Washington & Idaho Health Care Conference 2026

Recovery starts before the disaster is over

From “We survived” to “We are recovering.” A two-hour session on rebuilding the system, the staff, and the spirit.

BRIAN
System

MEREDITH
Staff

AMBER
Spirit

MIDWEST QIN-QIO

SYSTEM

Brian Feist

RN, BSN, CHEC II
Director of Emergency Preparedness

STAFF

Meredith Koob

Healthcare Workforce Program Specialist

SPIRIT

Amber Rogers

RN, BSN, MSN
Quality Improvement Advisor

Objectives

- Identify how staffing, resident needs, clinical services, resources, technology, transportation, communications, and external partners influence recovery decisions.
- Recognize post-disaster behavioral health impacts on residents and staff, and apply trauma-informed strategies to strengthen recovery, resilience, and safe care
- Apply practical strategies to assess workforce capacity, protect staff well-being, and strengthen workforce resilience throughout disaster recovery.

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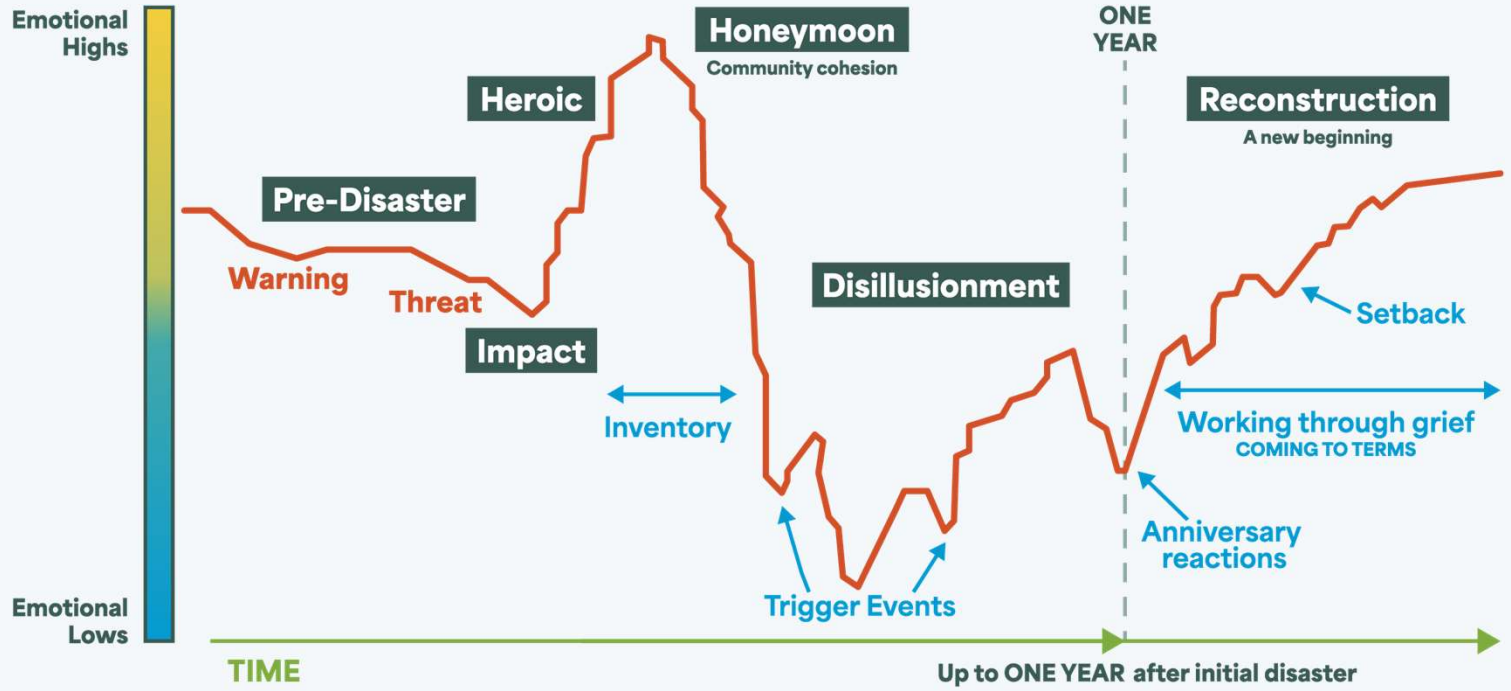
No one who sees a disaster is untouched by it.

