 \$4.00 \$4.25
Pack weight about 28 lbs	Total Cost: \$68.37

### OTHER EMERGENCY ITEMS IN CAR/TRUNK

<b>Communications:</b> Cellphone with car charger & use your car radio Or Emergency portable Radio, "Eton" Red Cross Model	\$30.00
<b>Shelter Items (stored in car)</b> First Aid Kit: Auto Sized J & J (170 items) Red Cross Labeled/Boxed Fire Extinguisher, Flashlight, Blanket (cotton/wool) (or sleeping bag), 50 ft Rope, Tarp, Small Shovel, Folding Saw, DuctTape, Multi-Tool	\$15.00 \$20.00
<b>Other Items:</b> (hidden safely) 3 days cash (in small bills, with change)	
<b>Documents:</b> copies of birth certificates, drivers license Contact lists w/ phone numbers, family assigned meeting place	

**This is just a overall guide, Change to match your families specific needs. All costs are estimates and can vary**

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## **Contra Costa County Medical Reserve Corps Frequently Asked Questions**

### **What is a Medical Reserve Corps?**

Sponsored by the Office of the Surgeon General, the Medical Reserve Corps (MRC) is a specialized component of Citizen Corps, a national network of volunteers dedicated to ensuring hometown security. MRCs provide the necessary structure to deploy medical and public health personnel in response to emergencies, by identifying specific, trained, credentialed personnel available and ready to serve.

### **What is the mission of the Contra Costa County MRC?**

The mission of the Contra Costa County Medical Reserve Corps (MRC) is to improve the health and safety of the community by training, organizing and utilizing public health, medical and other non-medical volunteers to assist in or augment medical care during disasters, major disease outbreaks or community events.

### **Who can join?**

The Contra Costa MRC is focusing on recruitment of volunteers who would be available during a *local* disaster and are interested in serving as volunteers in our community during medical and health-related emergencies and events. The MRC is supported by Contra Costa Emergency Medical Services (EMS), Health Services' and Public Health Divisions.

Practicing or retired medical professionals, such as physicians, nurses, EMTs, dentists, pharmacists, mental health counselors, veterinarians, nurse assistants and others are invited to join. Community members without medical training can assist with administrative and other essential support functions.

### **What are the requirements to join?**

- Be at least 18 years of age
- Register with Disaster Healthcare Volunteers - [www.healthcarevolunteers.ca.gov](http://www.healthcarevolunteers.ca.gov) where you will 'Affiliate' with the Contra Costa MRC
- Complete the MRC application-with background check.
- Orientation/Basic Training
- CPR Certification
- Psychological First Aid Training
- Complete Federal Emergency Management Agency (FEMA) Incident Command System (ICS/IS) on-line courses IS 100 and 700 in the first six months of joining. IS 200 and 800 are also recommended. (They can be accessed at [www.fema.gov/nims](http://www.fema.gov/nims))

### **What does the MRC do for you?**

- Monthly training
- Networking
- Participation in county and regional exercises
- Emergency Preparedness gear



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Contra Costa Public Health Clinic Services  
**Obesity Prevention and Treatment Program**  
**for Latino Families!**  
**In Spanish in your School!**



School Mobile Clinic



Now available in:

- Concord
- Pittsburg
- Antioch
- Richmond

Contra Costa Public Health Clinic Services  
**¡Citas médicas para familias Latinas para la**  
**prevención y tratamiento del sobrepeso!**  
**¡En su idioma y en su escuela!**

Ahora disponibles en:

- Concord
- Pittsburg
- Antioch
- Richmond



Clínica Móvil

Having **FUN** while learning about  
 healthy eating and being active

Vamos a **DIVERTIRNOS**  
 aprendiendo acerca de nutrición y  
 hábitos saludables



Cooking



Playing



Jugando



Cocinando

Prizes!



