

Nursing Home Emergency Preparedness: A Comprehensive Citywide Approach in New York City

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#DisasterLearning

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NYC Department of Health and Mental Hygiene (NYC DOHMH)
Office of Emergency Preparedness and Response (OEPR)

Bureau of Healthcare System Readiness (BHSR)

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Disclaimer Statement

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Webinar Overview

- NYC DOHMH Organizational Structure
- Landscape of NYC Healthcare Systems
- Development of and goals for the Nursing Home Emergency Management Program (NHEMP)
- Process for developing a common core curriculum for NHEMP
- What participants learn through NHEMP
- Next steps

NYC Department of Health and Mental Hygiene Table of Organization

Board of Health
Fund for the Public Health in New York
Advisory Boards:
-Health and Mental Hygiene Advisory Council
-Community Services Board/Mental Hygiene Advisory Board
-Federation for Mental Health, Mental Retardation and Alcoholism Services
-Local Early Intervention Coordinating Council
-HIV/AIDS Community Planning
-NYC Commission on HIV/AIDS

Mary Bassett, MD, MPH
Commissioner

Barbara Sampson, MD, PhD
Acting Chief Medical Examiner

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Associate Commissioner
External Affairs

Community Services Board
and
Federation for Mental Health,
Mental Retardation and
Alcoholism Services

Alcohol & Drug Use, Prevention, Care & Treatment
Children, Youth and Families
Clinical Affairs
Developmental Disabilities
Early Intervention
Mental Health
MH Administration

Communicable Diseases
HIV/AIDS
Immunization
Public Health Laboratory
STD Prevention & Control
Tuberculosis Control

Child Care
Environmental Disease Prevention
EH Division Management
Environmental Sciences & Engineering
Environmental Surveillance & Policy
Food Safety and Community Sanitation
Veterinary & Pest Control Services

EPI Division Management
Epidemiology Services
Provider Education Program
Public Health Training
Vital Statistics
World Trade Center Health Registry

FCH Administration
Maternal, Infant and Reproductive Health
School Health

Chronic Disease Prevention & Tobacco Control
Correctional Health Services
PPC Administration
PPC IT Initiatives
Primary Care Access and Planning
Primary Care Information Project

Communications
Intergovernmental
OEA Administration
Public Affairs

Oxiris Barbot, MD
First Deputy Commissioner

Thomas Merrill, JD
General Counsel

Employment Law Unit
Institutional Review Board
Legal Affairs

Policy Planning & Strategic Data Use
Audit Services, Medicaid Compliance Program
Chief Diversity Officer/EEO

Julie Friesen, MS
Deputy Commissioner
Administration

Facilities Planning & Administrative Services
Human Resources & Labor Relations
Operations
Clinical Quality Management & Improvement/
Employee Health
Occupational Safety & Health

Sandy Rozza
Deputy Commissioner
Finance

Agency Chief Contracting Officer
Budget & Revenue
Controller

Jian Liu, MS
Deputy Commissioner
Chief Information Officer

Application Development & Database Administration
IT Administration
IT Solutions & Delivery
IT Security & Business Continuity
Network, Technology & Telecommunications Services
IT Informatics

Marisa Raphael, MPH
Deputy Commissioner
Emerg. Preparedness &
Response

Agency Preparedness and Response
Grant Management & Administration
Healthcare System Readiness
Policy, Community Resilience and Response

Aletha Maybank, MD, MPH
Associate Commissioner
Center for Health Equity

Bronx DPHO
Brooklyn DPHO
Harlem DPHO

Bureau of Healthcare System Readiness [BHSR]

Mission and Vision

- BHSR's mission is to support the NYC healthcare system to respond safely and effectively in emergencies
- We envision a **shared emergency planning framework** where stakeholders **collaboratively** prioritize and **address preparedness and response gaps**, and where health care facilities of all kinds have the **tools and resources they need** to care for their patients and residents during an emergency event.
- As a result, New York City's healthcare system will better endure emergency events, **ensuring continuity of care** and the system's ability to **meet acute health and medical needs** during, and post-emergency.

NYC Healthcare Landscape

50 Urgent Care Centers

173 Nursing Homes

75 Volunteer Ambulance Agencies

55 Hospitals

1 Dialysis Coalition

7 Associations

17 Trauma Centers

7 organ transplant centers

1 Primary Care Coalition

106 Dialysis Centers

77 Adult Care Facilities

1 OEPR

1 New York City

HealthCare Coalition

88 Opioid Treatment Centers

1 Pediatric Disaster Coalition

39 NICU's/ 24 PICU's/ 39 OB's

600+ Community Health Centers
8 Psychiatric Hospitals

BHSR Strategic Priorities

Priority 1	Healthcare Sector Integration Into Jurisdictional Health/Medical Planning and Response
Priority 2	Coalitions as Drivers of Facility Preparedness and System-Level Response
Priority 3	Strengthening Facility Preparedness and Resiliency <ul style="list-style-type: none">➤ Increase Adult Care Facility Preparedness➤ Strengthen Hospital Preparedness and Resiliency➤ Increase Nursing Home Facility Preparedness



Program Overview

The Nursing Home Emergency Management Program
(NHEMP)

Nursing Home Emergency Management Program

NHEMP Advisory Board Members:

- 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)
- 1199 SEIU Labor Management Project
- Primary Care Development Corporation (PCDC)
- The Healthcare Association of NY (HANY)
- Continuing Care Leadership Coalition (CCLC)
- Southern New York Association (SNYA)
- Greater New York Health Care Facilities Association (GNYHCFA)

Program Goals

- Strengthen the NYC nursing home (NH) sector's emergency preparedness capacities and capabilities
- Increase NYC nursing homes' ability to partner with public health in order to improve their mitigation, preparedness, response, and recovery in disasters

Planned Program Outcomes

1. Create and/or enhance the NH's Emergency Management Program
 2. Increase NH Staff's knowledge of emergency response roles and how to create the infrastructure to support these roles
 3. Improve the NHs' capacity and capability to prepare for and respond to all-hazard events by developing and operationalizing plans to assure residents' continuity of care
 4. Enhance the facility's continuity of operations during an emergency event
 5. Alliance with State Regulations
-