"Stand up to your obstacles and do something about them. You will find that they haven't half the strength you think they have."

- Norman Vincent Peale

Phases of disaster response



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Who may need the most support?

Highest needs:

Injured survivors and bereaved loved ones

High exposure:

Evacuees and people directly exposed to the trauma

Extended networks:

Friends, extended family, first responders may be affected

- Major losses & added vulnerability: housing, jobs, prior trauma, or limited resources
- Broader community members may also need support

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“When can we reopen?”

“What does recovery mean?”

Response, recovery, resilience

Response

Stabilization. Stop the harm and hold the building.

Recovery

Restoring capability. Getting back the ability to care.

Resilience

Becoming stronger because of the experience.

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Long-Term Care Recovery

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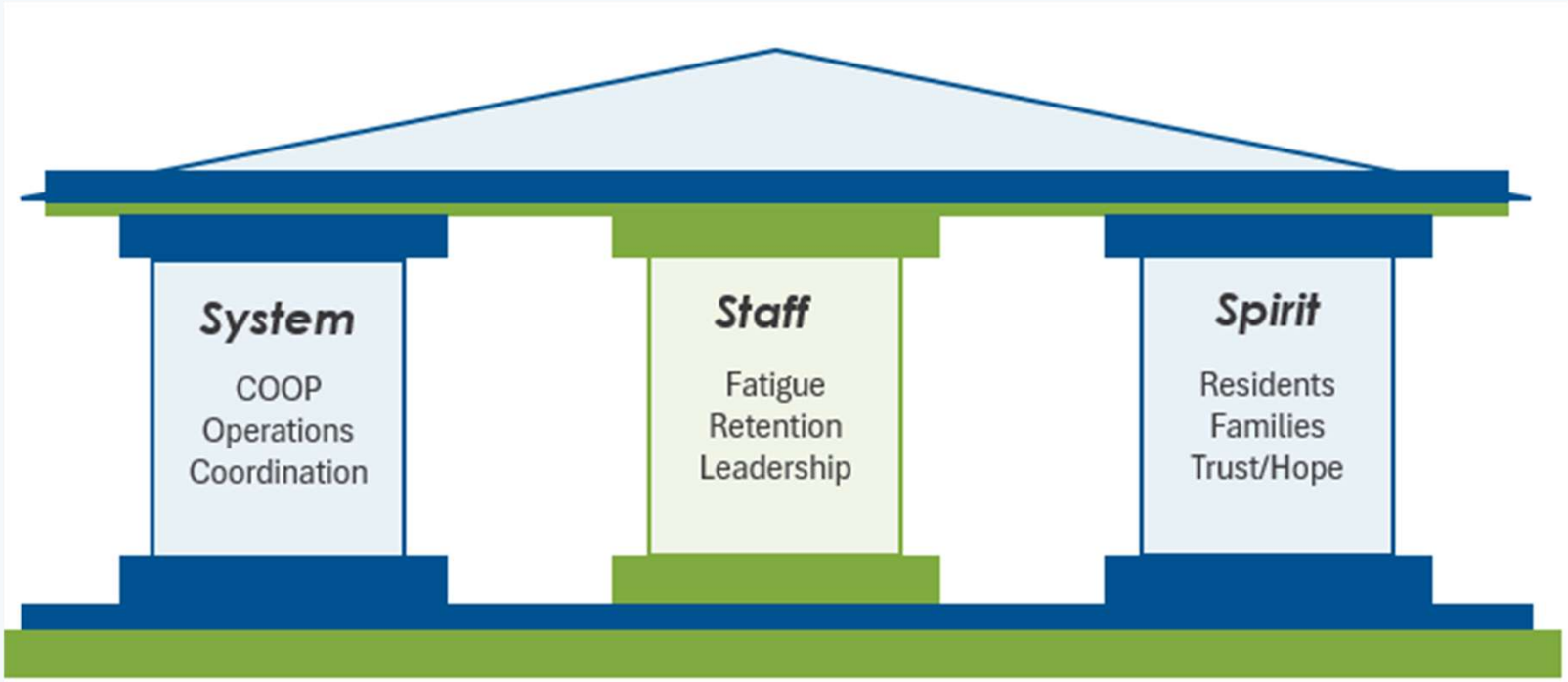
Support for Disaster Recovery