This Program is a Free service to Contra Costa Health Plan/MediCal Members

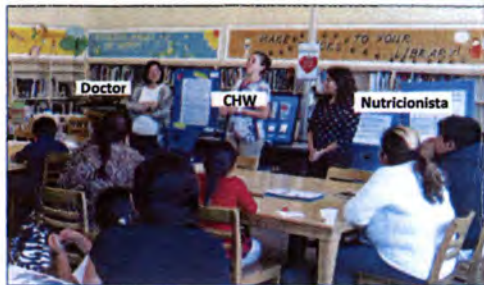
Premios



Este Programa es un Servicio Gratuito para Miembros de Contra Costa Health Plan/MediCal

## Acerca del Programa Familias Activas y Saludables

- 8 citas médicas en grupo
- Presentadas por un:
  - Doctor
  - Nutricionista
  - Trabajadora de salud (CHW)



Uno de los padres debe asistir a las citas con el niño

## ¿Cuándo son las citas y cuánto duran?

- Las citas son después de la escuela
- Duran 2 horas
- Dadas cada dos semanas

Usted recibirá las fechas de las citas y la dirección de la escuela una vez que su doctor haya referido a su hijo al programa Familias Activas y Saludables

## ¿Dónde son las citas?

- Las citas son en la clínica móvil y en la escuela

En la clínica móvil el niño y su mamá se reúnen con el doctor privadamente. A esto le siguen las actividades en grupo en la escuela



## About the Active & Healthy Families Program

- 8 group appointments
- Presented by a:
  - Medical provider
  - Nutritionist and
  - Community health worker (CHW)



Parent/guardian must attend with child

## When and how long are the appointments?

- The appointments are held after school dismissal
- Last 2 hours
- Are scheduled every other week

The dates of the appointments and the school's address will be given to you after you have been referred to the AHF program by your doctor

## Where do the appointments take place?

- Appointments take place in the mobile clinic and in the school premises

In the mobile clinic the child and their parent meet with the medical provider privately. The group activities follow at the school premises



Para más información acerca del programa llámenos al (925) 313-6213 o contáctese con su doctor directamente

For questions and more information about the program call us at (925) 313-6213 or contact your doctor directly





## CLINICAL PROGRAM

### CENTER FOR NEONATAL TRANSITIONAL CARE

- Premature infants with chronic lung disease, medically stable, weight 1400gm, gestational age under 42 weeks, oxygen, steroid, diuretic or nebulizer therapy
- Neonatal and infant drug withdrawal (medication stabilized)
- Feeding issues
- Gastroesophageal Reflux (GER) management
- Caregiver Training
- Pulse oximetry monitoring
- End of life care for infants with conditions incompatible with survival

### PEDIATRIC CHRONIC ILLNESS SERVICES

- TPN/IL therapy (stable on current TPN regimen requiring  $\leq$  once/ week lab work, regimen changes  $\leq$  twice/ week. (Enteral feeds are anticipated)
- Pain management inclusive of pain control analgesia pump management/PCA, CADD
- Palliative care and symptom management
- IV antibiotic therapy with PICC/Hickman/Broviac/Infusion pumps
- HIV management (ISOL)
- Lead poisoning/Chelation therapy
- Gastroesophageal Reflux (GER) management
- Urinary catheter management
- Ostomy management
- Medication management, i.e. weaning and adjustments of medications
- Feeding dysfunction issues (NG/NJ/ND tube feeding)
- Diabetes and insulin pump management

### POST-SURGICAL SERVICES

- Caregiver training. Reinforcement of care plan from referring institutions
- Wound management including wound vacs
- GI/PEG management
- Tracheostomy management (1<sup>st</sup> trach change to be completed by referring institution prior to transfer)
- VP Shunt
- Orthopedic procedures
- Epidural catheter management

## **PEDIATRIC PULMONARY SERVICES**

- Oxygen weaning (patient  $\leq 1/2L$  if  $< 10kg$  and  $1L$  if  $> 10kg$  with pulse oximeter)
- Chronic Lung Disease management
- Cystic Fibrosis care
- Tracheostomy management after first trach change
- Chronic Asthma management
- Caregiver training. Reinforcement of care plan from referring institutions
- Stable vent management
- Chest tube management
- Oxygen therapy as needed
- Stable CPAP/BIPAP management
- Peak Flow measurements
- Nebulizer treatments
- Cough assist and vest therapy