Program Structure [Phased Approach]

Program Phase	Program Breakdown
Pre-Planning Phase	<ul style="list-style-type: none">• Development of Curriculum• Recruit participating NYC Nursing Homes• Establish an Emergency Preparedness Committee (EPC)• Conduct a Pre-Assessment
Intervention Phase	<ul style="list-style-type: none">• Learning Sessions, Action Periods and Coaching Sessions• Tabletop Exercise• Emergency Management Equipment
Evaluation Phase	<ul style="list-style-type: none">• Post - Assessment• Evaluation of the Program

Common Core Curriculum [Pre-Planning Phase]

Module 1: Introduction into Emergency Management and Continuity Planning

- Part I: Emergency Management Fundamentals
- Part II: Planning Process
- Part III: Command and Control
- Part IV: Risk Communications

Module 2: Risk Analysis

- Part I: Hazard Vulnerability Analysis

Module 3: Planning Considerations

- Part I: Logistics Management
- Part II: Infectious Disease Management
- Part III: Personal and Facility Preparedness

Module 4: Community Engagement

- Part I: Coalitions
- Part II: Memorandum Of Understanding

Module 5: Training and Exercises

- Part I: HSEEP Fundamentals
 - Part II: Training Resources
-

NHEMP Overview

"Our Nursing Home's emergency management program was enhanced by the pilot (NHEMP) because it broke down topics on a week to week basis along with the coaching sessions. Our facility was able to revise and enhance existing policies and address new topics that were presented during the pilot program."

"The pilot program gave new insight on how to make our existing emergency management program more concise and organized."

"The weekly coaching sessions along with working in a multidisciplinary emergency committee greatly increased the awareness of the roles staff members would have to play during an emergency situation."

"Templates that were given as resources not only helped us immediately to revise our policies and procedures, it will make the process easier in the future. Coaching support allowed team members to develop new ideas in a safe environment. It allowed us to become familiar with emergency management terminology and processes as well as find new ways to teach staff important procedures in a user friendly manner."

"During the 2013-2014 phase of the project, nursing homes emergency management assessment score improved on average over 66 percentage points."

Nursing Home Emergency Management Program

The New York City Department of Health and Mental Hygiene, Office of Emergency Preparedness and Response (NYCDOHMH OEPR) worked with a vendor to develop the Nursing Home Emergency Management Program (NHEMP) and is launching year two of the program. NYC DOHMH OEPR, in collaboration with the New York City Nursing Home Trade Associations, is currently recruiting nursing homes to participate in NHEMP. Participating nursing homes will receive training and resources to develop or enhance their emergency management programs.

There is no cost to your nursing home to participate—the program is free, requiring only your commitment of staff time. The five-month program runs from December 2014 through May 2015 and includes emergency management training, site-specific intervention activities, table-top exercise and a pre/post-assessment of your nursing home's emergency management capabilities.

Program Structure

Nursing homes Emergency Preparedness Committees (EPCs) will attend two in-person learning sessions on emergency management concepts. Following the learning sessions, the nursing home EPCs will implement and/or refine the concepts and ideas acquired at the in-person learning sessions at their respective facilities. Nursing homes Emergency Preparedness Committees (EPCs) participating in the program will work both intensively with an assigned PCDC coach and independently for five months. Throughout the project PCDC staff will assist the nursing home's EPC by providing coaching and feedback throughout the process.

What is required for your nursing home to participate?

- Participation in the full duration of the program: December 2014 through May 2015. Please complete and sign attached *Item A - NHEMP Commitment form*.
- Identification of an EPC comprised of four to six staff to participate in all NHEMP activities. Kindly complete attached *Item B - Emergency Preparedness Committee Composition form*.
- Designation of an Emergency Preparedness Coordinator (a member of the Emergency Preparedness Committee) who will be responsible for leading the efforts in coordinating the completion of NHEMP activities and serve as the primary liaison with PCDC.
- The Emergency Preparedness Committee is to participate in an onsite emergency management pre-assessment session during the months of October and November 2014 and participate in a virtual 2 hour post-assessment during the month of May 2015.
- Ensure each EPC member has three to four hours to dedicate to this program each week. This includes an onsite two-hour biweekly team work-session and one to two hours of independent work time per week.
- Provide biweekly updates to PCDC during onsite meetings delineating progress toward identified emergency management milestones and outcomes.
- Participate at all program events. Please see program events on the reverse side.

