Coastal Storm Planning, the Healthcare Facility Evacuation Center (HEC), and Patient Tracking

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NYSDOH Office of Health Emergency Preparedness
Remember; when disaster strikes, the time to prepare has passed.

-- Steven Cyros
Coastal Storm Planning

- Where it was
- Where it is
- Where it’s going
Introduction

The Healthcare Facility Evacuation Center (HEC) is a NYSDOH-run entity that coordinates the evacuation, shelter-in-place (as needed), and repatriation of healthcare facilities during a regional multi-facility evacuation scenario with the assistance of multi-agency partners that are specific to the region that the HEC is operating in. These agencies include local health departments, offices of emergency management, and healthcare facility associations among others.
History of the HEC

• NYC Coastal Storm Plan
  – Coastal Storm Activation Playbook
  – Evacuation Plan
  – Recovery and Restoration Plan
  – Sheltering Plan
  – Logistics Plan
  – Public Information Plan
  – Debris Management Plan
  – Healthcare Facility Evacuation Plan
Healthcare Facility Evacuation Plan

- Healthcare Facility Evacuation Center (HEC)
  - Finds beds for evacuating facilities
  - Arranges transportation between facilities
  - Provides guidance to receiving facilities
  - Provides shelter-in-place guidance
  - Troubleshoots evacuation issues
  - Assists with repatriation
HEC

• Facility Communication
  – Hospitals
  – Nursing Homes
  – Adult Care Facilities

• Regional Coordination
  – Nassau
  – Suffolk
  – Westchester

• Transportation
  – Ambulances
  – Ambulettes
  – Buses

• Field Operations
  • Coordination specialist
The Players

• New York State Department of Health (NYSDOH)
• New York City Office of Emergency Management (NYC OEM)
• Greater NY Hospital Association (GNYHA)
• Health & Hospitals Corporation (HHC)
• NYC Department of Health and Mental Hygiene (DOHMH)
• Veterans Administration (VA)
• NYS Office of Mental Health (OMH)
• Multiple nursing home associations
The Players (Transportation)

- NYSDOH
- NYC OEM
- NYC Fire Department (FDNY)
- Regional EMS Council (REMSCO)
- Metropolitan Transportation Authority (MTA)
- Taxi & Limousine Commission (TLC)
- NYC Department of Education (DOE)
A Tale of Two Hurricanes

Irene (and Lee)  

Sandy
Healthcare Evacuation Center (HEC)
Challenges

• Transportation resources
• Bed availability
• Communications
• Ensuring adequate staffing with mission expansion
• Feeding the beast (sitreps, dashboards, reports, etc.)
Between Hurricanes

• Healthcare Evacuation Plan Update
  – ~10 months
  – 12 workgroups
  – ~85 deliverables
  – >25 planning partners (with consensus)

• Focus
  – SiP, Data systems, regionalization, structure, command/control, HEC facility, sending/receiving arrangements, etc etc etc etc
Between Hurricanes

• Healthcare Evacuation Plan Update
  – ~10 months
  – 12 workgroups
  – ~85 deliverables
  – >25 planning partners (with consensus)

• Focus
  – SiP, Data Systems, regionalization, structure, command/control, HEC facility, sending/receiving arrangements, etc etc etc etc

Plenty of time!!!
What was accomplished

• Majority of Shelter-in-Place work
  – Send/receive arrangements, SiP surveys, Receiving surveys, data analysis, reports, etc.

• HEC Manual
  – JAS, floor plans, timelines, org chart, info flow, scripts, templates, etc.

• Command and Control

• Transportation
What wasn’t completed

• HEC Facility (partially completed – but backup plan was in place)
• Regional Coordination (partially completed)
• Finance (partially completed)
• Repatriation (partially completed)
• Data systems (partially completed)
Hurricane Sandy Oct. 29th 2012

(Photo: National Hurricane Center) Projected path map of Hurricane Sandy.
What Sandy really was
Healthcare Facility Evacuations

• Evacuations:
  – 6,001 Patients and residents were evacuated from NYC Healthcare Facilities
  – 51 Facilities evacuated in NYC, Nassau, Westchester and Suffolk Counties

<table>
<thead>
<tr>
<th></th>
<th>NYC</th>
<th>Nassau</th>
<th>Westchester</th>
<th>Suffolk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals (H)</td>
<td>6 (w/VA and OMH)</td>
<td>1</td>
<td>0</td>
<td>3 (partial – voluntary pre-storm)</td>
</tr>
<tr>
<td>Nursing Homes (NH)</td>
<td>17</td>
<td>5</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Adult Care Facilities (ACF)</td>
<td>14</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Totals:</td>
<td>37</td>
<td>9</td>
<td>3</td>
<td>8</td>
</tr>
</tbody>
</table>
What the HEC was supposed to do

- Healthcare Facility Evacuation Center (HEC)
  - Finds beds for evacuating facilities
  - Arranges transportation between facilities
  - Provides guidance to receiving facilities
  - Provides shelter-in-place guidance
  - Troubleshoots evacuation issues
  - Repatriation
What the HEC did (Mission creep)

• All of the above and some...
  — Dialysis facilities (ESRDs)
  — Fueling for vehicles and generators
  — Generator and pump deployment/sustainment
  — HHS Liaison (coordinating DMAT’s, FMS, etc.)
  — Wellness checks
  — Interim housing/facility procurement/placement
  — Home care staff/agency problem resolution
  — Logistics support to HCFs (meals, equipment, etc.)
  — Patient tracking and family assistance (until system in place)
  — Miscellaneous duties as assigned
## Irene vs. Sandy

<table>
<thead>
<tr>
<th></th>
<th>Irene</th>
<th>Sandy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Evac</strong></td>
<td>~10,000 pre-storm</td>
<td>~6,000 with ~7,600 movements</td>
</tr>
<tr>
<td><strong>HEC</strong></td>
<td>6 days w/ repatriation complete</td>
<td>25 days w/repatriation still ongoing</td>
</tr>
<tr>
<td><strong>HEC Staff</strong></td>
<td>~18</td>
<td>~40</td>
</tr>
</tbody>
</table>
So now what...

- Regionalization
- Data systems
- SiP, sending/receiving arrangements, receiving surveys
- HEC Facility
- Repatriation
- Billing and reimbursement
- Training and exercises
Future of the HEC

• Statewide applicability
  – Statewide implementation 2013-2014
• Scalable
• Non-hurricane scenarios
  – Power outages
  – Natural disasters
  – Target patient populations (burn surge, etc.)
  – Others
The 2013 HEC

• Changes to the operations
• Changes to the staffing
• Changes to the structure
• Changes to the players
Evacuation Decisions

• Facility level
  – You are ultimately responsible for the safety and security of your patients or residents
  – What factors play into the decision?