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JA1

Your Building May Be Ready Before Your Workforce Is

THE SAME DISASTER

Staff may have lost housing, transportation, childcare, income, sleep, or a sense of safety.

A DIFFERENT CAPACITY

Attendance alone does not show readiness. Ask what each person can safely do today.

A LEADERSHIP DECISION

Plan for workforce recovery as a core operating capability, with triggers for support and relief.

Heroics may bridge a shift. They cannot carry a recovery.

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Sources: ASPR TRACIE, Tips for Retaining and Caring for Staff after a Disaster; CDC/NIOSH Impact Wellbeing Guide

Slide 11

JA1 Content?
Jennifer Adu, 2026-09-08T18:16:39.361

What staff carry into the shift:

- Lost homes
- Lost transportation
- Childcare challenges
- Family emergencies
- Financial stress
- Their own trauma

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Operational recovery priorities

01 Life safety

02 Resident accountability

03 Staff accountability

04 Facility and environmental safety

05 Medications and clinical continuity

06 Food, water, oxygen, and critical supplies

07 Communications

08 Transportation

09 Documentation

10 Coordination and regulatory notifications

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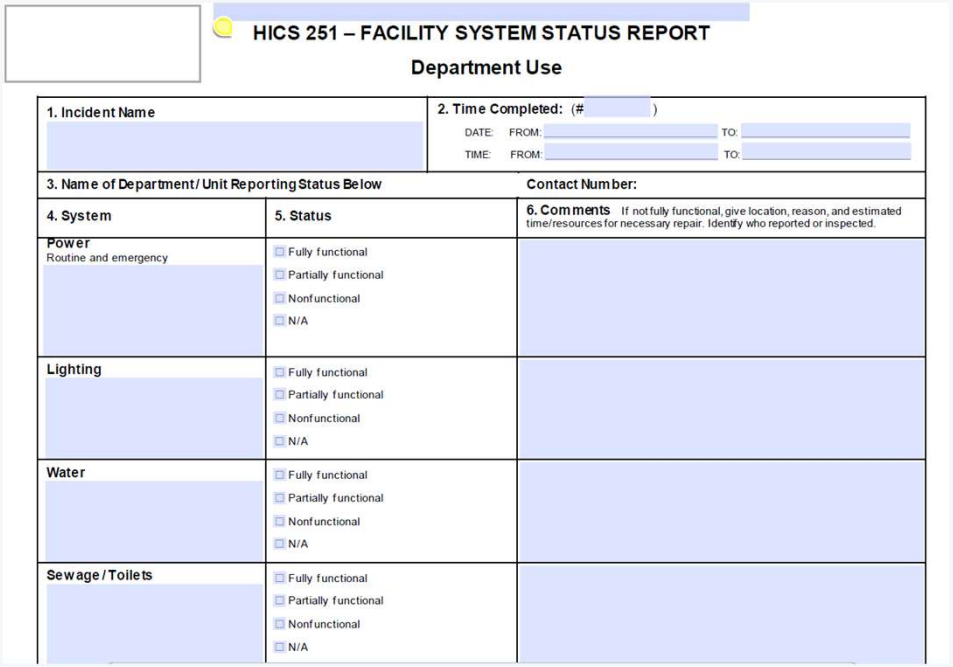
Recovery Documents

NHICS FORMS

Activities Log- 214
Facility Status- 251
Objectives- 255
Resource Request- 257
Resource Tracking- 259/260



