A CITYWIDE APPROACH TO LONG TERM CARE EMERGENCY MANAGEMENT

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Incident Management Solutions, Inc.
DISCLAIMER STATEMENT

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Upon completion of this presentation, participants will be able to:

• Discuss three progressive long term care (LTC) emergency management programs that can be instituted in their communities

• Identify steps to be taken by facility staff to develop, operationalize, and implement an all-hazard emergency management program

• Describe exercise and continuity of operations programs for LTC facilities
GAPS REMAIN IN NURSING HOME PREPAREDNESS
BACKGROUND
NYC Healthcare Landscape

- 202 Urgent Care Centers
- 17 Trauma Centers
- 55 Hospitals
- 7 Psychiatric Hospitals
- 8 Psychiatric Hospitals
- 400+ Community Health Centers
- 390B
- 173 Nursing Homes
- 78 Adult Care Facilities
- 75 Volunteer Ambulance Agencies
- 39 NICU
- 24 PICU
- 17 Trauma Centers
- 116 Dialysis Centers
- Methadone Maintenance Treatment Center
- 68
- Pediatric Disaster Coalition
- Primary Care Coalition
- Borough Coalitions
- Network Coalitions
- North HELP Coalition
- Long Term Care Associations
- OEPR
- NYCEM
- NYPD
- FDNY
OFFICE OF EMERGENCY PREPAREDNESS AND RESPONSE

• Works to prevent, protect against, respond to, and increase New York City’s ability to recover from the public health impacts of emergencies

• DOHMH does this through partnerships with various city, state and federal agencies, healthcare facilities, and community leaders and organizations to better protect and meet the needs of NYC citizens
BUREAU OF HEALTHCARE SYSTEM READINESS: MISSION AND VISION

• Supports the NYC healthcare system’s ability to respond safely and effectively in emergencies

• Establishes a shared emergency planning framework
  • stakeholders collaboratively prioritize and address preparedness and response gaps
  • health care facilities have tools and resources to care for patients and residents during an emergency event
SUPERSTORM SANDY, 2012

IMPACT ON HEALTHCARE FACILITIES IN NEW YORK CITY
The Story of Hurricane Sandy

- **Tides**
  - A full moon caused a “spring” tide – one that’s higher than normal.
  - Hurricane Sandy’s arrival in conjunction with high tide led to a magnified storm surge.
  - The 11-foot expected storm surge was exceeded by 3 feet.

- **Path**
  - The jet stream’s north-south path decreased its ability to push the storm away from the coast.
  - A large low pressure system off the Northeast coast prevented Sandy from steering away from the coast.
  - Only the second hurricane to directly hit the New Jersey coast since 1851.

- **Size**
  - Hurricane Sandy was nearly three times the size of a typical hurricane.
  - Hurricane Sandy’s 65 kph wind gusts extended more than 1,500 km out from the eye of the storm while Hurricane Katrina’s extended around 500 km.

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**Tide Data**

- Preliminary Water Level (01/12) vs. Predicted Plot
- 8018750 The Battery, NY
- From 2012/10/28 - 2012/10/30

**Hurricane wind fields**

- Hurricane Katrina
- Hurricane Sandy
NYC COASTAL STORM PLAN – TIMELINE

96 HRS: Coastal Storm Call
Data collection

72 HRS: HCF Evacuation Order
HCF Evac. Begins

24 HRS: HCF Evacuation Complete

84 HRS: Mobilize HEC
Continue data collection and assessment

48 HRS: Mandatory Evac. Order
General population

ZERO HOUR
All evacuations complete
Healthcare Facility Evacuation

Non-NYC
- 30 patients

Special Medical Needs Shelters
- 1,523 patients

NYC HCFs: 4,436 patients
- 45 hospitals, 73 NHs, 18 ACFs
NYC SANDY AAR
KEY IMPROVEMENT OPPORTUNITY

• Develop and enforce current and new regulations
• For licensed residential facilities including hospitals, nursing homes, and adult care facilities
• Require comprehensive evacuation planning and backup power capacity
PROGRAM DEVELOPMENT
A CALL TO ACTION

• Pilot project initiated to assist nursing homes to develop and implement an intensive emergency preparedness educational training and implementation program

• Goal: to improve facility abilities to mitigate, prepare for, respond to, and recover from emergencies and disasters