• Local chief elected official
  – Statutorily identified as the person responsible for issuing a mandatory evacuation
  – What factors play into the decision?
When to use the HEC

• Pre-HEC Activation
  – All HCFs continue to use their partnerships and resources in their evacuation decision-making and operations

• HEC Activation
  – Once HEC is activated, the HEC must be notified of all patient movements to provide better situational awareness and COP
When to use the HEC

• Mandatory Evacuation Order (NYC specific)
  – If a mandatory evacuation order is issued by the local chief elected official, all transportation resources will be coordinated through the HEC
  • Exception: If a system is moving patients within their system and using their own resources, they just need to notify the HEC of those movements
HEC Communications

• Two-way
  – Increased information sharing between HEC and other planning partners
  – New and unified sitrep format

• POC Information
  – NYSDOH Health Commerce System Communications Directory
  – Updated information obtained at the beginning of the response
How to use the HEC

• All HCFs and planning partners will be notified in advance, when the HEC is going to be activated and how to contact the HEC
HEC Staffing

• Same agencies as last year
  – NYSDOH, NYCDOHMH, NYC OEM, GNYHA, SNY, etc.
  – Increased presence of NYSDOH staff

• Increased training for identified HEC staff
New players

• Regionalization
  – Nassau
  – Suffolk
  – Westchester Counties
  – Coordinated through NYSDOH reps in each county EOC

• Two-way information flow
What the HEC is used for

- Bed matching
- Transportation resources
- Shelter-in-Place issues
What local ESF-8 is used for

• Everything else
  – Generators
  – Fuel
  – Placards
  – ESRD issues
  – Etc
  – Etc
How to contact the HEC

• A single phone number will be broadcast to all HCFs and response partners when they are notified about the HEC opening

• Items that are not HEC related will be routed to the respective ESF-8 for further handling

• Contacting your local ESF-8

• Contact numbers will be shared
Bed Matching

- What is entails
- How is it done within the HEC
- HEC responsibilities versus facility responsibilities
Evacuation Zones

• New York City
  – Zones have expanded from A, B, C to 1-6
• Suffolk County
  – No change
• Nassau County
  – No change
• Westchester County
  – No change
# Maximum Surge Heights by Storm Bearing

<table>
<thead>
<tr>
<th>Storm Bears</th>
<th>WNW</th>
<th>NW</th>
<th>NNW</th>
<th>N</th>
<th>NNE</th>
<th>NE</th>
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<tbody>
<tr>
<td>Category 1</td>
<td>12.6</td>
<td>12.1</td>
<td>10.7</td>
<td>8.8</td>
<td>6.6</td>
<td>5</td>
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<tr>
<td>Category 2</td>
<td>20.9</td>
<td>20</td>
<td>20.1</td>
<td>16.5</td>
<td>11.4</td>
<td>8.1</td>
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<tr>
<td>Category 3</td>
<td>26.6</td>
<td>27.6</td>
<td>27.4</td>
<td>23.4</td>
<td>17</td>
<td>11.3</td>
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<tr>
<td>Category 4</td>
<td>32.4</td>
<td>33.9</td>
<td>33.9</td>
<td>30.6</td>
<td>21.7</td>
<td>14.6</td>
</tr>
</tbody>
</table>

**Legend:**

- WNW: West North West
- NW: North West
- NNW: North North West
- N: North
- NNE: North North East
- NE: North East
Potential Building Impacts: Cat 1 Hurricanes

Buildings potentially impacted by worst-case surge based on hurricane bearing

- NE
- NNE
- N
- NNW
- NW
- WNW

- Potentially impacted building
- Building footprint
- Evacuation Zone A
- Evacuation Zone B
- Evacuation Zone C

Areas shown:
- Coney Island
- Gravesend
- Gerritsen Beach
Irene – NNE bearing

Sandy – WNW bearing
(NW at landfall)

Predicted storm tracks for both storms 70 hours before landfall
Bearing Based Proposal

- Bearing has significant effect of storm surge
- Allows for more flexibility in evacuation (less likely to over- or under-evacuate)
- Storm track predictions are more accurate than predictions of intensity
Proposed zones

1 - Cat 1 NE, NNE, N; Cat 2 NE
2 - Cat 1 NNW, NW, WNW; Cat 2 NNE; Cat 3 NE
3 - Cat 2 N; Cat 4 NE
4 - Cat 2 NNW, NW, WNW; Cat 3 NNE
5 - Cat 3 N, NNW, NW, WNW; Cat 4 NNE
6 - Cat 4 N, NNW, NW, WNW

<table>
<thead>
<tr>
<th></th>
<th>Cat 1</th>
<th>Cat 2</th>
<th>Cat 3</th>
<th>Cat 4</th>
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<tbody>
<tr>
<td>NE</td>
<td>1</td>
<td>1</td>
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<tr>
<td>NNE</td>
<td>1</td>
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<td>N</td>
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<td>NNW</td>
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<td>6</td>
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<tr>
<td>NW</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>WNW</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>6</td>
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</table>

* For storms that exceed the parameters of the model, go up one zone

2010 Population

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<thead>
<tr>
<th>Zone</th>
<th>Population</th>
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<tbody>
<tr>
<td>1</td>
<td>290,031</td>
</tr>
<tr>
<td>1+2</td>
<td>541,312</td>
</tr>
<tr>
<td>1+2+3</td>
<td>945,601</td>
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<tr>
<td>1+2+3+4</td>
<td>1,350,545</td>
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<tr>
<td>1+2+3+4+5</td>
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<tr>
<td>1+2+3+4+5+6</td>
<td>2,979,801</td>
</tr>
<tr>
<td>Facility</td>
<td>2012</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------</td>
</tr>
<tr>
<td></td>
<td>Zone A</td>
</tr>
<tr>
<td>Hospitals</td>
<td>6</td>
</tr>
<tr>
<td>Nursing homes</td>
<td>22</td>
</tr>
<tr>
<td>Adult care facilities</td>
<td>17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility</th>
<th>2013</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Zone 1</td>
</tr>
<tr>
<td>Hospitals</td>
<td>4</td>
</tr>
<tr>
<td>Nursing homes</td>
<td>23</td>
</tr>
<tr>
<td>Adult care facilities</td>
<td>17</td>
</tr>
</tbody>
</table>
Shelter-in-Place

• Does NOT involve entire facilities

• Should only include those patients/residents whose risk of a negative outcome from moving exceeds the risk from sheltering-in-place

• Whether or not SiP will be allowed is part of the evacuation decision
Planning Considerations

• Have you reviewed your plan since Sandy?
• Have you updated your plan since Sandy?
• Have you trained staff to your plan?
• Have you exercised your plan?
Planning Considerations

• HCFs are regulated by the State Commissioner of Health
• The local chief elected official or his/her designated representative is responsible for issuing evacuation orders
• Storm forecasts will change resulting in compressed decision-making timelines and operational constraints
• NYSDOH requires every HCF’s to create and maintain a written facility evacuation plan:
  – Hospital: Public Health Law (PHL) Title 10 Sec. 401.2
  – Nursing Homes PHL regulatory section 415.26 (f)
  – Adult Care Facilities PHL Sections 487.12 & 488.12 Title 18
Planning Considerations

• The threat to HCFs and patients/ residents, as well as to agency and support personnel, increases as the storm approaches
• All evacuation activities must be completed prior to “Zero Hour” (defined as the onset of tropical storm force winds of 39 mph or greater)
• HCFs in Evacuation Zones may incur damage that prevents the immediate return of evacuated patients/ residents
• HCFs within the 5 boroughs of NYC but outside Evacuation Zones are designated receiving facilities, or receiving HCFs (NYC specific)
• HCFs located outside the city will be designated receiving HCFs when conditions require (NYC specific)
• Mass transit shutdown at +8 hours (NYC specific)
HEC vs. Facility
Decision Making Timelines
96 Hours to Zero Hour
HEC Activities

• -96 to -84 Hours
  – Information gathering
  – Activation and notification
• -84 to -72 Hours
  – Recommendation to NYC Local Chief Elected Official regarding evacuation/SiP
• -24 Hours
  – HCF evacuation complete
• What does this timeline mean?
• What is this timeline dependent upon?
HEC DECISION-MAKING TIMELINE- NYC Only