## **OTHER SPECIALTY CLINICAL SERVICES**

- 24 hour Registered Nurse coverage
- Aquatic therapy
- Child life therapy by a certified Child Life Specialist providing individualized therapeutic interventions, activities and expressive therapies
- Family counseling provided by Clinical Psychologist
- Related disease management (Muscular Dystrophy, Cerebral Palsy, Traumatic Brain Injury)
- Ongoing Psychosocial Support by Social Worker for all family members including bereavement services
- Community advocacy & service coordination
- Compassionate extubation facilitation
- End of life care and symptom management for life limited children and young adults
- George Mark care, up to 3 days allowed for viewing, wakes and for family transition
- Coordination of organ and tissue donation services

## **PHYSICIAN SERVICES**

- 24 hour Physician oversight
- Referring Physician can continue to manage patient at GMCH
- Option for referring Physician to have End of Life care patient managed by GMCH Physician

## **OTHER**

- Family Suites for end of life care
- Sensory stimulation room
- Pet therapy
- Music therapy
- Dance/Movement therapy

**CONTACT: KATHY CHONG-LEE, RN CASE MANAGER**  
**[klee@georgemark.org](mailto:klee@georgemark.org) (510) 346-1285**

3/2016



Where hospital meets home  
[www.georgemark.org](http://www.georgemark.org)

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# BY THE NUMBERS: FY 2014-2015

## POPULATION SERVED



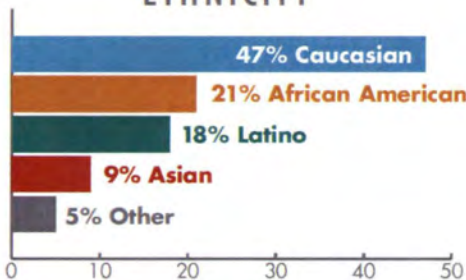
## PATIENT LENGTH OF STAY



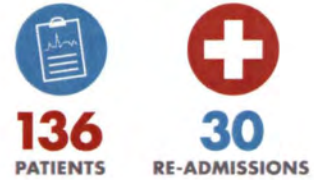
## AVERAGE LENGTH OF STAY



## ETHNICITY



## ADMISSIONS

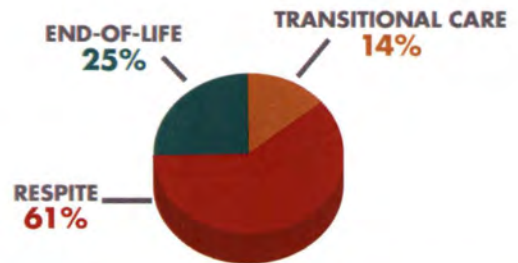


## AVERAGE DAILY PATIENT CENSUS



## TYPE OF CARE

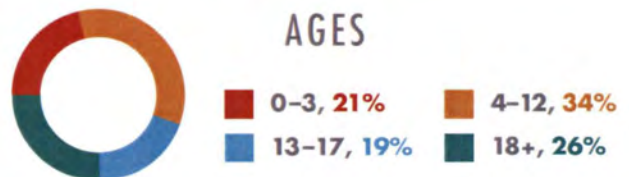
By Patient Care Days



## GEOGRAPHICAL REACH



## AGES







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## **POLICY**

George Mark Children's House (GMCH) provides palliative, end-of-life, transitional and respite care for those children and adolescents diagnosed with a life-limiting condition. Our Interdisciplinary Care Team customizes a variety of services tailored for each child and their unique needs.

For respite families, GMCH requires a tour prior to the first admission. Signature of parents/guardians will be required to acknowledge receipt of, and agreement with the GMCH admission policies at the time of the tour. Respite care is at the subacute level (**074**), generally less than that provided in general acute hospitals but more intense than that provided in skilled nursing facilities.

Effective April 1, 2016, GMCH policies will be transmitted to families and guardians of patients. Prior to admission to GMCH, parents and/or guardians will participate in a Family Meeting with the appropriate GMCH Care Team to review standards of care and the length of service provided by George Mark. For respite patients, required documents must be signed and received in the GMCH Admission Office one week prior to the patient's admission. The absence of signed documents will result in delaying admission.