HICS 251 – FACILITY SYSTEM STATUS REPORT

Department Use

1. Incident Name	2. Time Completed: (#) DATE: FROM: TO: TIME: FROM: TO:
3. Name of Department/ Unit Reporting Status Below	Contact Number:

4. System	5. Status	6. Comments If not fully functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.
Power Routine and emergency	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Lighting	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Water	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	
Sewage / Toilets	☐ Fully functional ☐ Partially functional ☐ Nonfunctional ☐ N/A	

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The 8 questions that leadership must answer

What is damaged?	**What is unavailable?**	**What is unsafe?**	**What can we operate?**
What can we not operate?	**Which residents need immediate attention?**	**What decisions need executive approval?**	**Who has the authority to decide?**

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The first 72 hours: staffing triage

01

Availability

Who can report now, next shift, and tomorrow?

What barrier could change that?

02

Capability

Which licenses, competencies, local knowledge, and leadership roles are present?

03

Sustainability

Where are fatigue, overtime, family needs or transportation eroding capacity?

04

Escalation

What must incident command solve before the next operational period?

Source: CMS Emergency Preparedness Rule: AHRQ TeamSTEPPS 3.0

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BRIAN / SYSTEM

A minimum viable workforce has more than a headcount

- Enough licensed and competent staff for essential resident care?
- Coverage for medication, dietary, environmental, transport, and supervision?
- Backup for the next operational period, not only the current shift?
- A safe workload after accounting for fatigue, stress, and unfamiliar roles?

Safe Capacity =

People + Competence + Coverage + Recovery time

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The same 72 hours for both staff and residents

Workforce Recovery:

- Determine who is actually available
- Establish a minimum viable workforce
- Identify critical positions
- Develop contingency schedules
- Avoid leaning on overtime, agency staff, and “hero” employees
- Account for transportation and family barriers

Resident Recovery:

- Residents may become more dependent on staff
- Dementia residents become confused when familiar caregivers disappear
- Environmental changes can trigger behavioral changes
- Staff need simple strategies for reassurance and routine

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Reality Check

If you had to operate tomorrow without your:

Normal Staffing Schedule

Electronic Records

Transportation System

Supply Deliveries

What would break first???

The recovery systems framework

Step 01
Assess
What happened, what is damaged, what is unavailable, what changed?

Step 02
Prioritize
What must be restored now, what can't wait, what is essential?

Step 03
Coordinate
Coalitions, hospitals, EMS, emergency management, partners, vendors

Step 04
Restore
Facility, clinical systems, supplies, technology, transport, staffing

Step 05
Validate
Is the facility ready, can staff perform, are residents stable?

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A system isn’t restored if there aren’t enough competent people to operate it.

Staffing levels | Competency | Cross-training | Agency personnel Fatigue | Leadership coverage | Scheduling resilience

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Capability IS people

Workforce Capability:

- Staffing levels and competency
- Cross-training
- Agency personnel
- Fatigue
- Leadership coverage
- Scheduling resilience

Resident Capability:

- Re-establishing routine
- Familiar caregivers & environmental cues
- Environmental changes can trigger behavioral changes
- Staff need simple strategies for reassurance and routine

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Which TWO would you restore first – and why?

Building	Staff	Medications	Food
Technology	Transportation	Resident routine	Communication

Your workforce is the infrastructure of recovery.