**PHASES OF OPERATION**

| **Trigger:** Following the Commissioner Conference Call, NYS DOH Commissioner appoints a HEC Director, who activates HEC Lead Team. NYS DOH prepares list of facilities requesting and able to Shelter-in-Place (SIP) |
| **Description:** Assess number of HCFS and patients/residents that will need assistance evacuating |
| **Goals:** |
| NYS DOH releases survey to origin facilities to obtain estimated number of patients needing transfers (including SF1 data) and to SIP capable facilities, if option available |
| NYS DOH sends notification to receiving facilities to prepare for potential surge |
| HEC's complete survey and begin discharge planning |
| FDNY sends local engine companies to origin HCFS to facilitate completion of SF1 survey |
| NYS DOH identifies HEC location and sends planning tools to HCFS |
| HEC calls origin facilities to verify data |
| HEC Lead Team identifies needs and drafts resource requests |

| **Trigger:** HEC location identified; NYS DOH Commissioner mobilizes HEC (from this point, all phases executed unless executive declares storm is no longer a threat) |
| **Description:** Set up HEC and coordinate information collection |
| **Goals:** |
| HEC coaching plan finalized |
| HEC Director finalizes HEC mission, objectives, and priorities and receives approval from NYS DOH Commissioner |
| HEC Director sets reporting schedule and data collection updates |
| Facilities access their disaster plans and rapid discharge procedures |
| Requested resources are procured and mobilized |
| HEC Director requests necessary federal and state legal waivers |

| **Trigger:** List of facilities approved to SIP finalized by decision-makers and HCF Evacuation Order given |
| **Note:** If the HCF Evacuation Order is given after the recommended time, it will be difficult to complete Phase 3 by -24 Hours |
| **Description:** Transfer all patients from origin to receiving facilities |
| **Goals:** |
| NYS DOH releases survey to all HCFS to capture latest numbers |
| Patients/residents within evacuation zones are transferred to facilities outside of zones |
| HEC matches transferring patients/residents to appropriate beds |
| FDNY and REMSCO distribute diversion notifications |
| HEC produces and distributes Situation Reports |
| HEC Director receives resolutions to issues from ESF-8 or executives |

| **Trigger:** Tropical storm-force winds leave New York City |
| **Description:** Coordinate with recovery branch to use damage assessments for repatriation planning if patients are in unstable locations |
| **Goals:** |
| Determine which patients/residents are in unstable locations and need prioritized transport back to origin facilities or alternate location for care |
| Determine damage to origin and receiving facilities |
| Obtain status report on SIP facilities |

| **Trigger:** Need established for prioritized patient or resident transport |
| **Description:** Assist facilities with transferring prioritized patients back to original facilities or to alternate stable location |
| **Goals:** |
| Complete prioritized patient/resident movement |
| Based on damage assessments, HEC Director approves repatriation requests from origin facilities |
| HEC Director submits repatriation plan to NYS DOH Commissioner for approval |

| **Trigger:** Transferred patients/residents are in stable location or receiving ongoing care in an appropriate HCF; NYS DOH Commissioner approves HEC repatriation plan |
| **Description:** Return HEC facility to original condition, return equipment, and compile information |
| **Goals:** |
| HEC collects information and reports into a final incident report |
| HEC facility is handed back to owner |
| HEC staff conducts a hot wash |

**DATA GATHERING/ASSESSMENT**

| **PHASES OF OPERATION** |
| **Trigger:** Following the Commissioner Conference Call, NYS DOH Commissioner appoints a HEC Director, who activates HEC Lead Team. NYS DOH prepares list of facilities requesting and able to Shelter-in-Place (SIP) |
| **Description:** Assess number of HCFS and patients/residents that will need assistance evacuating |
| **Goals:** |
| NYS DOH releases survey to origin facilities to obtain estimated number of patients needing transfers (including SF1 data) and to SIP capable facilities, if option available |
| NYS DOH sends notification to receiving facilities to prepare for potential surge |
| HEC's complete survey and begin discharge planning |
| FDNY sends local engine companies to origin HCFS to facilitate completion of SF1 survey |
| NYS DOH identifies HEC location and sends planning tools to HCFS |
| HEC calls origin facilities to verify data |
| HEC Lead Team identifies needs and drafts resource requests |

| **Trigger:** HEC location identified; NYS DOH Commissioner mobilizes HEC (from this point, all phases executed unless executive declares storm is no longer a threat) |
| **Description:** Set up HEC and coordinate information collection |
| **Goals:** |
| HEC coaching plan finalized |
| HEC Director finalizes HEC mission, objectives, and priorities and receives approval from NYS DOH Commissioner |
| HEC Director sets reporting schedule and data collection updates |
| Facilities access their disaster plans and rapid discharge procedures |
| Requested resources are procured and mobilized |
| HEC Director requests necessary federal and state legal waivers |

| **Trigger:** List of facilities approved to SIP finalized by decision-makers and HCF Evacuation Order given |
| **Note:** If the HCF Evacuation Order is given after the recommended time, it will be difficult to complete Phase 3 by -24 Hours |
| **Description:** Transfer all patients from origin to receiving facilities |
| **Goals:** |
| NYS DOH releases survey to all HCFS to capture latest numbers |
| Patients/residents within evacuation zones are transferred to facilities outside of zones |
| HEC matches transferring patients/residents to appropriate beds |
| FDNY and REMSCO distribute diversion notifications |
| HEC produces and distributes Situation Reports |
| HEC Director receives resolutions to issues from ESF-8 or executives |

| **Trigger:** Tropical storm-force winds leave New York City |
| **Description:** Coordinate with recovery branch to use damage assessments for repatriation planning if patients are in unstable locations |
| **Goals:** |
| Determine which patients/residents are in unstable locations and need prioritized transport back to origin facilities or alternate location for care |
| Determine damage to origin and receiving facilities |
| Obtain status report on SIP facilities |

| **Trigger:** Need established for prioritized patient or resident transport |
| **Description:** Assist facilities with transferring prioritized patients back to original facilities or to alternate stable location |
| **Goals:** |
| Complete prioritized patient/resident movement |
| Based on damage assessments, HEC Director approves repatriation requests from origin facilities |
| HEC Director submits repatriation plan to NYS DOH Commissioner for approval |

| **Trigger:** Transferred patients/residents are in stable location or receiving ongoing care in an appropriate HCF; NYS DOH Commissioner approves HEC repatriation plan |
| **Description:** Return HEC facility to original condition, return equipment, and compile information |
| **Goals:** |
| HEC collects information and reports into a final incident report |
| HEC facility is handed back to owner |
| HEC staff conducts a hot wash |
**HEC DECISION-MAKING TIMELINE - Non-NYC**

**PHASES OF OPERATION**

**Data Gathering/Assessment**

**Trigger:** Following the Commissioner Conference Call, NYS DOH Commissioner appoints a HEC Director, who activates HEC Lead Team. NYS DOH prepares list of facilities requesting and able to Shelter-in-Place (SIP).