### **New Referrals effective April 1, 2016**

1. End-of-life care will be provided to children and young adults up to the age of 25.
2. Admission for transitional care will be provided to children and young adults up to the age of 22 and thereafter on a case-by-case basis, subject to medical criteria.
3. Admissions for respite care will be provided to children up the age of 22, dependent on level of care required and operational considerations.
  - a. For patients at 21 years of age, GMCH will work with families to help coordinate alternative adult services to prepare for the transition to an adult environment.
4. The length of respite care will be agreed to and confirmed in advance of admission.
  - a. Respite care consists of a two-night minimum stay at GMCH.
  - b. Respite care will be limited to five (5) consecutive nights, which may be extended on a case-by-case basis dependent on level of care required and operational considerations.

### **Current Patients as of April 1, 2016**

1. Respite Care - Admissions for respite care will be provided to children up to the age of 22, dependent on level of care required and operational considerations.
  - a. For patients at 21 years of age, GMCH will work with families to help coordinate alternative adult services to prepare for the transition to an adult environment.
  - b. For young adults who have exceeded the age criteria set forth above, GMCH will honor current respite commitments through June 30, 2016.
2. The length of respite care will be agreed to and confirmed in advance of admission.
  - a. Respite care consists of a two-night minimum stay at GMCH.



- b. Respite care will be limited to five (5) consecutive nights, which may be extended on a case-by-case basis dependent on level of care required and operational considerations.
3. Admission for transitional care will be provided to children and young adults up to the age of 22 and thereafter on a case-by-case basis subject to medical criteria.
4. End-of-life care will be provided to children and young adults up to the age of 25.

### **Staffing for Patient Care**

1. The GMCH staffing model is based on acuity level and patient census.
2. GMCH does not provide one-on-one nursing care, child care or behavioral oversight.

### **Scheduling Guidelines for Respite Care**

George Mark Children's House endeavors to serve the growing number of families who benefit from the services of GMCH by providing an exceptional experience for all of our families. The following reservation guideline for Respite Care has been established:

- Families are encouraged to reserve their stay thirty (30) days in advance of the requested date and may reserve up to six (6) months in advance.
- The number of respite care days in a calendar year is generally governed by Regional Center policies.
- To serve more Respite children and families, GMCH limits the total nights of respite care in a fiscal year (July 1 – June 30) to no more than twenty-one (21) nights.
- No more than five (5) consecutive nights during one stay.
- Children will be placed on a Waiting List if the families' requested dates are unavailable at that time.

### **Admission Time for Respite Care**

Monday – Friday at the hours of 9:00 am, 11:00 am and 4:00 pm  
Saturday and Sunday at the hour of 10:00 am

### **Discharge Time for Respite Care**

Monday – Friday at the hours of 9:00 am, 11:00 am and 4:00 pm  
Saturday and Sunday at 11:00 am and 2:00 pm





# Policy and Procedure

Subject: Admission Policy  
Policy #: 8.2

Effective Date: 2/16  
Revised Date: 4/16

1. We give permission to use any photos, artwork or video's taken/created including child's first name, age and diagnosis. **Yes** \_\_\_\_\_ **No** \_\_\_\_\_
2. Does your household annual income exceed \$47,000 (family of 4)? This information is relevant to our application for Grant funding. **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

I have read and understand the policies set forth above.

Signature on this document represents agreement to abide by the policies contained herein.