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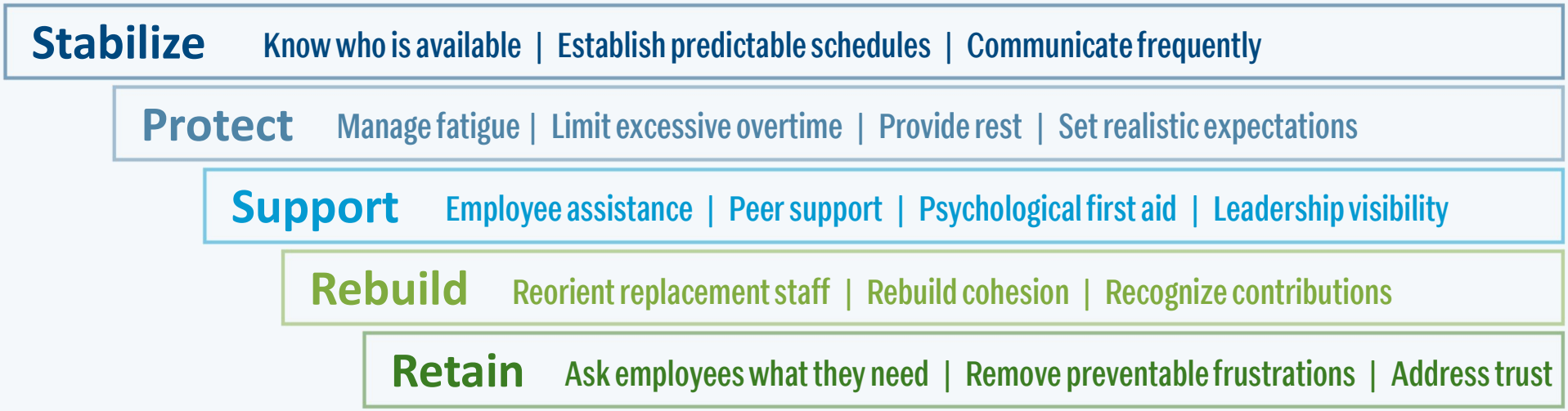
The reality of a post-disaster workforce



The reality of a post-disaster workforce

Damaged homes	**Transportation problems**	**Childcare**	**Elder-care responsibilities**
Financial stress	**Sleep disruption**	**Physical exhaustion**	**Emotional trauma**

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Stabilize, protect, support

STAGE 01

Stabilize

- Know who is available
- Establish predictable schedules
- Communicate frequently

STAGE 02

Protect

- Manage fatigue
- Limit excessive overtime
- Provide rest
- Set realistic expectations

STAGE 03

Support

- Employee assistance resources
- Peer support
- Psychological first aid
- Leadership visibility

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Rebuild, then retain

STAGE 04

Rebuild

- Reorient replacement staff
- Rebuild team cohesion
- Recognize contributions
- Address turnover

STAGE 05

Retain

- Ask employees what they need
- Identify preventable frustrations
- Address trust issues
- Maintain leadership presence

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SCENARIO

You are 10 days post-disaster. The building is operational, but you've lost 25% of your staff. Your best employees are working 6 days a week.

What do you do?

What is resilience?

- Adapt effectively in the face of adversity
- Move forward despite stress and loss
- Build skills through deliberate practice

Five Resilience “Antibodies”

Connection & support	Self-regulation	Self-validation	Self-care	Intentionality

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Connection

Belonging: feel seen, heard, and valued

Growth: support deepens healing

Perspective: remember, “I am not alone”

Self-regulation

- High anxiety can amplify compassion fatigue symptoms
- Regulating your nervous system builds resistance and choice