**Goals:**
- NYS DOH releases survey to origin facilities to obtain estimated number of patients needing transfers (including SF1 data) and to SIP capable facilities, if option available
- NYS DOH sends notification to receiving facilities to prepare for potential surge
- HCFs complete survey and begin discharge planning
- FDNY sends local engine companies to origin HCFs to facilitate completion of SF1/survey
- NYS DOH identifies HEC location and sends planning tools to HCFs
- HEC calls origin facilities to verify data
- HEC Lead Team identifies needs and drafts resource requests

**Description:** Assess number of HCFs and patients/residents that will need assistance evacuating

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**HEC Mobilization**

**Trigger:** HEC location identified; NYS DOH Commissioner mobilizes HEC (from this point, all phases executed unless executives deems storm is no longer a threat)

**Goals:**
- HEC staffing plan finalized
- HEC Director finalizes HEC mission, objectives, and priorities and receives approval from NYS DOH Commissioner
- HEC Director sets reporting schedule and data collection updates
- Facilities activate their disaster plans and rapid discharge procedures
- Requested resources are procured and mobilized
- HEC Director requests necessary federal and state legal waivers

**Description:** Set up HEC and coordinate information collection

---

**HCF Evacuation**

**Trigger:** List of facilities approved to SIP finalized by decision-makers and HCF Evacuation Order given

**Note:** If the HCF Evacuation Order is given after the recommended time, it will be difficult to complete Phase 3 by 24 Hours

**Goals:**
- NYS DOH releases survey to all HCFs to capture latest numbers
- Patients/residents within evacuation zones are transferred to facilities outside of zones
- HCFs match transferring patients/residents to appropriate beds
- FDNY and REMSCO distribute evacuation notifications
- HEC produces and distributes Situation Reports
- HEC Director receives resolutions to issues from ESF-8 or executives

**Description:** Transfer all patients from origin to receiving facilities

---

**HCF Support**

**Trigger:** Evacuation of HCFs within zones complete

**Goals:**
- Begin damage assessment planning
- Provide assistance to receiving facilities and monitor status of SIP facilities
- Begin repatriation planning
- Conduct safety of HEC personnel and HEC facility for storm period

**Description:** Monitor and provide support to HCFs

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**Repatriation**

**Trigger:** Need established for prioritized patient or resident transport

**Goals:**
- Complete prioritized patient/resident movement
- Based on damage assessments, HEC Director approves repatriation requests from origin facilities
- HEC Director submits demobilization plan to NYS DOH Commissioner for approval

**Description:** Assist facilities with transferring prioritized patients back to original facilities or to alternate stable location

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**HEC Demobilization**

**Trigger:** Transferred patients/residents are in stable location or receiving ongoing care in an appropriate HCF. NYS DOH Commissioner approves HEC demobilization plan

**Goals:**
- HEC collects information and reports into a final incident report
- HEC facility is handed back to owner
- HEC staff conducts a hot wash

**Description:** Return HEC facility to original condition, return equipment, and compile information

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**ZERO HOUR:** Onset of tropical storm-force winds (39 mph); all evacuation operations cease

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**N Hours:**
- Mass Transit Shutdown

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**-DRAFT-**

**Last Revised:** 7/30/2012
Facility timelines

## PHASES OF OPERATION

### EVACUATION SCENARIO

<table>
<thead>
<tr>
<th>-96 Hours</th>
<th>Preparation &amp; Assessment</th>
</tr>
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<tbody>
<tr>
<td>Trigger: Facilities are informed a coastal storm is probable</td>
<td></td>
</tr>
<tr>
<td>Description: Assess ability to send or receive patients/residents; review emergency plans</td>
<td></td>
</tr>
<tr>
<td>Origin/Receiving/ Shelter-In-Place (SIP) Facility Tasks:</td>
<td></td>
</tr>
<tr>
<td>Activate appropriate level of Hospital Incident Command System.</td>
<td></td>
</tr>
<tr>
<td>Conduct planning meetings and review relevant facility plans and checklists sent by NYS DOH.</td>
<td></td>
</tr>
<tr>
<td>Access and complete electronic surveys: HERDS (Hospitals), nuhurst (Nursing Homes) and Hbcs (Adult Care), and SF-1 if applicable.</td>
<td></td>
</tr>
<tr>
<td>Survey facility infrastructure, communications, and supplies; verify generator operability and fueling.</td>
<td></td>
</tr>
<tr>
<td>Review staffing strategies. Verify essential and non-essential personnel lists</td>
<td></td>
</tr>
<tr>
<td>Evaluate census reduction activities. Establish timetable for early discharge and surgery cancellations. Discontinue scheduling of non essential surgeries.</td>
<td></td>
</tr>
</tbody>
</table>

### -84 Hours

| Origin Facility Specific: |
| Confirm prearranged agreements with receiving facilities and contracted transportation providers. |
| Receive FDNY personnel for SF-1 form completion. |
| Receiving Facility Specific: |
| Confirm ability to receive patients/residents; check space and staff availability. |
| Implement discharge and surgery cancellations. |
| DiVerit EMS calls away from facility if applicable. |
| Ensure identification, records, medications, and supplies are transferred with patients/residents and tracked. |
| Identify and stage equipment and staff for receiving patients/residents. |
| Contact HEC when beds are available or availability changes. |

### -72 Hours

| Origin and Receiving Facility Tasks: |
| Contact HEC with difficulties sending or receiving patients/residents. |
| Assess and secure facility infrastructure and equipment. |
| Notify HEC of facility status and numbers of patients/residents sent or received. |
| Ensure staff and patients/residents are in a safe location away from windows during storm. |
| Origin Facility Specific: |
| Secure pharmacies and medications. |
| SIP Facility Specific: |
| Ensure staff and patients/residents are in a safe location away from windows during storm. |

### -60 Hours

| Trigger: HCF Evacuation Order given, HEC is open and able to receive calls |
| Description: Transfer all patients/residents from sending facilities to receiving facilities |
| Origin/Receiving/ SIP Facility Tasks: |
| Implement discharge and surgery cancellations. |
| Discontinue/curtail remaining non-essential services. |
| Establish and maintain communication with HEC. |
| Following an evacuation order, fill out additional electronic surveys from NYS DOH. |

### -48 Hours

| Origin Facility Specific: |
| Request sheltering in place. |
| Receive FDNY personnel for SF-1 form completion. |
| Receiving Facility Specific: |
| Confirm ability to receive patients/residents; check space and staff availability. |

### -36 Hours

| Origin and Receiving Facility Tasks: |
| Contact HEC with difficulties sending or receiving patients/residents. |
| Assess and secure facility infrastructure and equipment. |
| Notify HEC of facility status and numbers of patients/residents sent or received. |
| Ensure staff and patients/residents are in a safe location away from windows during storm. |
| Origin Facility Specific: |
| Secure pharmacies and medications. |
| SIP Facility Specific: |
| Ensure staff and patients/residents are in a safe location away from windows during storm. |

### -24 Hours

| Trigger: Evacuation of Healthcare Facilities within zones nearing completion |
| Description: Monitor facilities and provide support for patients/residents |
| Origin and Receiving Facility Tasks: |
| Contact HEC with difficulties sending or receiving patients/residents. |
| Assess and secure facility infrastructure and equipment. |
| Notify HEC of facility status and numbers of patients/residents sent or received. |
| Ensure staff and patients/residents are in a safe location away from windows during storm. |
| Origin Facility Specific: |
| Secure pharmacies and medications. |
| SIP Facility Specific: |
| Ensure staff and patients/residents are in a safe location away from windows during storm. |

### -12 Hours

| -8 Hours |
| Mass Transit Shutdown |
| -ZERO HOUR: Onset of tropical storm-force winds (39 mph); all evacuation operations cease |
### Facility timelines