**Child's Name:** \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (Please print)

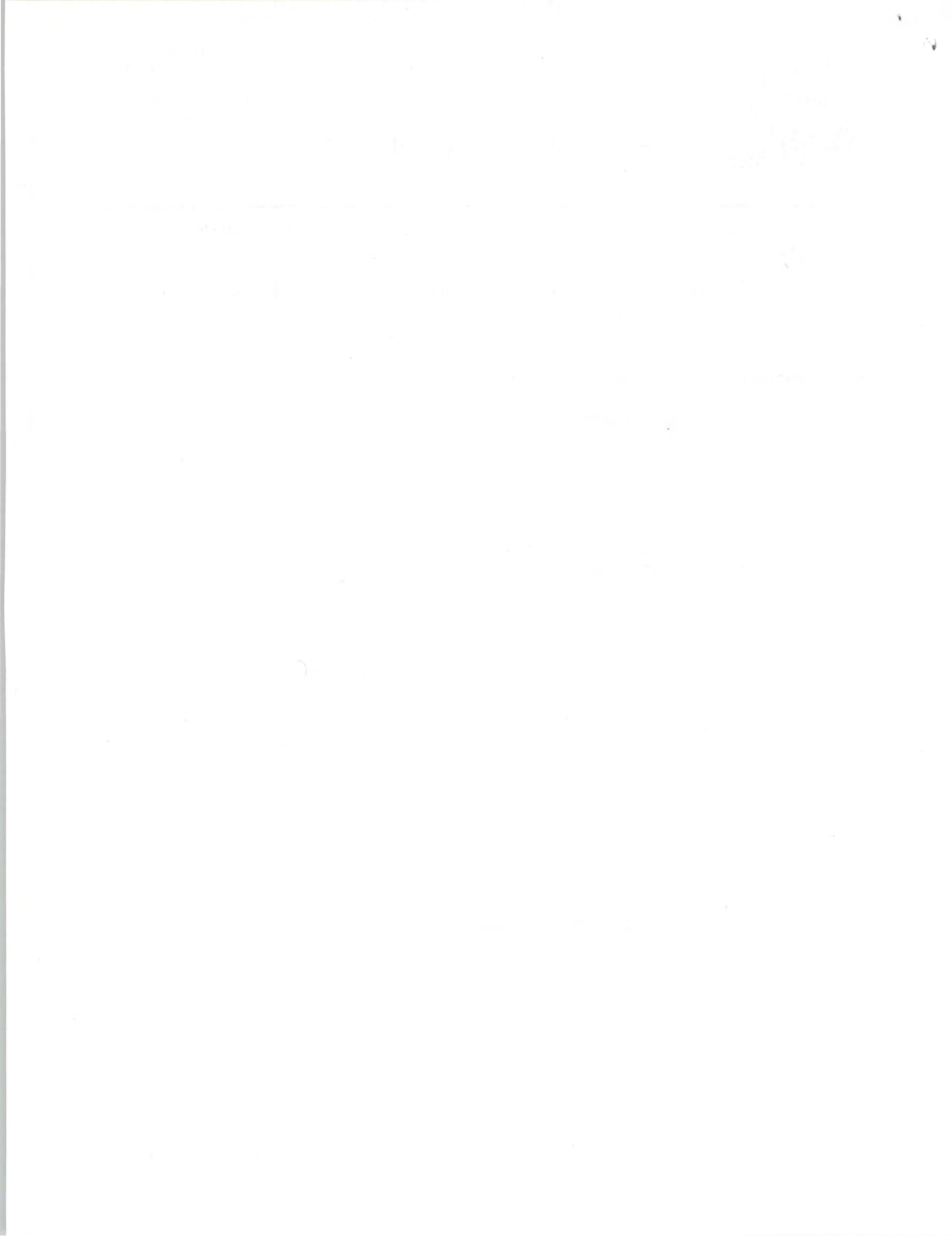
\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
GMCH Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Attachment: 8.2 A. Internal Admission Procedures for George Mark Children's House.





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## WHAT'S THE DIFFERENCE?