continued on reverse

NEW YORK CITY HURRICANE EVACUATION ZONES

NYC EVACUATION CENTERS

BRONX		
DX COMM COLLEGE 80 W. 181ST ST.	IS 201 730 BRYANT AVE.	PS 102 1827 ARCHER ST.
EVANDER CHILDS HS 800 E. GURH HILL RD.	LEHMAN COLLEGE 250 BEDFORD PARK BLVD. W.	PS 211 1915 PROSPECT AVE.
HS OF LAW, GOV'T AND JUSTICE 244 EAST 163RD ST.	MS-HS 141 660 W. 237TH ST.	PS 306 40 W. TREMONT AVE.
IS 86 1519 BOSTON RD.	PS 5 564 JACKSON AVE.	WILLIAM H. TAFT HS 240 E. 172ND ST.
MANHATTAN		
BARUCH COLLEGE 155 E. 24TH ST.	HS OF GRAPHIC COMM 439 W. 49TH ST.	JOHN JAY COLLEGE 445 W. 59TH ST.
LOUIS D. BRANDEIS HS 145 W. 84TH ST.	HUNTER COLLEGE 695 PARK AVE.	JULIA RICHMOND ED. COMPLEX 317 EAST 67TH ST.
BREAD AND ROSES HS 6 EDGEOMBE AVE.	IS 88 215 W. 114TH ST.	SEWARD PARK HS 350 GRAND ST.
CITY COLLEGE 181 CONVENT AVE.	IS 90 21 JUMEL PLACE	
G. WASHINGTON HS 149 ALDUBON AVE.	IS 118 154 W. 93RD ST.	
QUEENS		
JOHN ADAMS HS 101-01 ROCKAWAY BLVD.	GROVER CLEVELAND HS 147-26 25TH DR.	QUEENS COLLEGE 65-30 NISSENA BLVD.
AVIATION HS 45-30 36TH ST.	HILLCREST HS 160-05 HIGHLAND AVE.	QUEENSBOROUGH COMMUNITY COLLEGE 222-05 96TH AVE.
BAYSIDE HS 32-24 CORP. KENNEDY ST.	JHS 185 147-26 25TH DR.	WILLIAM C. BRYANT HS 48-30 31ST AVE.
BELMONT RACETRACK 2150 HEMPSTEAD TPKE.	NEWCOMERS HS 28-01 41ST AVE.	YORK COLLEGE 94-20 GUY R. BREWER BLVD.
FLUSHING HS 25-01 UNION ST.	NEWTOWN HS 40-01 207TH AVE.	
FOREST HILLS HS 67-51 110TH ST.	PS 19 98-02 ROOSEVELT AVE.	
BROOKLYN		
BOYS & GIRLS HS 1700 FULTON ST.	IS 136 4004 4TH AVE.	JOHN JAY HS 237 7TH AVE.
BROOKLYN TECH HS 29 FORT GREENE PLACE	IS 187 1871 95TH ST.	NYC TECHNICAL COLLEGE 300 JAY ST.
BUSHWICK HS 400 IRVING AVE.	IS 246 72 MERONICA PLACE	PS 189 150 E. NEW YORK AVE.
CLARA BARTON HS 501 CLASSON AVE.	IS 271 1137 HERKIMER ST.	PS 249 18 MARLBOROUGH RD.
FRANKLIN K. LANE HS 999 JAMAICA AVE.	IS 313 1300 GREENE AVE.	PS 327 11 BRISTOL ST.
IS 117 100 WILLOUGHBY AVE.	JHS 57 125 STUYVESANT AVE.	ROOSEVELT HS 5800 20TH AVE.
STATEN ISLAND		
CURTIS HS 105 HAMILTON AVE.	IS 75 455 RUGUENOT AVE.	SUSAN E. WAGNER HS 1200 MANOR RD.
IS 51 20 HOUSTON ST.	PETRIDES COMPLEX 715 OCEAN TERRACE	

VISIT NYC.GOV/HURRICANEZONES OR CALL 311 TO FIND OUT IF YOU LIVE IN A HURRICANE EVACUATION ZONE.

KNOW YOUR ZONE*

- Determine whether you live in an evacuation zone by using the Hurricane Evacuation Zone Finder at www.NYC.gov/hurricanezones, calling 311 (TTY: 212-504-4115), or consulting this map. If your address is in one of the City's hurricane evacuation zones, you may be ordered to evacuate if a hurricane threatens New York City.
- Evacuees should be prepared to stay with friends or family who live outside evacuation zone boundaries.
- If you cannot stay with friends or family, use the Finder, call 311 (TTY: 212-504-4115), or use this map to identify which evacuation center is most appropriate for you.

* Evacuation information is subject to change. For the latest information, visit www.NYC.gov or call 311 (TTY: 212-504-4115). Visit the MTA's website at www.mta.info or call 511 for the latest transit information. If you need assistance evacuating during an emergency, please call 311.