<table>
<thead>
<tr>
<th>ZONE A,B,C</th>
<th>Trigger: Facility assessments conducted and patients prioritized for transport</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description: Prioritized patients/residents transported to original facilities or alternate locations</td>
<td></td>
</tr>
<tr>
<td><strong>Origin Facility Specific:</strong></td>
<td></td>
</tr>
<tr>
<td>- Update HEC of ability to receive original patients/residents.</td>
<td></td>
</tr>
<tr>
<td>- Stage equipment and staff to receive original patients/residents.</td>
<td></td>
</tr>
<tr>
<td><strong>Receiving Facility Specific:</strong></td>
<td></td>
</tr>
<tr>
<td>- Confirm with origin facility and HEC ability to receive prioritized patients/residents.</td>
<td></td>
</tr>
<tr>
<td>- Contact HEC if original facility cannot receive.</td>
<td></td>
</tr>
<tr>
<td>- Stage staff and equipment to assist in transporting prioritized patients/residents.</td>
<td></td>
</tr>
<tr>
<td>- Ensure applicable identification, records, medications, and supplies are transferred with patients/residents and tracked.</td>
<td></td>
</tr>
<tr>
<td><strong>SIP Facility Specific:</strong></td>
<td></td>
</tr>
<tr>
<td>- Make arrangements if alternate locations are needed for prioritized patients.</td>
<td></td>
</tr>
<tr>
<td>- Contact HEC if alternate locations and transport cannot be found.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ZONE A,B,C</th>
<th>Trigger: Tropical storm-force winds leave New York City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description: Begin facility damage assessments and repatriation assessments</td>
<td></td>
</tr>
<tr>
<td><strong>Origin/Receiving/SIP Facility Tasks:</strong></td>
<td></td>
</tr>
<tr>
<td>- Assess facility damage and report to HEC.</td>
<td></td>
</tr>
<tr>
<td><strong>Origin Facility Specific:</strong></td>
<td></td>
</tr>
<tr>
<td>- Request NYS DOH approval to receive return patients/residents after assessment.</td>
<td></td>
</tr>
<tr>
<td>- Update HEC of ability and timeframe to receive original patients.</td>
<td></td>
</tr>
<tr>
<td><strong>Receiving Facility Specific:</strong></td>
<td></td>
</tr>
<tr>
<td>- Prioritize patients/residents for transport back to origin facilities or alternate locations.</td>
<td></td>
</tr>
<tr>
<td>- Report facility and patient/resident status to HEC.</td>
<td></td>
</tr>
<tr>
<td><strong>SIP Facility Specific:</strong></td>
<td></td>
</tr>
<tr>
<td>- Report SIP facility and patient/resident status to HEC.</td>
<td></td>
</tr>
<tr>
<td>- If facility is damaged, determine if patients need transport to alternate locations.</td>
<td></td>
</tr>
</tbody>
</table>

---

**ZERO HOUR:** Onset of tropical storm-force winds (39 mph); all evacuation operations cease
Facility Activities

- Information gathering / Situational Awareness
- Evacuation decisions
  - Who to evacuate
  - Who to SiP
  - Staffing availability / housing
  - Supplies
Facility Activities

– Gas shortages?
– Prolonged power outage?
– Facility damage?
– When to evacuate

• Operating through the storm impact
• Target start time and target completion time
  – Dependent upon location, size, etc.
Repatriation

• Meet local requirements

• Meet NYSDOH requirements

• Through HEC or NYSDOH Central Office

• Final approval through NYSDOH Central Office
Repatriation Process for Article 28 Hospitals, ACFs and NHs for New York City facilities

Facility evacuated due to loss of power, damage, flooding, etc.

NYC CEM or facility requests Department of Buildings (DOB) Pre-mitigation safety inspection.

Building Passes DOB initial HCF specific inspection that it is Safe to Mitigate

Long term or permanent placements made for facility patients/residents at other facilities

Hospital must submit reopening plan for its services to NYSDCH MARO office for approval

Is Facility an Art. 28 acute care Hospital?

Facility provides certification that it meets infection control and life safety standards and is able to provide resident services during the renovation if areas of the building are in use.

Is Facility partially occupied during mitigation/renovation?
* NYSDOH requires that at least 2 elevators be operational; laundry and kitchen (hot meals and snacks) services must either be operational or demonstrate contract to provide or to be provided by sister facilities; NYSDOH will review how was mildew mitigated.
“Take Aways” for **ALL** HCFs

- **Work YOUR FACILITY’S** Evacuation or Surge Plans
  - Send / Receive arrangements
  - Shelter in Place (SiP) plans and protocols
- **Expect Surveys & Phone Calls**
  - HERDS, NuhSur, HCBC
  - Phone calls from the HEC to establish evacuation needs and receiving capability
- **Need to designate key points of contact for the Facility and back up/by shift**
“Take Aways” for **ALL** HCFs

• **Stay TUNED!**
  – In most emergencies if additional guidance or information is needed – this will be issued
    • Posted on the Health Commerce System (HCS);
    • Via IHANS alert;
    • Other systems such as email, conference calls;
    • Individual communications by Regional NYSDOH representatives, HEC representatives, NYC OEM, NYCDOHMH, FDNY, etc.
Questions?

Nikhil Natarajan
Office of Health Emergency Preparedness
518-474-2893
nxn04@health.state.ny.us
Operational Considerations
History of e-FINDS

- Need
- Concept
- Development
- Implementation
- 2nd iteration
- Future versions
eFINDS

• Training
  – Overviews
  – WebEx
    • Live
    • Recorded
  – Regional Training Centers
  – Associations
  – NYSDOH Regional Offices
  – Others

• Exercising
  – Training “operation” within eFINDS

• Implementation Guide
Accessing eFINDS

• NYSDOH Communications Directory Roles
  – E-FINDS Data Reporter
    • User level
  – E-FINDS Reporting Administrator
    • Facility/LHD Admin
  – E-FINDS Application Administrator
    • NYSDOH only
  – OEM Link
    • User

• LHD vs. RO vs. CO access levels
• Facilities within systems
  – Person needs to be added by each facility
• Associations
  – Person needs to be added by each facility
Patient Tracking System Operations

- NYSDOH will notify all HCFs when wristbanding of patients or residents must begin
  - The specifics of how the facilities apply wristbands and entering data is up to the facility
- An “operation” will be created in the system that all HCFs will be able to access
- eFINDS should be used in accordance with the training
Scenarios

• Pre-planned evacuation
  – With internet access
    • With scanners
    • Without scanners
  – Without internet access

• No notice evacuation
  – With internet access
    • With scanners
    • Without scanners
  – Without internet access
Pre-planned evacuation

• Sending facility
  – Ensure that first name, last name, and DOB at a minimum are entered into system
  – If patient/resident is shelter-in-place, identify as such
  – If patient/resident is being transferred and destination is identified, enter the destination information

• Receiving facility
  – Change patient/resident ‘s current location to new facility and update any necessary information
No Notice Evacuation

• Sending facility (if time permits)
  – Ensure that first name, last name, and DOB at a minimum are entered into system
  – If patient/resident is shelter-in-place, identify as such
  – If patient/resident is being transferred and destination is identified, enter the destination information

• Receiving facility
  – Change patient/resident ‘s current location to new facility and enter/update any necessary information
e-FINDS Data

• What is collected

• How is it collected

• Who can see what
  – Permissions based

• How is it helpful post-storm
Future of e-FINDS

• Future rollouts

• Statewide implementation

• Implementation with other “O” Agencies
  – OASAS
  – OMH
  – OPWDD
  – OCFS
  – OTDA
Questions?

Nikhil Natarajan
Office of Health Emergency Preparedness
518-474-2893
nxn04@health.state.ny.us
Coastal Storm Planning

Hospitals and Adult Care Facilities
Emergency Communications –

• Who to contact in Emergencies
  • Local Office of Emergency Management
  • NYSDOH Regional Office

• Reporting Information to DOH – licensed facilities must have access to a computer to comply.

• How NYSDOH contacts YOU and provides information to YOU!
  • Updated Contact Information is Necessary and Required!
    • Multiple/redundant forms of contact information
    • Backup personnel assigned to each Role
  • Contact Drills – this Summer

• Regulation:
For Hospitals (and Nursing Homes) – Title 10: Section 400.10 9
For ACFs – Title 18: Section 487.12/488.12

Disaster and emergency planning - Health Provider Network *Access and Reporting
Requirements:

The operator of a facility shall obtain from the Department’s Health Provider Network (HPN), HPN accounts for each facility he or she operates and ensure that sufficient, knowledgeable staff will be available to and shall maintain and keep current such accounts.

