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

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#DisasterLearning

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Disclaimer

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

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

Bureau of Healthcare System Readiness (BHSR)

September 22, 2015

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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
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
- 55 Hospitals
- 17 Trauma Centers
- 77 Adult Care Facilities
- 1 Primary Care Coalition
- 106 Dialysis Centers
- 75 Volunteer Ambulance Agencies
- 20 NICU’s/24 PICU’s/39 OB’s
- 88 Opioid Treatment Centers
- 8 Psychiatric Hospitals
- 600+ Community Health Centers
- 1 OEPR
- 1 New York City HealthCare Coalition
- 7 Associations
- 7 organ transplant centers
- 1 Pediatric Disaster Coalition
### BHSR Strategic Priorities

<table>
<thead>
<tr>
<th>Priority 1</th>
<th>Healthcare Sector Integration Into Jurisdictional Health/Medical Planning and Response</th>
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</thead>
<tbody>
<tr>
<td>Priority 2</td>
<td>Coalitions as Drivers of Facility Preparedness and System-Level Response</td>
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<tr>
<td>Priority 3</td>
<td>Strengthening Facility Preparedness and Resiliency</td>
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<td></td>
<td>➢ Increase Adult Care Facility Preparedness</td>
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<td></td>
<td>➢ Strengthen Hospital Preparedness and Resiliency</td>
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<tr>
<td></td>
<td>➢ Increase Nursing Home Facility Preparedness</td>
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</tbody>
</table>
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]

<table>
<thead>
<tr>
<th>Program Phase</th>
<th>Program Breakdown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Planning Phase</td>
<td>• Development of Curriculum</td>
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<tr>
<td></td>
<td>• Recruit participating NYC Nursing Homes</td>
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<tr>
<td></td>
<td>• Establish an Emergency Preparedness Committee (EPC)</td>
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<td></td>
<td>• Conduct a Pre-Assessment</td>
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<tr>
<td>Intervention Phase</td>
<td>• Learning Sessions, Action Periods and Coaching Sessions</td>
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<tr>
<td></td>
<td>• Tabletop Exercise</td>
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<td></td>
<td>• Emergency Management Equipment</td>
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<tr>
<td>Evaluation Phase</td>
<td>• Post - Assessment</td>
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<td></td>
<td>• Evaluation of the Program</td>
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</tbody>
</table>
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 also gave 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 were improved on average over 68 percentage points.

Nursing Home Emergency Management Program

The New York City Department of Health and Mental Hygiene, Office of Emergency Preparedness and Response (NYC DOHMH OEP) worked with a vendor to develop the Nursing Home Emergency Management Program (NH EMP) and is launching year two of the program. NYC DOHMH OEP, in collaboration with the New York City Nursing Home Trade Associations, is currently recruiting nursing homes to participate in NH EMP. 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, tabletop exercises 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—an 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 bimonthly team work session and one to two hours of independent work time per week.
- Provide bimonthly 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
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]

<table>
<thead>
<tr>
<th>Date</th>
<th>Facilitator</th>
<th>Score</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Site</td>
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## 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)

<table>
<thead>
<tr>
<th>IF YES</th>
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<tbody>
<tr>
<td>1.1</td>
<td>Does your emergency management plan include all four phases of emergency management (mitigation, preparedness, response, and recovery)?</td>
<td>0</td>
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<tr>
<td>1.2</td>
<td>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).</td>
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<td>1.3</td>
<td>Is the emergency management plan reviewed/revised at least once a year?</td>
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<tr>
<td>1.4</td>
<td>Is the plan approved by senior management or the board of directors?</td>
<td>0</td>
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</table>

### 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 |

### 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]

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</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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<tr>
<td>Mature comprehensive emergency management program established for site (including all aspects of EM planning for an all-hazards approach).</td>
<td>Emergency Management Plan developed and integrated with some event-specific plans and procedures.</td>
<td>Most elements critical for emergency planning identified but not developed.</td>
<td>Minimal elements necessary for emergency management program have been identified or created.</td>
</tr>
</tbody>
</table>
Pre-Assessment Scores [Pre-Planning Phase]

Overall Scores of NHEMP Pre-Assessment

N=37

*BP3 (2014-2015)
Pre-Assessment Scores [Pre-Planning Phase]

Aggregate Results by Assessment Sections (N=37)

- Supplementary: 56%
- Infectious Disease: 60%
- Training and Exercise: 47%
- Community Engagement: 66%
- Continuity of Operations: 62%
- Communications: 68%
- Logistics Management: 65%
- Command and Control: 51%
- Risk Analysis: 27%
- Emergency Management Fundamentals: 72%

*BP3 (2014-2015)*
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<th>Sun</th>
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<td>Coaching Session 1-3pm</td>
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~~~~~~~~~ Action Period 1, Week 1 ~~~~~~~~~~

~~~~~~~~~ Action Period 1, Week 2 ~~~~~~~~~~

~~~~~~~~~ Action Period 1, Week 3 ~~~~~~~~~~

~~~Action Period 1, Week 4~~~

No Coaching from December 23rd to January 2nd
<table>
<thead>
<tr>
<th>Milestone/Concept</th>
<th>XII. Intermediate Level Incident Command System (ICS)</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>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.</td>
</tr>
</tbody>
</table>

**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**

- 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**

- Final ICS Organization Chart (General & Command Staff)
- Job Action Sheets (General Staff & Command Staff)
- 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:

- 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**

- Do you know Your ICS [AP1 – TAB 12]
- ICS Essential Missions Reference Sheet [AP1 – TAB 13]

**Outcome**

- Final Incident Command System Policy

**Team Member Responsible**
Nursing Home Name

Policy Name: Risk Communication Policy

<table>
<thead>
<tr>
<th>Policy Date:</th>
<th>Policy Revision:</th>
</tr>
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</table>

Purpose:
This policy exists to assure that information disclosed during an emergency by the Nursing Home is timely, accurate, comprehensive, authoritative and relevant in all aspects of the 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

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

(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)

- 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 Nursing Homes Across Emergency Preparedness Levels (N=36)

- 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 Scores [Evaluation Phase]

Aggregate Assessment Results by Sections (N=36)

Assessment Sections

- Emergency Management Fundamentals: Pre Assessment 27%, Post Assessment 72%
- Risk Analysis: Pre Assessment 51%, Post Assessment 97%
- Command and Control: Pre Assessment 65%, Post Assessment 85%
- Logistics Management: Pre Assessment 68%, Post Assessment 90%
- Communications: Pre Assessment 62%, Post Assessment 95%
- Continuity of Operations: Pre Assessment 66%, Post Assessment 96%
- Community Engagement: Pre Assessment 47%, Post Assessment 93%
- Training and Exercises: Pre Assessment 60%, Post Assessment 87%
- Infectious Disease Management: Pre Assessment 56%, Post Assessment 88%
- Supplement Evacuation Assessment: Pre Assessment 91%

Aggregated Section Scores

*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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