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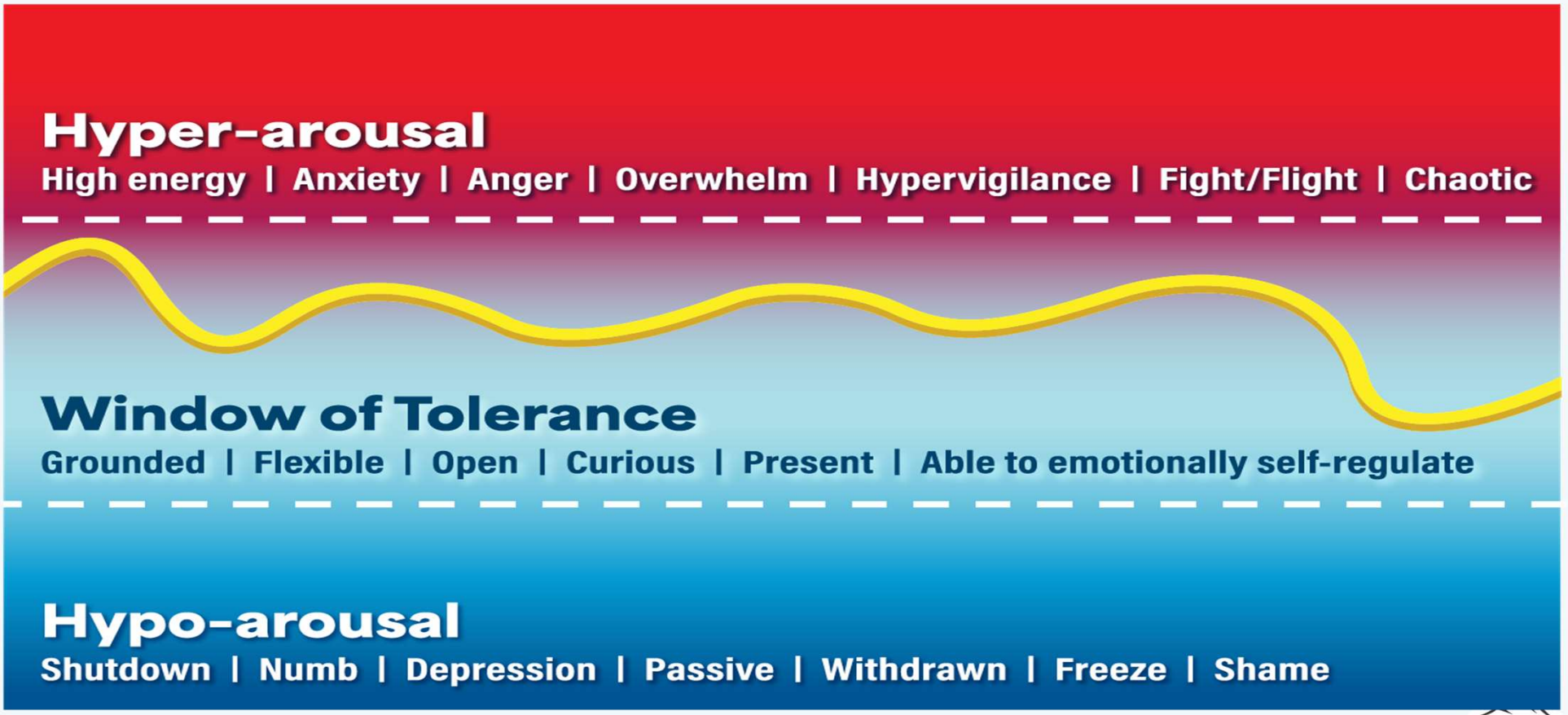
Window of Tolerance



TIME

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Self-care: what gets in the way?

“I’m just not sure/ don’t know what to do.”	**“I don’t have enough time to engage in self-care.”**	**“I feel selfish/guilty when I spend time on myself.”**
↓	↓	↓
Match the activity to the need	Honest inventory	Challenge perceived cultural norms

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Five Resilience “Antibodies”

- Connection and support
- Self-regulation
- Self-validation
- Self-care
- Intentionality

Dr. Eric Gentry

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Nervous system regulation skills and activities

Psoas muscle relaxation	Mindfulness	Breathing	Grounding activities
Micro-break	Mind dump	Move your body	Positive social interaction
Laughter	Affection	Crying	Gratitude

Try cognitive re-framing

STEP 01 **Notice and label the negative thought**

STEP 02 **Self-compassion**

STEP 03 **Challenge the thought: is it true?**

STEP 04 **Replace it with something more realistic.**

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A practice in loving kindness

- May I be well.
- May I be free from suffering.
- May I find peace and joy.
- May I be healthy, connected, and calm.