At a minimum, twenty-four hour, seven day a week contacts for emergency communication and alerts must be designated by each facility in the HPN Communications Directory.

A policy defining the facility's HPN coverage consistent with the facility's hours of operation, shall be created and reviewed by the facility no less than annually. Maintenance of each facility’s HPN accounts shall consist of, but not be limited to, the following:

(a) sufficient designation of the facility’s HPN coordinator(s) to allow for HPN individual user application;
(b) designation by the facility operator of sufficient staff users of the HPN accounts to ensure rapid response to requests for information by the State and/or local Department of Health;
(c) adherence to the requirements of the HPN user contract; and
(d) current and complete updates of the Communications Directory reflecting changes that include, but are not limited to, general information and personnel role changes as soon as they occur, and at a minimum, on a monthly basis.

*(now known as the Health Commerce System (HCS))
### NYSDOH Contacts:

<table>
<thead>
<tr>
<th>Office/Program</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metropolitan Area Regional Office (MARO) After Hours Emergencies – Administrator on Duty:</td>
<td>866 881-2809</td>
</tr>
<tr>
<td>Metropolitan Area Regional Office (MARO) Business Hours – Hospital Program</td>
<td>212-417-5990</td>
</tr>
<tr>
<td>Metropolitan Area Regional Office (MARO) Business Hours – Adult Care Program</td>
<td>212-417-4440</td>
</tr>
<tr>
<td>NYSDOH Duty Officer</td>
<td>866 881-2809</td>
</tr>
<tr>
<td>NYSDOH Central Office Hospital Program</td>
<td>518 402-1004</td>
</tr>
<tr>
<td>NYSDOH Central Office Adult Care Facility Program</td>
<td>518 408-1133</td>
</tr>
<tr>
<td>NYSDOH Central Office Assisted Living and Community Transitions Program</td>
<td>518 408-1272</td>
</tr>
</tbody>
</table>

### Offices of Emergency Management

<table>
<thead>
<tr>
<th>Facility’s Association Emergency Health Line (day/night)</th>
<th>Phone number is published and announced at time of event for needs related to evacuation/receiving/transportation</th>
</tr>
</thead>
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<tr>
<td>NYSDOH Duty Officer</td>
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<td>518 408-1272</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NY City OEM (Health Evacuation Center (HEC))</th>
<th>Facility’s Association Emergency Health Line (day/night)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone number is published and announced at time of event for needs related to evacuation/receiving/transportation</td>
<td>For all needs not related to evacuation/receiving/transportation</td>
</tr>
</tbody>
</table>

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<tr>
<th>Facility’s Association Emergency Health Line (day/night)</th>
<th>Phone number is published and announced at time of event for needs related to evacuation/receiving/transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NY State OEM</td>
<td>518 242-5000</td>
</tr>
<tr>
<td>Suffolk</td>
<td>631 852-4904</td>
</tr>
<tr>
<td>Nassau</td>
<td>516 573-0636</td>
</tr>
<tr>
<td>Westchester</td>
<td>914 864-5241</td>
</tr>
<tr>
<td>Rockland</td>
<td>845 364-8800</td>
</tr>
<tr>
<td>Orange</td>
<td>845 615-0504</td>
</tr>
<tr>
<td>Sullivan</td>
<td>845 794-3000</td>
</tr>
<tr>
<td>Ulster</td>
<td>845 331-7000</td>
</tr>
<tr>
<td>Putnam</td>
<td>845 808-4000</td>
</tr>
<tr>
<td>Dutchess</td>
<td>845 486-2080</td>
</tr>
</tbody>
</table>
## Critical Preparedness/ Response Hospital Contact Roles for DOH to use during Coastal Storms

### Contact Person Roles

<table>
<thead>
<tr>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>BT Coordinator</td>
</tr>
<tr>
<td>CON Submitter</td>
</tr>
<tr>
<td>CON Update</td>
</tr>
<tr>
<td>Certificate of Need Contact</td>
</tr>
<tr>
<td>Chair of the Disaster/Emergency Preparedness Committee</td>
</tr>
<tr>
<td>Chief Financial Officer</td>
</tr>
<tr>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td>Chief of Neonatology/Newborn Services</td>
</tr>
<tr>
<td>Chief of Obstetrics/Maternal Fetal Medicine Services</td>
</tr>
<tr>
<td>Chief of Service</td>
</tr>
<tr>
<td>Credentials Coordinator</td>
</tr>
<tr>
<td>Data Exchange Technical Point of Contact</td>
</tr>
<tr>
<td>Designated Pharmacist</td>
</tr>
<tr>
<td>Director of Maternity Services</td>
</tr>
<tr>
<td>Director, Bio-medical Services</td>
</tr>
<tr>
<td>Director, Emergency Department</td>
</tr>
<tr>
<td>Director, Food and Nutritional Services</td>
</tr>
<tr>
<td>Director, Information Technology</td>
</tr>
<tr>
<td>Director, Nursing</td>
</tr>
<tr>
<td>Director, Pharmacy</td>
</tr>
<tr>
<td>Director, Risk Management</td>
</tr>
<tr>
<td>Director, Safety/Security</td>
</tr>
<tr>
<td>Director, Transportation</td>
</tr>
</tbody>
</table>

### Business Office Roles (Business H)

<table>
<thead>
<tr>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiscal Office</td>
</tr>
<tr>
<td>Hospital Emergency Operations Center</td>
</tr>
<tr>
<td>Medical Records Office</td>
</tr>
<tr>
<td>Quality Assurance Office</td>
</tr>
<tr>
<td>Video Conference Site</td>
</tr>
</tbody>
</table>

### Order Official Prescriptions

<table>
<thead>
<tr>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plant Manager</td>
</tr>
<tr>
<td>Public Information Officer</td>
</tr>
<tr>
<td>SDF RPC</td>
</tr>
<tr>
<td>SDF Reporter</td>
</tr>
<tr>
<td>SDF Viewer</td>
</tr>
<tr>
<td>SPARCS Coordinator</td>
</tr>
<tr>
<td>ServNY Reporter</td>
</tr>
<tr>
<td>Smallpox Vaccination Coordinator/Liaison</td>
</tr>
<tr>
<td>Syndromic Surveillance Contact</td>
</tr>
<tr>
<td>Tissue Transplantation Service Compliance Officer</td>
</tr>
<tr>
<td>Vaccinator</td>
</tr>
<tr>
<td>Vaccine Adverse Event, Site and Take Coordinator</td>
</tr>
<tr>
<td>Vaccine Clinic Manager</td>
</tr>
<tr>
<td>Vaccine Site Administrator</td>
</tr>
<tr>
<td>eFINDS Data Reporter</td>
</tr>
<tr>
<td>eFINDS Reporting Administrator</td>
</tr>
</tbody>
</table>
Critical Adult Care Facility Contact Roles in HCS Communications Directory for Coastal Storm Preparedness

- ALP Certified Home Care Contact
- ALP Licensed Home Care Contact
- Administrator
- Credentials Coordinator
- Data Reporter
- Director, Food and Nutritional Services
- Director, Resident Services
- Emergency Response Coordinator
- Financial Data Reporter
- Financial Submitter
- Governing Body, Chairman/President
- Governing Body, Member
- HPN Coordinator
- HPN Organizational Security Coordinator
- Order Official Prescriptions
- Plant Manager
- UAS-15
- UAS-20
- UAS-30
- UAS-40
- UAS-45
- UAS-50
Coastal Storm Planning Surveys

Completion Status 2 weeks post original due date: Hospitals

- Shelter In Place Survey: 22/23 submitted – 96% completed, with 1 provider in progress
- Receiving Facility Survey: 31/34 submitted – 91% completed, with 3 providers NOT Started
- Send/Receive Arrangements Survey: 23/24 submitted – 96% completed, with 1 provider in progress

Completion Status 2 weeks post original due date: Adult Care Facilities

- Shelter in Place Survey: 33/36 Submitted – 92% completed, with 3 providers NOT Started
- Receiving Facility Survey: 23/27 submitted – 85% completed with 4 providers NOT Started
- Send/Receive Arrangements Survey: 31/36 submitted – 86% completed, with 4 providers NOT Started and 1 provider in progress

When providers do not complete these surveys it increases risk for that provider and other local providers during an emergency situation.
Purpose and Importance of Doing the Surveys

The surveys enable us all to protect the safety of our staff, patients and residents, and help providers improve the sustainability of our facilities.

