



Greater New York Hospital Association

555 West 57th Street / New York, N.Y. 10019 / (212) 246 – 7100 / (212) 262 - 6350

Kenneth E. Raske, President

TESTIMONY

OF THE

GREATER NEW YORK HOSPITAL ASSOCIATION

BEFORE THE

NEW YORK CITY COUNCIL

COMMITTEE ON HEALTH

AND

COMMITTEE ON PUBLIC SAFETY

AT A

HEARING ON

NEW YORK CITY'S PREPAREDNESS FOR AVIAN FLU

NOVEMBER 17, 2005

**Testimony of the
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November 17, 2005**

Good morning, and thank you for the opportunity to appear before you today. I am Susan C. Waltman, Senior Vice President and General Counsel of the Greater New York Hospital Association, which represents more than 250 hospitals and continuing care facilities in the New York metropolitan area, as well as throughout New York State, New Jersey, Connecticut, and Rhode Island. All of GNYHA's members are either not-for-profit, charitable organizations or publicly sponsored institutions. Together, they provide services that range from state-of-the art, tertiary care to the most basic primary care, given their roles as safety net providers for many of the communities they serve.

GNYHA members also serve an additional role, one that has become much more important and more demanding in light of the events of September 11, 2001, and the emergencies that have occurred since then: they are the front line of the public health defense and disaster response systems for one of the highest risk areas in the United States. Unquestionably, GNYHA members performed admirably on September 11 as well as during the subsequent anthrax attacks and the Blackout of 2003, a reflection of their years of preparedness planning. But those events, together with the growing number of terrorist alerts, natural disasters such as Hurricanes Katrina and Rita, and the threat of a possible pandemic influenza have demonstrated how vulnerable we are as a society and how much more we need to do as a nation to be fully prepared.

The issues raised by today's hearing are of critical importance to all of us. The possibility of a pandemic influenza, whether from avian flu or otherwise, is both real and significant, and even if we experience only a moderate pandemic, the challenges that will face the New York region and in particular its health care system will be enormous. It is clear that preparing for a pandemic will take extraordinary planning, resources, dedication, and perhaps most important, coordination and collaboration. We therefore appreciate that you have called today's hearing in order to ensure and foster the necessary collaboration and availability of needed resources.

Overview of Testimony—For the purposes of today's hearing, I will review briefly: 1) the main elements of the Pandemic Influenza Plan released by the U.S. Department of Health and Human Services (HHS) on November 2, 2005, which will presumably guide the planning that will take place across the country; 2) how the New York region's already strong framework for preparing for and responding to emergencies of all kinds provides a sound platform for our area's pandemic planning and response; and 3) how we are preparing to address the challenges of a pandemic influenza specifically.

I. HHS Pandemic Influenza Plan

HHS's Pandemic Influenza Plan provides a blueprint for the nation's public health and health care systems as they prepare for and potentially respond to a possible pandemic. The release of the plan coincided with President Bush's November 1 announcement regarding the nation's overall strategy and his request for \$7.1 billion in funding from Congress to prepare for a possible pandemic.

While HHS released the final version of its plan only two weeks ago, I note that the New York City region prepares continuously for the possibility of a significant infectious disease outbreak and has been preparing for some time for the possibility of a pandemic influenza in particular. Nevertheless, planning for a pandemic requires close coordination among all levels of government and parts of society, and therefore the plan is greatly welcomed for the framework, support, and detail that it provides.

Plan Assumptions: The HHS plan sets forth a series of assumptions that are valuable for the region's planning efforts, and particularly for its health care system. Among the key assumptions are the following:

- The clinical disease attack rate will be 30% in the overall population, and illness rates will be highest among school-aged children and will decline with age.
- In an affected community, an outbreak will last about 6-8 weeks, and at least two pandemic waves are likely.
- At the peak of an outbreak in a particular community, about 10% of the workforce in general will be absent because they are ill or they are taking care of ill family members. This estimate does not take into account, however, potential significant absenteeism associated with people who stay home because they fear infection.
- Disruptions in national and community infrastructures should be expected.
- At least 50% of those infected will seek outpatient care.
- Demand for hospital beds and intensive care in particular will increase by more than 25% during even a moderate pandemic.
- Providers should anticipate the need to undertake response activities for several weeks or months when affected by a community outbreak.