• Pilot program included 20 New York City nursing home facilities/networks
A PROGRESSIVE APPROACH TO EMERGENCY MANAGEMENT

• Long Term Care Emergency Management Program [LTCEMP]
• Long Term Care Exercise Program [LTCExP]
• Long Term Care Continuity Planning Program [LTCCPP]
• A three year progression
CORE CURRICULUM

**Module 1: Introduction into Emergency Management and Continuity Planning**
- a) Emergency Management Fundamentals
- b) Planning Process
- c) Command and Control
- d) Risk Communications

**Module 2: Risk Analysis**
- a) Hazard Vulnerability Analysis

**Module 3: Planning Considerations**
- a) Logistics Management
- b) Infectious Disease Management
- c) Personal and Facility Preparedness

**Module 4: Community Engagement**
- a) Coalitions
- b) Memorandum Of Understanding

**Module 5: Training and Exercises**
- a) HSEEP Fundamentals
- b) Training Resources

19
We needed a program(s) that would:

• Strengthen the long term care sector’s emergency preparedness capacities and capabilities

• Increase NYC LTC’s ability to partner with public health in order to improve their mitigation, preparedness, response, and recovery in disasters

• Align with proposed Centers for Medicare and Medicaid Services [CMS] emergency preparedness regulations
MEET OUR ADVISORY BOARD

- New York State Department of Health (SDOH)
- New York City Department of Health and Mental Hygiene (NYC DOHMH)
- New York City Emergency Management (NYC EM)
- Local 1199 Service Employees International Union (SEIU), Labor Management Project
- Nursing Home Associations [Continuing Care Leadership Coalition (CCLC), Southern New York Association (SNYA), Greater New York Health Care Facilities Association (GNYHCFA)]
- Adult Care Facilities
- Incident Management Solutions (IMS)
INCIDENT MANAGEMENT SOLUTIONS

• New York-based certified emergency management consulting firm
• Specializing in planning, training, and operational leadership for emergencies and major events
• Mission is to create customized solutions to emergency management challenges
• Effective, efficient, of the highest quality, meet or exceed applicable standards and regulatory requirements, and focused on excellence in both development and execution
LONG TERM CARE EMERGENCY MANAGEMENT PROGRAM

PROGRAM ONE
PROGRAM ONE GOALS

• Strengthen the NYC long term care facility's emergency management capabilities

• Increase the long term care facility's ability to partner with public health in order to improve their mitigation, preparedness, response, and recovery in disasters
PROGRAM FEATURES

• Two in-person learning sessions
• Assigned site facilitator
• 12 on-site facilitated coaching sessions
• Toll-free help line
• Comprehensive, documented assessment
• Resources, templates, policies, procedures, and support in implementation
• No cost to the facility
  • other than staff time
FACILITY REQUIREMENTS

• Participation in the full program
• Provision of all facility’s emergency management plan documents
• Identification of an EMT comprised of four to five staff to participate in all LTCEMP activities
• Full team commitment to the program
• Designation of an Emergency Management Coordinator
• Participation of the EMT in an onsite pre-assessment and post-assessment
• Ensure each EMT member has time to dedicate to this program each week
• Create and/or enhance a facility's emergency management program by:
  • Increasing participants’ knowledge of emergency response roles and how to create the infrastructure to support these roles
  • Improving the facility's capability to prepare for and respond to all-hazard events
  • Training the facility in techniques to sustain appropriate readiness and response capabilities
# LTCEMP PROGRAM ELEMENTS

<table>
<thead>
<tr>
<th>Program Phase</th>
<th>Program Breakdown</th>
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| **Pre-Planning Phase** | • Recruit NYC Nursing Homes and Adult Care Facilities  
• Establish an Emergency Management Team (EMT)  
• Conduct a Document Review  
• Conduct a Pre-Assessment |
| **Intervention Phase** | • Learning Sessions and Coaching Sessions  
• Tabletop Exercise  
• Emergency Management Equipment |
| **Evaluation Phase** | • Post - Assessment  
• Evaluation of the Program |
SYLLABUS

• Phases of emergency management
• TJC Six Critical Areas
• 96 hour preparedness
• Standards and requirements
• Emergency Support Functions / ESF8
• Facility emergency planning
FACILITY DELIVERABLES