- **SIP does not mean a large % of your census; it refers ONLY to maintaining a small number of patients/residents for whom the act of moving/evacuating them presents a higher a risk to their health/safety than does remaining in place at facility.**

- **Surveys provide NYSDOH and local emergency managers with an upfront understanding of the potential number of patients/residents that might need placement and transportation between facilities that must evacuate and those that are capable of receiving evacuees. Identify what types of additional resources may be needed.**

- **The survey data shows facility status on key indicators of facility capacity and informs critical decisions on which providers must evacuate, may SIP or receive.**

- **Surveys help facilities plan ahead for optimum send/receive arrangements in advance of an emergency. Surveys help facilities self-assess regarding factors and circumstances that they can easily prepare for up front and reduce/eliminate some risks related to SIP or receiving patients or residents.**

- **Survey data helps NYSDOH and the facilities identify those facilities being overly burdened or underutilized for purposes of receiving evacuating patients and residents, and therefore to better manage and distribute the placement effort in a safe way.**

**Pre-event Knowledge of availability and need make Advance Placements essential to safe execution of evacuation in available time for all.**
Survey Data Analysis for Decision Making

- Determining the set of key structural factors for consideration in making decisions of which facilities are safe to SIP or to act as a Receiving facility.

- Reviewing facility factors of elevation, evacuation zone and storm factors such as direction and strength that can exacerbate or lessen the risk related to any of the key structural factors.

- Determine subset of facilities interested in SIP or Receiving a number of patients/residents.

- Determine subset of those facilities structurally capable of acting/performing either role.

- Creating a dashboard of each facility and all their responses. Reviewing other surveyed facility characteristics that must be addressed prior to playing the role of interest in an impending storm event.
Survey Analysis for Decision Making (cont’d)

• Send/receive placement arrangements - assure no evacuating facility is left with critical shortages in placing high acuity/complexity patients/residents; No receiving facility is exceeding its capacity or a safe number of evacuees to receive.

• Identify types/numbers of patients/residents for which there are inadequate placement locations available and identify locations that suggest underutilized capacity.

• Identify type and number of specific resources needed that can help reduce any difficulties in facilities fulfilling either role.

• Convene NYSDOH/facility phone conversation where necessary to clarify any survey responses or questions related to a given facility

• Continue work with NYCDOHMH and Yale/New Haven to review data and estimate/examine relationship among all surveyed factors;
  • potentially developing a valid model to measure capacity to perform SIP or Receive roles
Disaster and Emergency Planning

- FEMA Mitigation Assessment Teams (MATS) – forensic reviews of what occurred and developed guidance and recommendations to assist recovery and improve resiliency

- Recommendations made to Building Codes and Standards; developed 7 recovery advisories:
  - 5 outs – air out, tear out, move out, clean out, dry out

- Office of the Mayor – Special Initiative for Rebuilding and Resilience (SIRR):

- Disruptions or absence of electrical power and other systems due to flooding
  - Integrated approach of dry and wet floodproofing
  - Holistic understanding and view of systems
  - Planned operational workarounds
  - Projections of future impacts and recommendations for future strategies, requirements for mitigation
  - Community providers – transportation issues

- Regulations for generators?
  - Hookups
  - EPHAT
  - Micro Grids
Disaster and Emergency Planning - Hospitals:

Section 702.7 - Emergency and disaster preparedness: Medical facilities shall have an acceptable written plan, rehearsed and updated at least twice a year, with procedures to be followed for the proper care of patients and employees, including:

the reception and treatment of mass casualty victims, in the event of an internal or external emergency or disaster arising from the interruption of normal services resulting from earthquake, tornado, flood, bomb threat, strike, interruption of utility services and similar occurrences.

All employees are to be trained in all aspects of preparedness for any interruption of services and for any disaster.
Disaster and Emergency Planning - Hospitals:

Section 405.24 - Environmental health. The hospital shall be operated and maintained to ensure the safety of patients:

• (a)(2) There shall be facilities for emergency provision of adequate fuel and water supplies during any period in which the supply of fuel and/or water from usual sources temporarily becomes disrupted.

• (b)(2) The hospital shall have a written master fire plan that contain provisions for prompt reporting of fires; extinguishing fires; protection of patients, personnel and visitors; evacuation; and cooperation with firefighting authorities.

• (3) Personnel shall be trained in procedures to be followed in emergencies, including but not limited to the use of firefighting equipment, evacuation of patients and personnel and all other duties in the master fire plan.
Disaster and Emergency Planning: ACFs

Disaster and Emergency Planning.

- Operators of assisted living residences that are adult homes or that are enriched housing programs must maintain compliance with the disaster and emergency planning requirements stated at 18 NYCRR section 487.12 and 488.12 respectively.

- Operators of residences with enhanced assisted living certification must update the written disaster and emergency plan at least twice a year, and periodically, but at least annually, review the written plan with existing staff.

- Operators must have procedures for ensuring special arrangements are in place for residents needing them, e.g., with Nursing homes or Home Care Agencies.

- (d) coordination and allocation of roles and responsibilities between assisted living residence employees and the employees of each home care services agency that has admitted a resident of the assisted living residence.
Disaster & Emergency Procedures
Adult Homes

• **487.12 (a)** The operator must have a written plan, approved by the department, which details the procedures to be followed for the proper protection of residents and staff in the event of an actual or threatened emergency or disaster which interrupts normal service.

  - Emergency procedures must include:
    - Protection of residents from harm to person and property;
    - Monitoring emergency call systems within the buildings when available;
    - Handling individual emergencies, or need for assistance, including arranging for medical or other services;
    - Conducting and supervising evacuation drills; and
    - Implementing the disaster and emergency plan.
Disaster & Emergency Procedures
Adult Homes

- 487.12 The plan shall include, but not be limited to:
  
  (1) procedures and designated staff responsibilities for execution of any part of the plan;
  
  (2) procedures for full and partial evacuation of the facility, including:
    
    (i) designation of staff responsible for the conduct and supervision of evacuation;
    
    (ii) schedule and procedures for training all staff in evacuation procedures and responsibility;
    
    (iii) procedures for the conduct of monthly fire drills for staff;
    
    (iv) procedures for the conduct of quarterly fire drills for staff and residents; and
    
    (v) specific and current procedures for evacuation of any residents with need for individual procedures;

- Must maintain documentation that all assisted living residence employees, and all home care services agency employees, and their supervisors, who provide services to residents, are familiar with and understand their roles and responsibilities in the event of a disaster or emergency.
488.12 (c) The disaster and emergency plan must include but not be limited to:

- Procedures and designated staff responsibilities for execution of any part of the plan