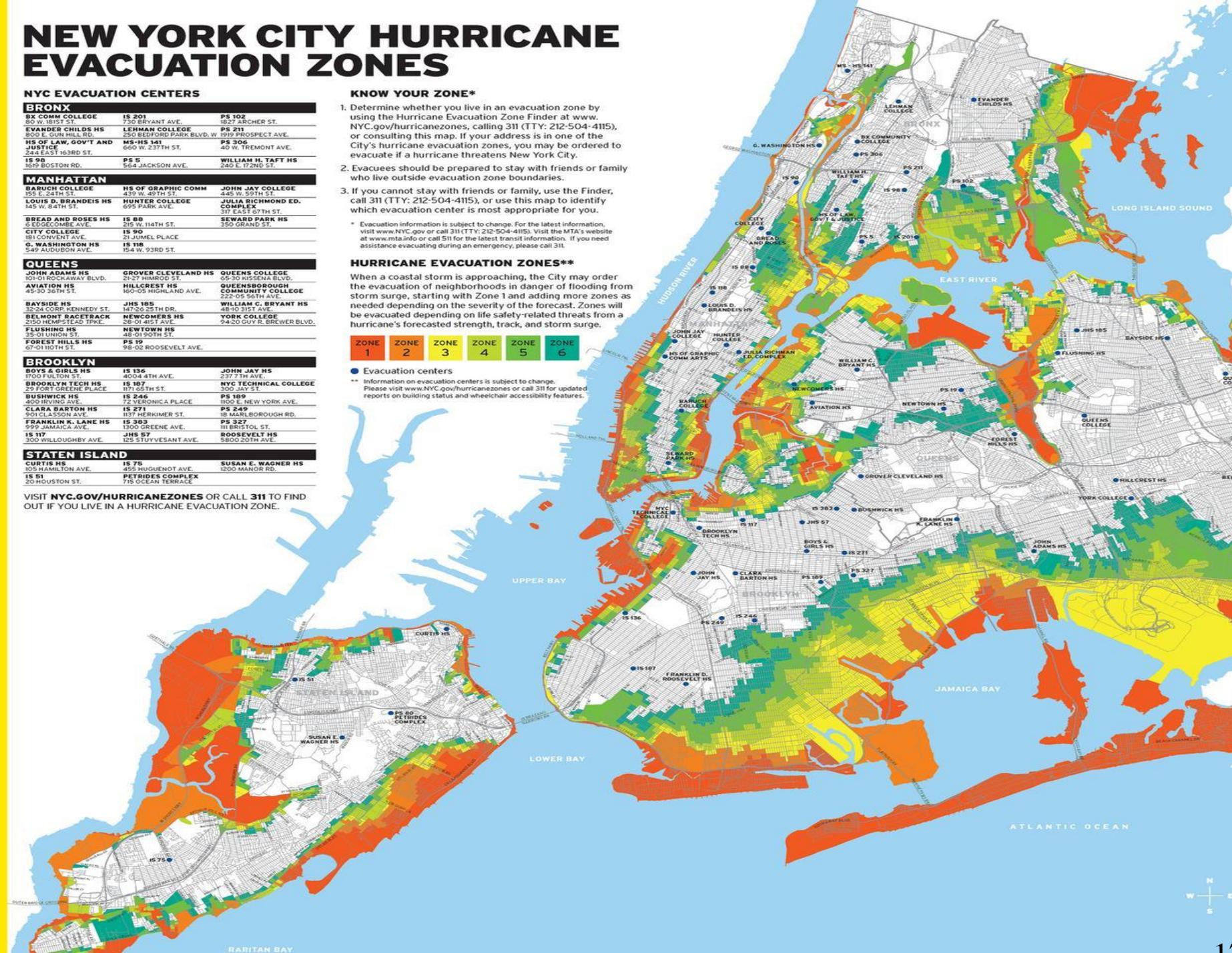
HURRICANE EVACUATION ZONES**

When a coastal storm is approaching, the City may order the evacuation of neighborhoods in danger of flooding from storm surge, starting with Zone 1 and adding more zones as needed depending on the severity of the forecast. Zones will be evacuated depending on life safety-related threats from a hurricane's forecasted strength, track, and storm surge.



● Evacuation centers

** Information on evacuation centers is subject to change. Please visit www.NYC.gov/hurricanezones or call 311 for updated reports on building status and wheelchair accessibility features.



The Nursing Home Emergency Management Assessment Tool [Pre-Planning Phase]

- Comprised of 63 questions with subsections that cover 10 main sections or core concepts:
 1. Emergency Management Fundamentals
 2. Risk Analysis
 3. Command and Control
 4. Logistics Management
 5. Communications
 6. Continuity of Operations
 7. Community Engagement
 8. Training and Exercises
 9. Infectious Disease Management
 10. Supplementary; Evacuation
-

Assessment Tool [Pre-Planning Phase]

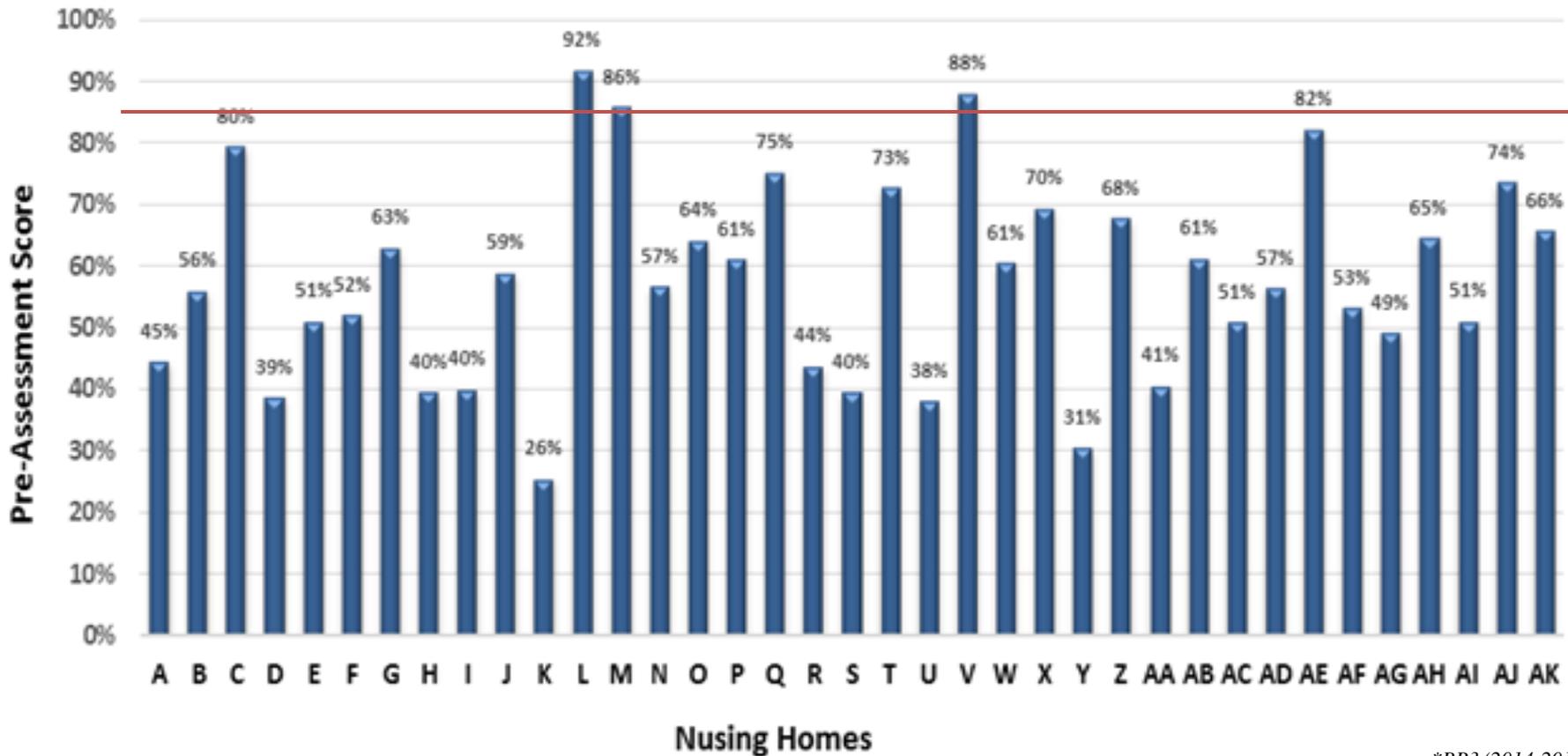
Date					Comments
Facilitator					
Site			Score		
Emergency Management Fundamentals					
1	Does the nursing home have a formal site specific all hazards emergency management plan? (Should capture more than evacuation and/or fire)		0	0	
IF YES	1.1	Does your emergency management plan include all four phases of emergency management (mitigation, preparedness, response, and recovery)?	0	0	
	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).	0	0	
	1.3	Is the emergency management plan reviewed/revised at least once a year?	0	0	If yes, how often:
	1.4	Is the plan approved by senior management or the board of directors?	0	0	Title of person who gives final approval:
2	Does the nursing home have an interdisciplinary planning committee used to oversee its emergency management planning? (NOTE: If the nursing home is part of a network, all sites must have the element in place)		0	0	
3	Does your nursing home have a designated Emergency Preparedness Coordinator?		0	0	What is the official title of this designated person?
4	Do all nursing home personnel have access to the facilities 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".		0	0	Circle: Hard Copy/Electronic Copy/Both