- Hazard vulnerability analysis (HVA)
- Comprehensive emergency management plan (CEMP)
- Use of NHICS / ALICS
- Facility Command Center (FCC)
- Evacuation Annex
- Communications Annex
- Community engagement
- Exercise readiness
TABLE-TOP EXERCISE [TTX]

- Operation MERSy 2016
  - Novel communicable disease threat / pandemic involving Middle East Respiratory Syndrome (MERS-CoV)
- Global objectives
  - Assess ability of long term care facility to establish incident command
  - Assess infectious disease planning and response
  - Identify continuity priorities
  - Assess ability to manage staff and material resources
  - Evaluate worker protection strategies
- Facility-specific objectives
FACILITY PRE-ASSESSMENTS
LTC FACILITY PRE- AND POST ASSESSMENTS

- Individual site data provides a general sense of a LTC facility’s emergency preparedness level and progress
- Aggregate data provides an overall measure and comparison of progress for all LTC facilities
- Assessment results are based on the percentage of positive responses
LTCEMP ASSESSMENT TOOL

61 data elements in ten sections

- Administrative
- Risk Analysis
- Command & Control
- Logistics Management
- Communications
- Continuity of Operations
- Community Integration
- Training & Exercise
- Infectious Disease Management
- Supplementary
  - Evacuation
### Long Term Care Emergency Management Program Assessment

**Yes=1 No=0**

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<thead>
<tr>
<th>Date</th>
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#### Emergency Management Fundamentals

1. Does the facility have a formal site specific all hazards emergency management plan? (Should capture more than evacuation and fire)
   - 0
2. Does your emergency management plan include all four phases of emergency management (mitigation, preparedness, response, recovery)?
   - 0
3. Does the emergency management plan have a policy, procedure, or mechanism for internal review and modification? (This includes documenting lessons learned following real events and planned exercises, e.g., After Action Reporting)
   - 0
4. Is the emergency management plan reviewed/revised at least once a year?
   - 0
5. Is the plan approved by senior management or the board of directors?
   - 0

**IF YES**

- If yes, how often:

**Title of person who gives final approval:**

**IF NO**

- Title of person who gives final approval

3. Does your facility have a designated Emergency Management Coordinator?
   - 1
4. Do all facility personnel have access to the facility all hazards emergency management plan? (Can be a hard copy and/or electronic) If Question 1 is "No," then this question should also be "No"
   - 1

#### Risk Analysis

5. Does the facility conduct a Hazard Vulnerability Analysis (HVA) to identify potential emergencies (internal or external) that could affect the need for its services or its ability to provide those services? If it is a "NO" please mark Questions 5-7 as "NO" and skip to Question 8
   - 0
    **IF YES**
    - Is the Hazard Vulnerability Analysis reviewed/updated at least annually?
    - 0

6. Does the facility use its Hazard Vulnerability Analysis to establish priorities among those emergencies that have the highest probability and impact to prepare for them?
   - 0
    **IF YES**
    - Does the facility use its Hazard Vulnerability Analysis to define mitigation activities (activities that reduce the risk and potential impact of emergencies)?
    - 0

7. Has the facility identified the potential risk/impact these emergencies can have on other operations and incorporated them into the hazard specific emergency management plans?
   - 0

#### Command and Control

8. Does the emergency management plan contain a policy or procedure that describes how to activate the emergency management plan?
   - 1
9. Does the facility use a formalized structure such as Incident Command System (ICS)?
   - 0.5
   - **IF YES**
   - Are all (both AM and PM shifts) staff trained in the implementation of the facility’s incident command system?
   - 1
10. Are the roles and responsibilities for each emergency position in the emergency command structure defined in writing within the Emergency Management Plan?
    - 0.5
    **IF YES**
    - Are the emergency command roles defined in the Action Sheets?
    - 0
11. Does the facility have a designated spokesperson or Public Information Officer (can be via parent organization)?
    - 0.5
    **IF YES**
    - Has the person been trained in risk communications/media communication?
    - 0.5

**THE TOOL**
## SCORING SYSTEM

<table>
<thead>
<tr>
<th>Level One</th>
<th>Level Two</th>
<th>Level Three</th>
<th>Level Four</th>
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<tbody>
<tr>
<td>Score of 85-100%</td>
<td>Score of 70-84%</td>
<td>Score of 55-69%</td>
<td>Score of 0-54%</td>
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Mature comprehensive emergency management program established for site (including all aspects of EM planning for an all-hazards approach)