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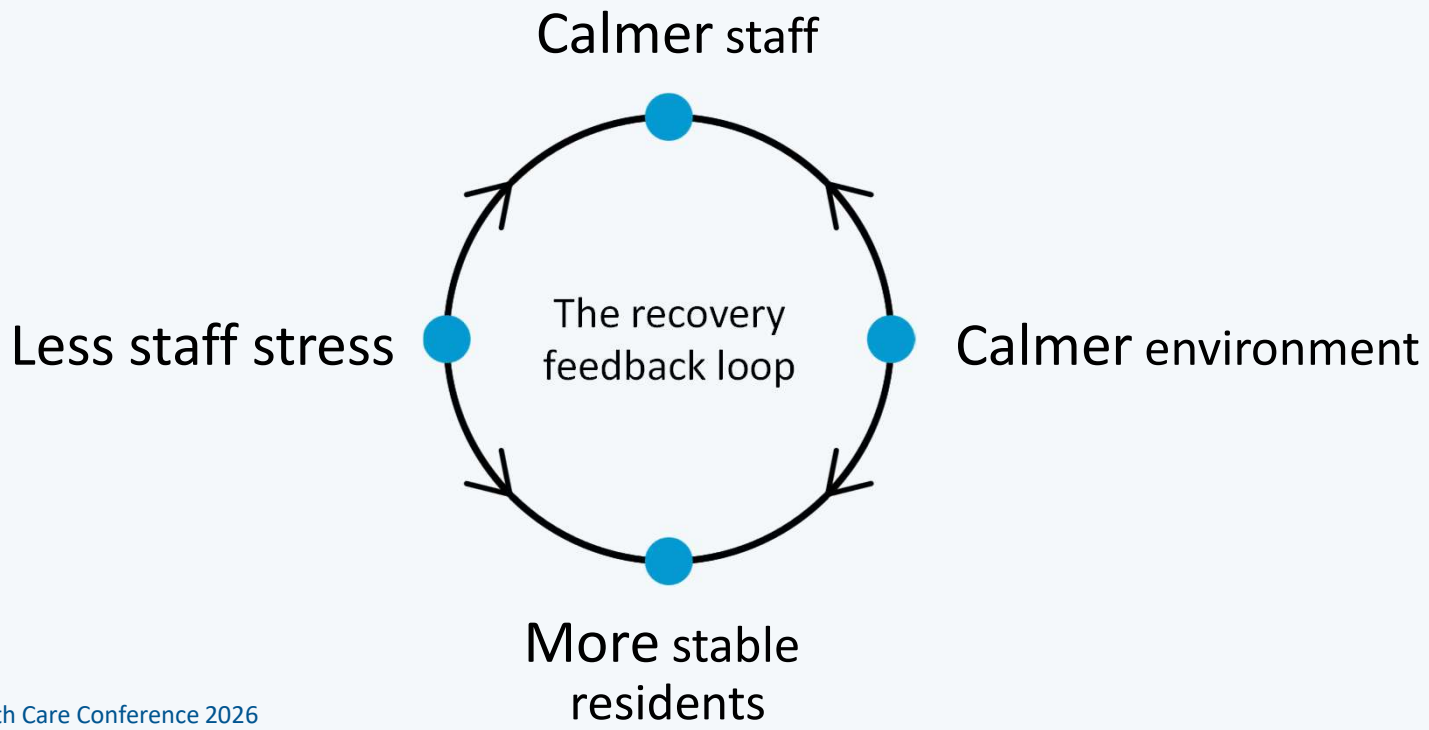
The loop goes both ways



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Try cognitive re-framing

STEP 01 Notice and label the negative thought

STEP 02 Self-compassion

STEP 03 Challenge the thought: is it true?

STEP 04 Replace it with something more realistic.

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What residents may experience

- Loss of home
- Loss of routine
- Loss of independence
- Separation from caregivers
- Separation from family
- Loss of personal possessions
- Fear and uncertainty

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Key risks: older adults

Disrupted medications, care, or essential services	Physical, sensory, cognitive, or mobility limitations	Relocation from familiar settings
Heat, cold, and other disaster-related health risks	Limited social support or unresolved prior losses	Past coping experience can also strengthen resilience

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Key risks: people with prior trauma

Disaster cues may trigger flashbacks, dissociation, or post-traumatic stress disorder (PTSD) symptoms

Risk may rise for anxiety, depression, and renewed vulnerability

Assess trust, current symptoms, and similarity to past trauma

Prior coping experience can also be a source of resilience and peer support

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Key risks: people with serious mental illness

Support. Stability. Same Care. Always!