Emergency Preparedness Levels [Pre-Planning Phase]

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

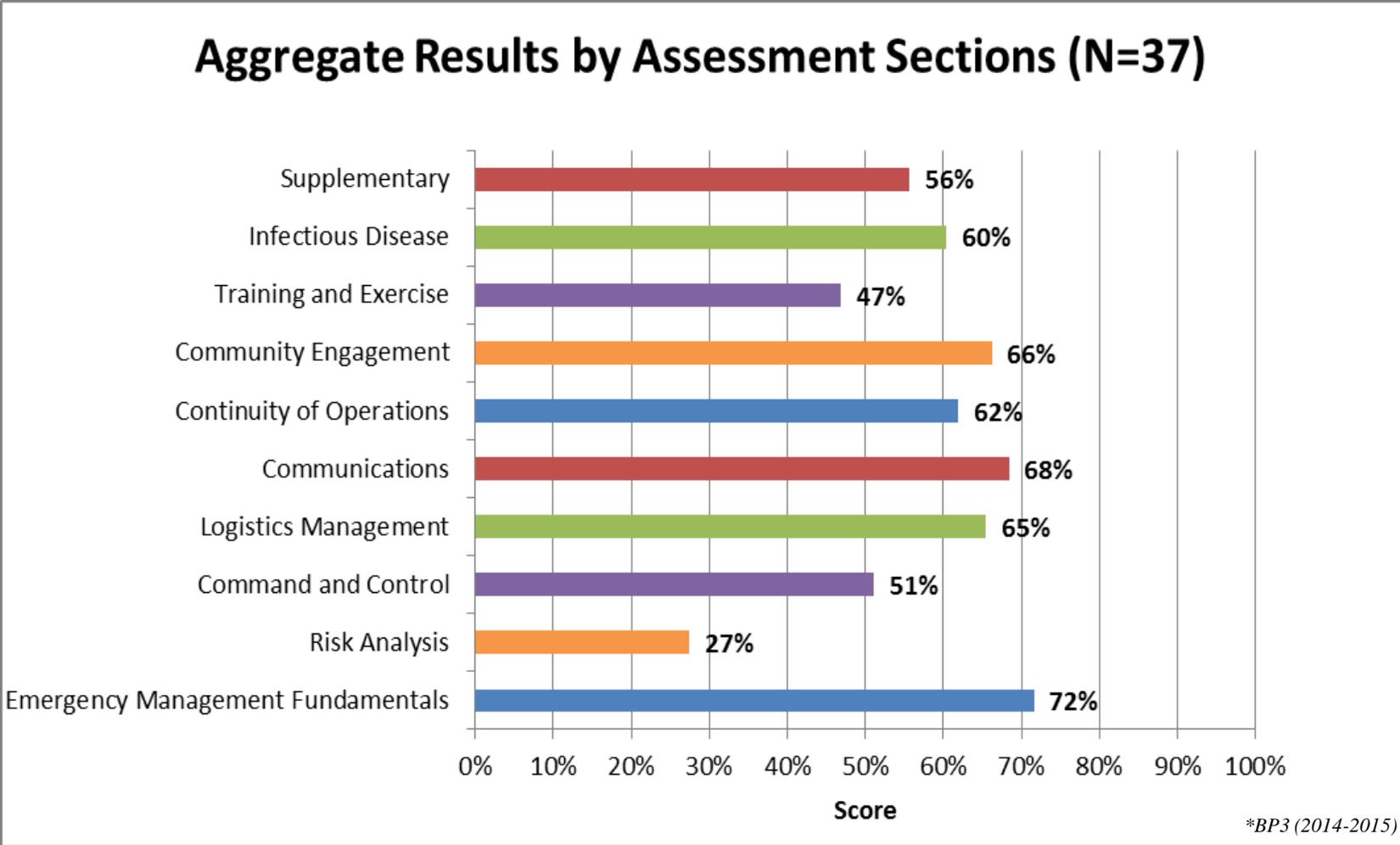
Pre-Assessment Scores [Pre-Planning Phase]

Overall Scores of NHEMP Pre-Assessment N=37



*BP3 (2014-2015)

Pre-Assessment Scores [Pre-Planning Phase]