- Procedures for full and partial evacuation of the enriched housing program including;
  - Designation of staff responsible for the conduct and supervision of evacuations
  - A schedule and procedures for training all staff in evacuation procedures
  - Specific and current procedures for the evacuation of any residents with need for individual procedures
  - Preliminary plans for relocation of residents, if necessary
Disaster & Emergency Plans - Enriched Housing Programs 488.12

Plans must include:

- Procedures for the coordination of the enriched housing program disaster and emergency plan with such community resources and local disaster and emergency planning organizations as may be available to provide temporary shelter, food and clothing, and other essential services;
- Plans for the maintenance of service in the event of reductions in personnel;
- Procedures for obtaining emergency medical services;
- Procedures for establishing links with community health care providers (unique to EHPs);
- A list of personnel assigned to handle emergencies available to residents on site or by telephone 24 hours a day;
- Requirement for easy access to a telephone by all residents; and

- Requirement that at each telephone in a dwelling unit the following information must be posted in large lettering:
  - the operator's emergency coverage number to call in case of crisis;
  - the address of the dwelling unit;
  - the telephone number of the dwelling unit;
  - the name of each resident in the dwelling unit;
  - the name and telephone number of the physician or customary primary health care provider of each resident in the dwelling unit; and
  - the name and telephone number of the nearest relative of each resident in the dwelling unit.
Over Bedding

• Article 28 facilities (hospitals, nursing homes) have existing authority 401.2 (a) to exceed the capacity stated on their operating certificates in emergency situations:
  • “The medical facility shall control admission and discharge of patients or residents to assure that occupancy shall not exceed the bed capacity specified in the operating certificate, except that a hospital may temporarily exceed such capacity in an emergency.”
During Super Storm Sandy DAL allowed over-bedding to up to 125% of facility’s licensed census

Determination of max % will be made by and directed by NYSDOH at time of event

Adult Care Facilities (Article 7) – 487.4(c) and 488.4(c) waived during Irene/Lee and Super Storm Sandy:

- **487.4(c) and 488.4(c):** An operator shall not admit or retain a number of persons in excess of the capacity specified on the operating certificate. No operator of an adult home with a certified capacity of 80 or more and a mental health census, as defined in section 487.13(b)(4) of this Part, of 25% or more of the resident population shall admit any person whose admission will increase the mental health census of the facility.

- **Not waived:** An operator shall not admit an individual before a determination has been made that:
  - 487.4(d) “the facility program can support the physical, psychological and social needs of the resident.”
  - 488.4(d) the enriched housing program can support the physical and social needs of the resident.
CMS approved a waiver of routine credentialing requirements to allow practitioners to perform tasks and services for which they were not currently credentialed.

Hospitals were cautioned to use discretion when assigning such tasks so that efficiencies were balanced with patient safety.

Suspension of On-Site Survey Activities were suspended in areas impacted by the storm. **However, immediate jeopardy allegations investigations were not suspended.**
CMS Guidance during Sandy – EMTALA

- EMTALA certain EMTALA flexibilities are already in place under the declaration of an emergency:
  - EMTALA waiver is not necessary when a hospital begins to screen an individual and determines that it lacks the capacity to complete the screening and must transfer the individual elsewhere.
  - If upon completing the medical screening examination (MSE) the hospital determines individual has an emergency medical condition which it lacks the capability/capacity to stabilize, it must make an appropriate transfer to a hospital that can stabilize the individual.
  - An EMTALA-mandated MSE does not need to be an extensive work-up in every case and MSEs do not need to take place in the ED.
  - As part of emergency planning, hospital managers should identify an alternate site elsewhere from the ED that can be utilized to divert those who present with a low triage level but who require a medical screening.
- Individuals presenting from the community seeking only shelter or electrical power, and not presenting with an illness, do not require a medical screening as they are not presenting as a patient.
  The decision regarding sheltering of those individuals remains with each facility.
EMTALA Waivers

- An EMTALA waiver allows hospitals to:
  - Direct or relocate individuals who come to the ED to an alternative off-campus site, in accordance with a State emergency or pandemic preparedness plan, for the MSE.
  - Effect transfers normally prohibited under EMTALA of individuals with unstable EMCs, so long as the transfer is necessitated by the circumstances of the declared emergency.

- By law, the EMTALA MSE and stabilization requirements can be waived for a hospital only if:
  - The President has declared an emergency or disaster under the Stafford Act or the National Emergencies Act; and the Secretary of HHS has declared a Public Health Emergency; and the Secretary invokes her/his waiver authority (which may be retroactive), including notifying Congress at least 48 hours in advance; and
  - The waiver includes waiver of EMTALA requirements and the hospital is covered by the waiver.

- CMS will provide notice of an EMTALA waiver to covered hospitals through its Regional Offices and/or State Survey Agencies.

- Duration of an EMTALA waiver:
  - In the case of a public health emergency involving pandemic infectious disease, until the termination of the declaration of the public health emergency; otherwise
  - In all other cases, 72 hours after the hospital has activated its disaster plan
  - In no case does an EMTALA waiver start before the waiver’s effective date, which is usually the effective date of the public health emergency declaration.
CMS Waivers obtained during Sandy – Emergency Dialysis

- For hospitals treating ESRD patients unable to obtain regularly scheduled dialysis treatment at a certified ESRD facility with a medical need to receive an unscheduled or emergency dialysis session in an outpatient hospital setting.

Hospitals could provide unscheduled or emergency dialysis treatment in an inpatient setting, and discharge the patient without admitting them.

- Both types of emergency treatment were billable under the outpatient prospective payment system.

- Hospital outpatient departments could continue to provide this service on an emergent or unscheduled basis, absent any functional, nearby, certified dialysis facility to perform the service.

- The ESRD patient’s home facility was ultimately responsible for:
  - obtaining and reviewing the patient’s medical records to
  - ensuring appropriate care was provided in the hospital
  - ensuring continuity of care and any necessary modifications are made to the patient’s plan of care upon the patient’s return to the facility.
Patient Information and Records

• Section 752-2.3(c)(3) - Hospital transfer and emergency medical transport. The operator shall ensure that: “a copy of the medical record accompanies the patient upon transfer to the receiving facility”

• Many residential facilities experienced flooding that ruined their paper medical records:
  • Do not dispose of saturated and ruined medical records without the assistance of expert services that can do so without endangering the confidentiality of the records.
  • Ensure that mitigation or preparedness planning includes assuring that medical records are stored in a location not at risk for water intrusion

• Emergency planning should include developing a process by which ACFs can ensure that a resident “Go Kit” is ready to be sent with each resident that includes a resident mini record:
  • The facility should begin to compile/prepare mini records and go kits prior to the mandatory evacuation order
  • The Go Kit should include a mini record that at minimum includes:
    • Primary contacts
    • Demographics/personal data sheet
    • Medical/psychological evaluation
e-FINDS – HIPAA Privacy Waivers during an Emergency

• Participation in the use of the e-FINDS application for tracking patients and residents is expected of all facilities.

• Participation in e-FINDS training and acquisition of requisite HCS accounts and HCS Communications Directory role assignments is expected to be complied with by all facilities regardless of their presumed role or involvement in an evacuation.

• The Office of Civil Rights, DHHS guidance for HIPAA Privacy waivers and disclosure of data during emergencies. Providers and health plans covered by the HIPAA Privacy Rule can share patient information in all the following ways:
  – Health care providers can share patient information as necessary to provide treatment.
    • may disclose prescription and other health information to health care providers at shelters to facilitate treatment of the evacuees.
  – Health care providers can share patient information regarding the location, general condition, or death of an individual as necessary to identify, locate and notify family members, guardians, or other person responsible for the individual’s care,
  – Under Circumstances of IMMINENT DANGER
  – FACILITY DIRECTORY