Emergency Management Plan developed and integrated with some event-specific plans and procedures

Most elements critical for emergency planning identified but not developed

Minimal elements necessary for emergency management program have been identified or created
AGGREGATE PRE- AND POST-ASSESSMENT READINESS LEVELS, 2015-2016

Legend:
- Pre-Assessment readiness levels are indicated in red
- Post-Assessment readiness levels are indicated in blue
- Borough and citywide aggregate scores are shown within the orange box on the right
# AGGREGATE ASSESSMENT SCORING

<table>
<thead>
<tr>
<th>1. Emergency Management Fundamentals</th>
<th>9</th>
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<th>3</th>
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<td>57%</td>
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<td>58%</td>
<td>41%</td>
<td>56%</td>
<td>43%</td>
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**1. Does the facility have a formal site specific all hazards emergency management plan? (Should capture more than evacuation and/or fire)**

- **1.1** Does your emergency management plan include all four phases of emergency management (mitigation, preparedness, response, and recovery)?
  - Yes: 67% | 22% | 67% | 67% | 100% | 57%
  - No: 33% | 22% | 67% | 25% | 50% | 31%

**1.2** Does the emergency management plan have a policy, procedure, or mechanism for internal review and modification? (This includes documenting lessons learned following real events and planned exercises, ex: After Action Reporting).

- Yes: 44% | 22% | 0% | 25% | 50% | 29%

**1.3** Is the emergency management plan reviewed/revised at least once a year?

- Yes: 56% | 0% | 67% | 33% | 50% | 34%

**1.4** Is the plan approved by senior management or the board of directors?

- Yes: 56% | 33% | 100% | 42% | 50% | 49%

**2. Does the facility have an interdisciplinary planning committee used to oversee its emergency management planning? (NOTE: If the facility is part of a network, all sites must have this element in place)**

- Yes: 67% | 22% | 33% | 42% | 100% | 46%

**3. Does your facility have a designated Emergency Management Coordinator?**

- Yes: 78% | 44% | 67% | 42% | 50% | 54%

**4. Do all facility personnel have access to the facility's all hazards emergency management plan? (Can be a hard copy and/or electronic) If Question #1 is "No", then this Question should also be "No".**

- Yes: 56% | 22% | 67% | 50% | 0% | 43%
Pre-Assessment: Distribution of Long Term Care Facilities Across Readiness Levels (N=44)

- Preparedness Level 1 (Score of 85 - 100%)
- Preparedness Level 2 (Score of 70 - 84%)
- Preparedness Level 3 (Score of 55 - 69%)
- Preparedness Level 4 (Score of 0 - 54%)

Post-Assessment: Distribution of Long Term Care Facilities Across Readiness Levels (N=44)

- Preparedness Level 1 (Score of 85 - 100%)
- Preparedness Level 2 (Score of 70 - 84%)
- Preparedness Level 3 (Score of 55 - 69%)
- Preparedness Level 4 (Score of 0 - 54%)
LONG TERM CARE
EXERCISE PROGRAM

PROGRAM TWO

Operation NHExIS 2017
PROGRAM TWO GOALS

• Improve the effectiveness of the LTC facility’s disaster readiness by having facility teams learn to design, develop, conduct and evaluate meaningful exercises

• Identify the facility’s strengths and opportunities for improvement in emergency response under simulated conditions
PROGRAM TWO OUTCOMES

• Create and/or enhance a facility's Emergency Management Program by:
  • Identifying the facility’s strengths and opportunities for improvement in emergency response under simulated conditions
FOCUS ON HSEEP

Homeland Security Exercise and Evaluation Program (HSEEP)

• Exercise program management
• Exercise design and development
• Exercise conduct
• Exercise evaluation and improvement planning
• Participation in a citywide functional exercise
## LTCExP PROGRAM ELEMENTS

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| **Pre-Planning Phase** | • Recruit NYC LTC Facilities  
|                     | • Re-establish Emergency Management Team (EMT)              |
| **Intervention Phase** | • Learning Sessions                                       
|                     | • Series of Planning Meetings                              
|                     | • Functional Exercise                                      |
| **Evaluation Phase**  | • Site Specific and Overall AAR/IP                          
|                     | • Evaluation of the Program                                |
SYLLABUS