Meet the immediate need	Look at the whole picture	Keep care going	Watch for changes	Add support when needed
Meet the same immediate needs as other survivors	Assess stability, trauma history, and functioning – not diagnosis alone	Maintain medications, treatment, and essential services	Watch for disrupted routines or worsening PTSD symptoms	Arrange added support or urgent care when stability declines

AUDIENCE REFLECTION

If one of your residents could tell you what the disaster felt like from their perspective, what would they say they lost?

Core Listening Skills

Empathy	Notice and label the negative thought
Reflect Feelings	Name only the emotions the patient clearly expresses
Paraphrase	Restate the message without changing or adding meaning
Validate	Normalize common reactions and reduce isolation

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Try Cognitive Re-framing

STEP 01 Notice and label the negative thought

STEP 02 Self-compassion

STEP 03 Challenge the thought: is it true?

STEP 04 Replace it with something more realistic.

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Anniversary triggers

Media coverage and seasonal reminders	Birthdays, losses, and other dates tied to the disaster	Sights, places, or property connected to the event

- Reactions may be unexpected, personal, and hard to recognize
- Triggers often intensify near the anniversary or during other stressors

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Key tips: Dementia & cognitive impairment

Repetition	Reassurance	Familiar faces	Minimize changes
Simple explanations	Consistent routines	Monitoring for delayed responses	Environmental cues

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Key tips: Psychological first aid

01
Look
Who is struggling?

02
Listen
What are they communicating?

03
Link
What people or resources can help?

04
Reassure
Provide honest, simple information

05
Restore routine
Bring back predictability

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Where behavioral instability shows up

Staffing requirements	Falls	Medication management	Elopement & wandering risk
Hospital transfers	Family complaints	Continuity of care	

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“The only real mistake is the one from which we learn nothing”

~Henry Ford

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What happened during your last emergency that you never want to happen again?

Did your organization change anything because of it?

What the AAR should drive

EOP revisions	Policy changes	Training	Exercises
Staffing strategies	Vendor changes	Mutual-aid agreements	Communication improvements
Resident-specific planning	Capital & infrastructure decisions		

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The three-domain AAR

SYSTEM

- EOP
- Communications
- Supplies
- Transportation
- Technology
- Facility
- External coordination
- Regulatory requirements

STAFF

- Staffing
- Scheduling
- Leadership
- Training
- Fatigue
- Cross-training
- Workforce support

SPIRIT

- Resident experience
- Behavioral health
- Dementia care
- Family communication
- Trauma
- Psychological safety
- Trust

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3 presenters, 3 questions

System

Brian

“Did the system work?”

Staff

Meredith

“Did the workforce have the capability to execute it?”

Spirit

Amber

“Did the people we serve – and the people providing that care – feel safe and supported?”

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PANEL QUESTIONS

Your facility has been evacuated. You're three weeks into recovery. The building is ready, but your workforce isn't. What's your next move?

BRIAN

Operational & regulatory

MEREDITH

Workforce strategy

AMBER

Psychological support

PANEL QUESTIONS

Your strongest employees are exhausted, but you can’t afford to lose them. How do you balance operational need with workforce sustainability?

BRIAN

Continuity implications

MEREDITH

Workforce strategy

AMBER

Burnout & trauma

PANEL QUESTIONS

Six months after the disaster, a surveyor asks, “What did you learn and what did you change?” What should your organization be able to show?

BRIAN

AAR, documentation, corrective actions

MEREDITH

Workforce improvements

AMBER

Behavioral health & resident improvements

Recovery isn’t a checklist. It’s the process of rebuilding the systems that allow you to safely care for people.

Operations | Continuity | Compliance | Coordination

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We're Here for You!

SYSTEM

Brian Feist

bfeist@telligen.com

STAFF

Meredith Koob

mkoob@telligen.com

SPIRIT

Amber Rogers

arogers@mountainpacific.org