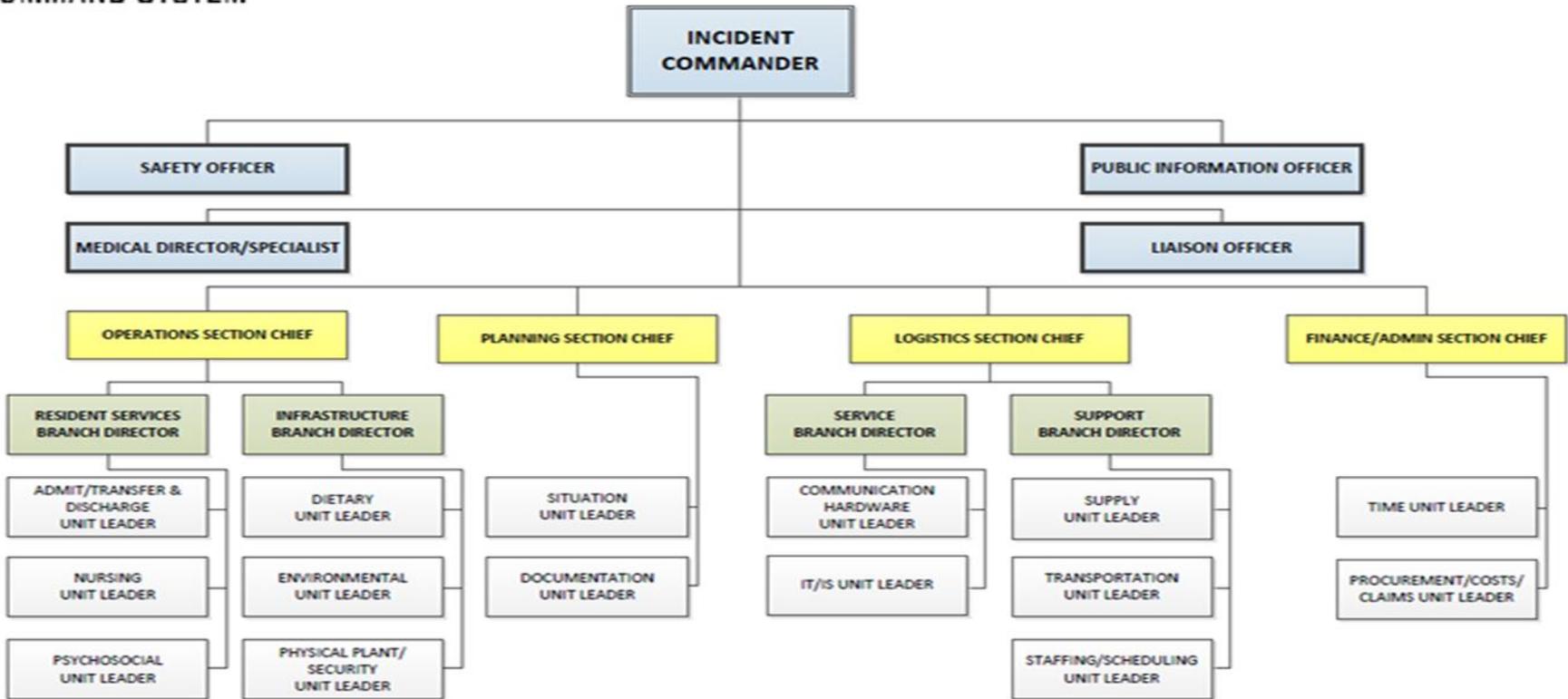
Program Calendar [Intervention Phase]

~ December 2014 ~							
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
	1	2	3 Learning Session 1, 9am – 5pm	4	5	6	
7	8 Coaching Session 1-3pm	~~~~~ Action Period 1, Week 1 ~~~~~					13
14	15	~~~~~ Action Period 1, Week 2 ~~~~~					20
21	22 Coaching Session 1-3pm	~~~~~ Action Period 1, Week 3 ~~~~~					27
28	29	~~~~~ Action Period 1, Week 4 ~~~~		31	Notes: No Coaching from December 23 rd to January 2 nd		

Milestone/Concept	XII. Intermediate Level Incident Command System (ICS) <i>Having a structured command system is one of the most critical components of emergency management. This milestone will lead your facility through the process of planning an ICS. An ICS will formalize the lines of responsibility and authority in the event of an emergency.</i>
Activity (1 of 2)	Complete development of an Incident Command System Structure for your facility. Develop a draft ICS organization chart, Job Action Sheets (JAS) and ICS Succession list for each Command Staff position within the organization.
Tools/Templates	<ul style="list-style-type: none"> • Do you know Your ICS [AP1 – TAB 12] • ICS Essential Missions Reference Sheet [AP1 – TAB 13] • ICS Organization Chart Template [AP1 – Web Resources] • Job Action Sheet Template [AP1 – Web Resources] • ICS Succession List Template [AP1 – Web Resources]
Outcome	<input type="checkbox"/> Final ICS Organization Chart (General & Command Staff) <input type="checkbox"/> Job Action Sheets (General Staff & Command Staff) <input type="checkbox"/> ICS Succession List (General & Command Staff)
Team Member Responsible	
Addressed in:	Action Period 3, Week 1
Activity (2 of 2)	Complete development of a draft Incident Command System Policy. Add the following to the draft policy: <ul style="list-style-type: none"> • Staff ICS training and roll out • Schedule and exercises to test ICS operations (either through drills or exercises) at least twice a year • ICS Organization Chart • Job Action Sheets • ICS Succession List
Tools/Templates	<ul style="list-style-type: none"> • Do you know Your ICS [AP1 – TAB 12] • ICS Essential Missions Reference Sheet [AP1 – TAB 13]
Outcome	<input type="checkbox"/> Final Incident Command System Policy
Team Member Responsible	



ATTACHMENT A
INCIDENT MANAGEMENT TEAM (IMT) CHART



Nursing Home Name

Policy Name: Risk Communication Policy

Policy Date:

Policy Revision:

Purpose:

This policy exists to assure that information disclosed during an emergency by _____ Nursing Home is timely, accurate, comprehensive, authoritative and relevant in all aspects of _____ Nursing Home. Adherence to this policy is intended to provide an effective and efficient framework to facilitate the timely dissemination of information.