• HSEEP-focused learning session
• Initial planning meeting
• Midterm planning meeting
• Final planning meeting
• Controller/evaluator briefing
• Functional exercise (FX)
• After-action meeting
• After-action report (AAR) development
CREATING LOCAL EXERCISE ENGAGEMENT

• HSEEP planning meetings held
  • Develop the exercise with participants
  • Demonstrate the HSEEP process
  • Develop local objectives
• Each facility asked to craft three specific objectives their facility
• Facility-specific injects added to scenario
FACILITY DELIVERABLES

• Completion of the HSEEP curriculum
• Participation in the planning meetings
• Participation in the exercise
LONG TERM CARE
CONTINUITY PLANNING PROGRAM

PROGRAM THREE; THE ADVANCED PRACTICUM
PROGRAM THREE GOALS

Build resilience and sustainability for long-term care facilities in four areas:

• Continuity of operations (COOP) for the facility

• Continuity of care for residents during a disaster

• Continuity/sustainability of the long term care emergency management program at the facility level and across the City

• Knowledge transfer
PROGRAM FEATURES

• Two program surveys
• Two in-person learning sessions
• Assigned mentor
• Four on-site monthly mentoring sessions
• Toll-free help line
• COOP resources, templates, policies, procedures, and support in implementation
• No cost to the facility
  • other than staff time
FACILITY REQUIREMENTS

- Participation in the full program
- Completion of online surveys
- Identification of an EMT comprised of four to five staff to participate in all LTCCPPP activities
- Full team commitment to the program
- Designation of an Emergency Management Coordinator
- Participation of the EMT in exercise leadership shadowing activities
- Ensure each EMT member has time to dedicate to this program each week
PROGRAM THREE OUTCOMES

• Participation in continuity planning learning sessions and activities
• Development of continuity plans and activities for each facility
• Shadowing of an experienced exercise team
• Development of a facility-specific continuity of operations exercise
• Application of COOP resources, tools, and templates
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<td>• Surveys (2)</td>
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<tr>
<td>Intervention Phase</td>
<td>• Advanced Practicum Learning and Mentoring Sessions</td>
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<td></td>
<td>• Functional Exercise Shadowing</td>
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<tr>
<td>Evaluation Phase</td>
<td>• Capstone Project</td>
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<td>• Program Evaluation</td>
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SYLLABUS

• Introduction to Continuity of Operations (COOP) planning
• Review of exercise design
• Mentor support in plan and exercise development
PROGRAM DELIVERABLES

• Continuity of Operations Plan
• Functional Exercise Plan
• Shadowing the exercise team in the citywide functional exercise
PROJECT SUMMARY, 2015 - 2016

• Participant facilities: 9
• Mentors: 5
• Two Advanced Practicum Learning Sessions
• Mentoring sessions
  • >36 sessions conducted
• Advanced Practicum Capstone Session completed
• Shadowing program
• COOP Plans submitted
• Exercise Plans submitted
PROGRAM STRUCTURE

• Pre-planning phase (two weeks)
  • Complete two on-line surveys
• Intervention Phase (four months)
  • Two in-person learning sessions on COOP concepts
  • Facility-level COOP planning process (independent work)
  • Monthly mentoring sessions
  • Mentoring and shadowing experiences
  • Capstone and competency demonstration
• Evaluation Phase (two weeks)
  • Online survey to evaluate experiences
  • Program review and assessment
  • Evaluation report
CAPSTONE: THE CONCLUDING ACHIEVEMENT

• Each team designs a facility-specific COOP exercise for future delivery
• Follows Homeland Security Exercise and Evaluation Program (HSEEP) process
• Development of an Exercise Plan and other exercise-ready materials
• Work conducted with the support and guidance of the program mentors
HE FOLLOWED ME HOME. CAN I KEEP HIM?

TAKING THIS HOME
STRATEGIES

• Assess/validate the need
• Look for stakeholders (hint: coalitions)
• Identify funding
• Identify a pilot group
• Conduct a formalized assessment
• Determine interventional scope
• Focus on basics (to get started)
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