### RESPIRE

### TRANSITIONAL

### END-OF-LIFE

**Short-term care administered at any time**

Any individual with special needs

Allows parents time away from their child

Gives the parents time to "recharge" physically and emotionally

Having their child's needs met by a medically certified team

**Provide care between the hospital and home**

Implementing goals of care based on child's needs

Reinforce family education and build confidence to manage care at home

Reduce length of stay in hospital

Ultimately reduce need for ER visits and readmissions to hospital

**Usually administered within the last 6 months of life**

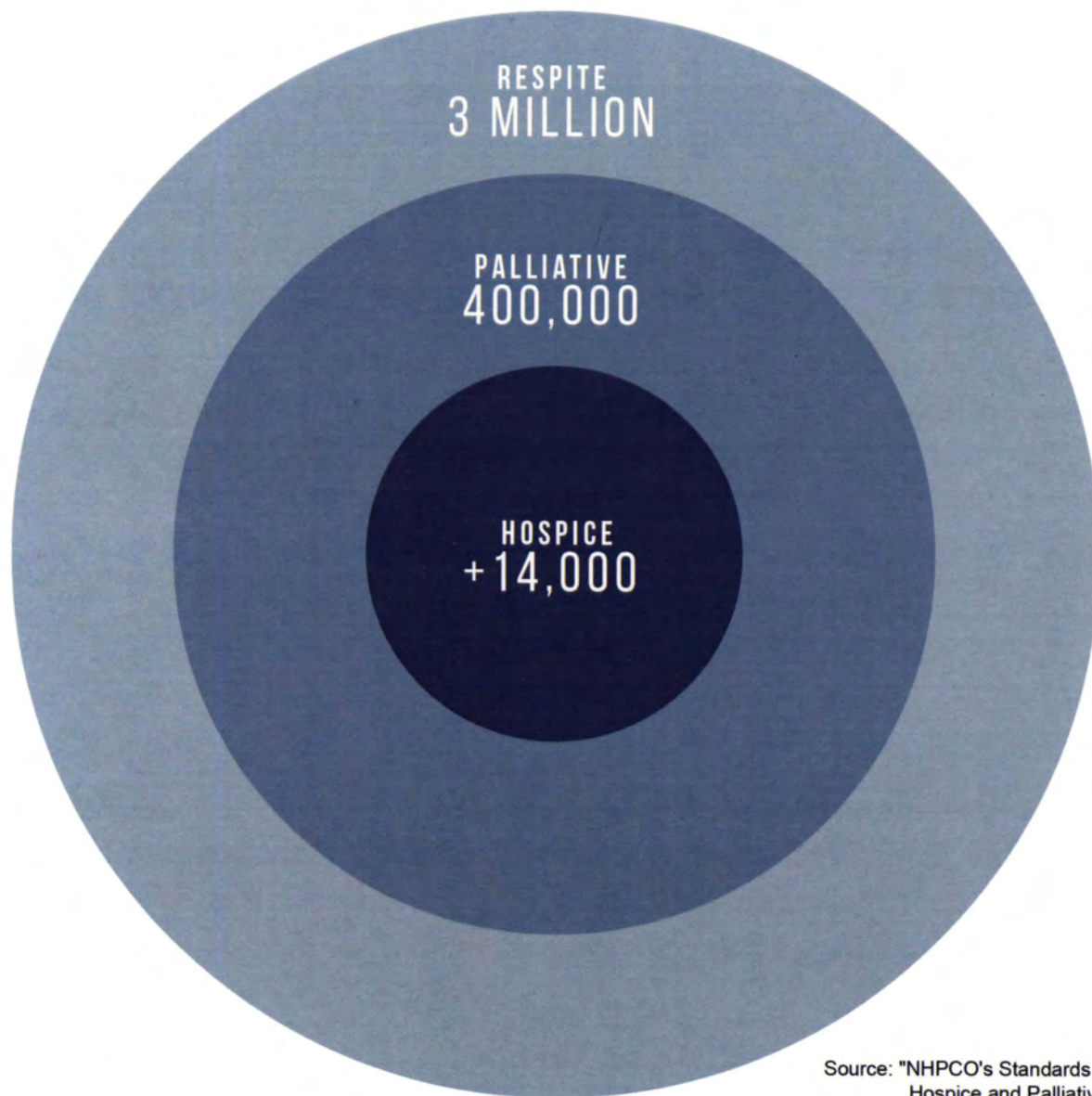
Giving the patient comfort and peace

No curative measures

An understanding that the patient will only live for a short period of time

Halt any medical procedures to prolong life

# HOW MANY AMERICAN CHILDREN WOULD BENEFIT?



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Source: "NHPCO's Standards for Pediatric Care." National Hospice and Palliative Care Organization.