Procedure:

1. Upon notification of an event that will impact the life, safety and operations of the Nursing Home, the assigned Public Information Officer (PIO) and / or spokesperson will serve as the conduit for information to internal and external stakeholders, including residents, staff, visitors and families, and to the news media, as approved by the Incident Commander.
2. The PIO / Spokesperson will leverage all readily available resources such as but not limited to federal / state / city agencies, trade association, news outlet and social media to gather vital information and verify and validate accuracy
3. The PIO / Spokesperson will make every effort to rapidly communicate with residents, their family members, local community and media outlets that can be utilized to disseminate information in the event of an emergency.
4. Relevant resources will be leveraged to translate into the language / literacy level of the various internal and external stakeholders (e.g. staff, board of directors, media, resident population and their family members).
5. Staff is to refer all external inquiry to the PIO / Spokesperson. Staff is to refrain from saying statements such as: I'm not allowed to talk or have to get permission to do so. Instead, staff is to say: "_____ Nursing Home policy is to refer all external inquiries to our Public Information Officer or Spokesperson. You can reach them at (telephone number)".
6. Staff is to contact PIO / Spokesperson if and when they have been approached by the media. Even though they were referred to appropriate point of contact.

Tabletop Exercise [Intervention Phase]

- Pandemic Outbreak
- Broken down into different modules
 - Recognition
 - Response
 - Escalation and Recovery
 - Hotwash
- Following each module, the nursing homes addressed the scenarios individually and as a group

Exercise Objectives	Core Capability
Assess ability of nursing home to establish incident command.	Healthcare System Preparedness Emergency Operations Coordination
Assess infectious disease planning and response.	Healthcare System Preparedness Responder Safety and Health
Identify continuity priorities.	Healthcare System Preparedness Information Sharing
Assess ability to manage staff and material resources.	Emergency Operations Coordination
Evaluate worker protection strategies.	Responder Safety and Health

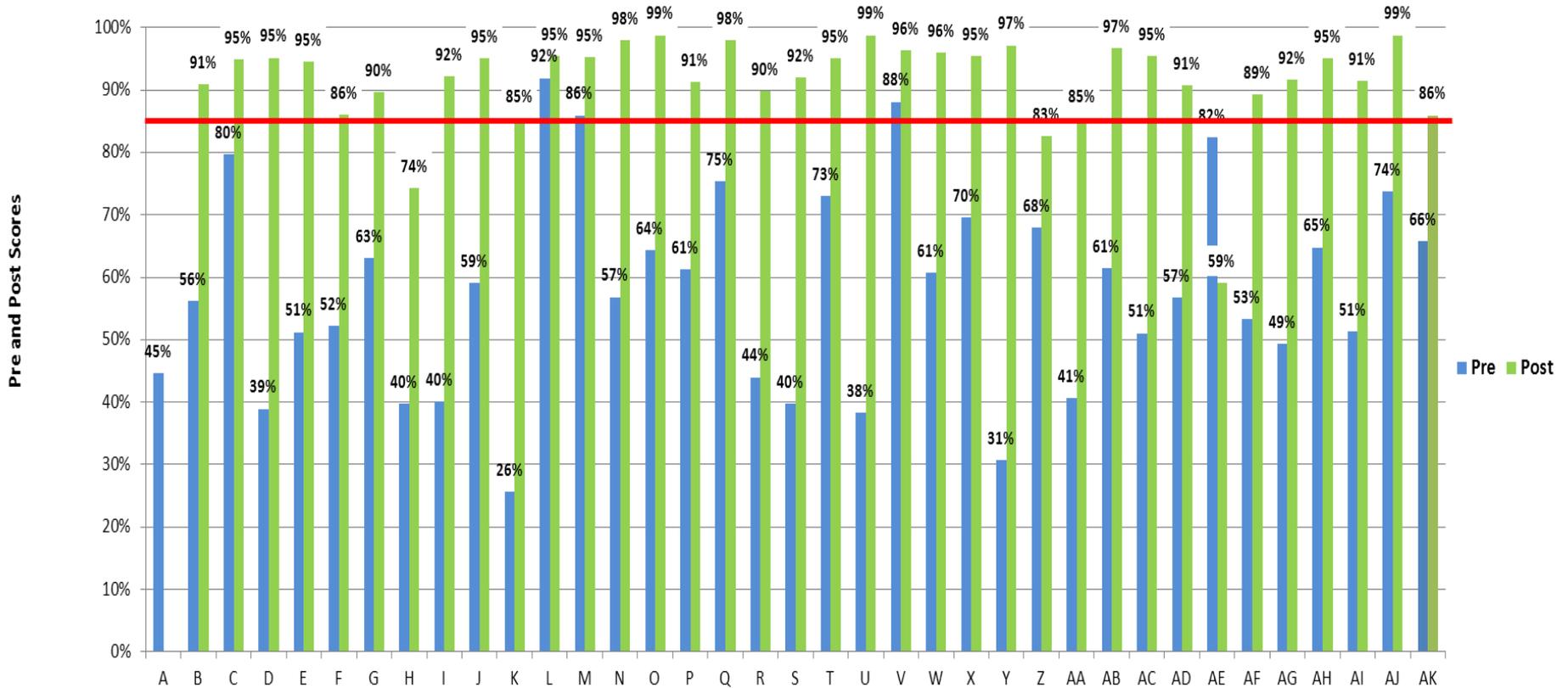
Emergency Equipment [Intervention Phase]

- Facilities were provide the FEMA DHS Authorized Equipment List (AEL) to reference when purchasing emergency supplies and equipment
- Examples of items purchased:
 - Respirators
 - Flashlights
 - Computers/Printers
 - Batteries
 - Med-sled
 - ICS vests
 - Gloves



Post - Assessment Results [Evaluation Phase]

NHEMP Pre and Post Assessment Scores N=37



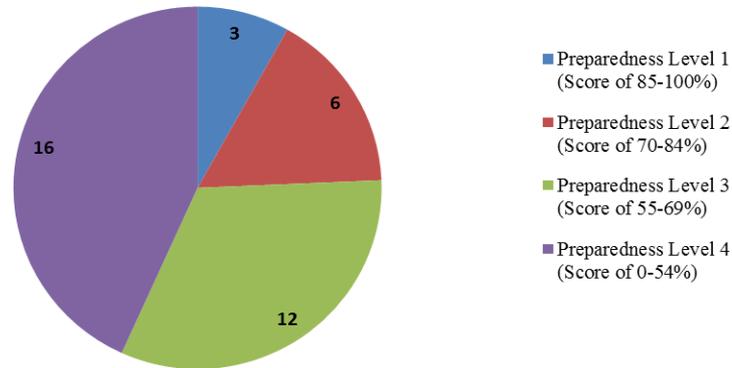
Nursing Homes

(Note: No post-assessment data is available for Nursing Home "A" because they did not complete the program)

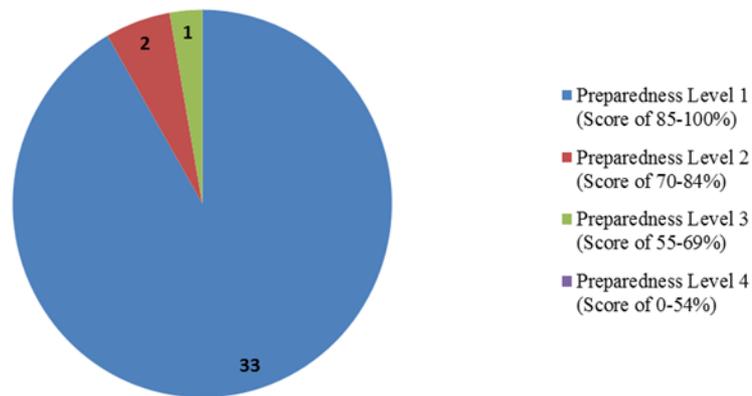
*BP3 (2014-2015)

Assessment Results [Evaluation Phase]

Pre-Assessment: Distribution of Nursing Homes Across Emergency Preparedness Levels (N=37)

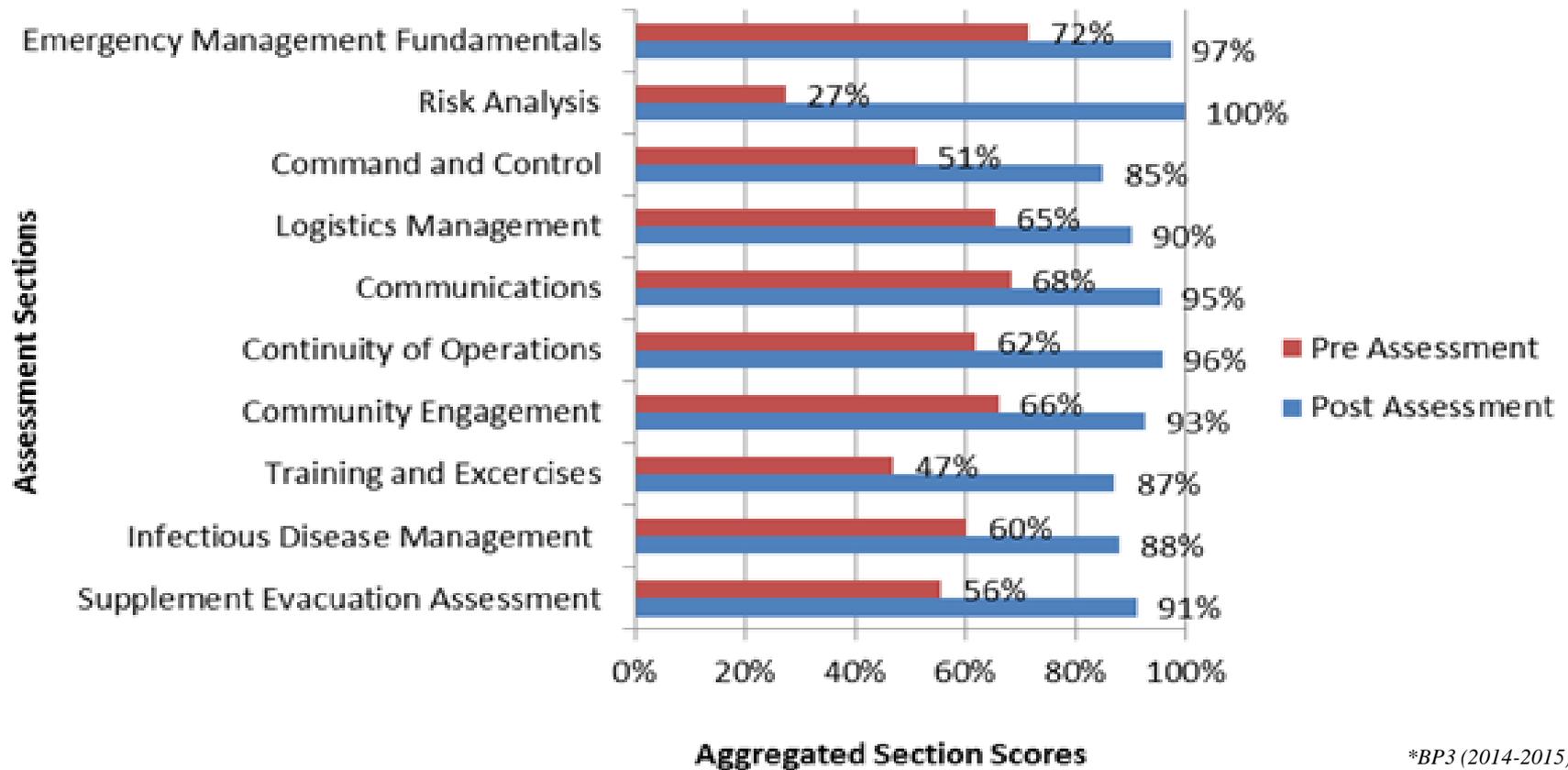


Post-Assessment: Distribution of Nursing Homes Across Emergency Preparedness Levels (N=36)



Post-Assessment Scores [Evaluation Phase]

Aggregate Assessment Results by Sections (N=36)



*BP3 (2014-2015)

Next Steps

- Continue to offer the NHEMP to remaining NHs in NYC
 - To date - 57/173 nursing homes engaged
 - BP4 looking to engage 50 more facilities
- Continue to contract with Nursing Home Trade Associations
- Nursing Home Exercise Program
- Leverage existing programs in NYC

Thank you.

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