Plan Components: The plan breaks down its key components into the following main areas:

- Surveillance, investigation, and protective public health measures
- Vaccines and antiviral drugs
- Health care and emergency response
- Communications and public outreach

Health Care Provider Planning: The section of the plan that addresses health care preparedness is particularly helpful in that it provides useful checklists, decision trees, and recommendations for steps to be taken by providers both before and during pandemic alert periods. The recommendations fall into a number of functional areas, which correspond in many respects to the operational categories used by providers in the New York region as they prepare for emergencies in general and infectious disease outbreaks in particular. The main

recommendations, with respect to which the plan outlines detailed steps for implementation, are the following:

- **Surveillance:** Hospitals are advised to implement surveillance systems to identify and track novel strains of influenza, including mechanisms for detecting increases in flu-like illnesses, tracking visits, and updating data needed to manage the response.
- **Communications:** Hospitals should have mechanisms to ensure rapid and ongoing information-sharing during a pandemic, both internally and externally with public health and emergency management officials and other health care providers.
- **Education and Training:** Hospitals should identify and provide education and training to meet the needs of staff, patients, family members, and visitors that address prevention and control of influenza, implications of the pandemic, the benefit of annual influenza vaccination and the role of antivirals, and infection control strategies.
- **Triage, Evaluation, and Admissions:** Hospitals should develop triage, clinical evaluation, and admission procedures that anticipate that health care providers might be overwhelmed and might need to separate potentially infectious patients.
- **Controlling Access:** Hospitals should develop procedures to control facility access.
- **Occupational Health:** Hospitals should have in place mechanisms for protecting, evaluating, and managing employee health.
- **Vaccines and Antivirals:** Hospitals should develop plans for the use and administration of vaccines and antiviral drugs, including plans for prioritizing their distribution.
- **Surge Capacity:** Hospitals should develop plans to enhance surge capacity, including ways to protect and increase the number of beds, staff, and supplies, given that it is expected that health care facilities may be overwhelmed.
- **Security:** Hospitals should develop a plan for additional security.
- **Mortuary Capacity:** Hospitals should anticipate the possible need for enhanced mortuary capacity.

The HHS plan also sets forth recommendations for planning in non-hospital settings, including the development of alternative care sites.

Infection Control: The plan contains extensive guidelines on basic infection control principles, management of infectious patients, infection control for health care personnel, and occupational health. With respect to hospitals specifically, the plan recommends steps that should be taken in emergency departments, including posting visual alerts, providing separate waiting and evaluation areas, and reinforcing source control measures such as adherence to respiratory hygiene and cough etiquette in waiting areas.

Regional Planning: HHS recommends community wide planning to support local public health efforts and health care facility planning in light of the potentially overwhelming aspects of responding to and managing a pandemic.

II. Health Care Planning for Pandemic Influenza: Building Upon the Existing Framework

HHS's plan provides exhaustive and helpful advice for preparing for and responding to a possible pandemic. Although there is unquestionably a great deal to be done to prepare, the New York

region is fortunate to have many aspects of the required preparedness infrastructure already in place. Over the years, GNYHA and its members have devoted significant efforts to enhancing what was already a strong regional framework for responding to emergencies of all kinds. GNYHA's approach is premised on the idea that preparedness requires continuous regional collaboration, a process that anticipates learning what we can from every event, alert, and emergency, and one that requires us to work closely every day with our partners in preparedness: other providers of every kind as well as local, state, and Federal agencies.

GNYHA and its members believe that this framework provides an excellent platform from which to prepare for and respond to a possible pandemic influenza and indeed have been planning for aspects of such an event for some time. The following outlines the preparedness infrastructure already in existence.

Vehicles for Strong Regional Collaboration—Two vehicles support these strong regional collaborative planning efforts. First, GNYHA and its members have worked closely with area emergency management and public health officials over the years and are considered an integral part of the region's emergency/disaster response system. In recognition of this role, GNYHA has had a desk at the New York City Office of Emergency Management's (OEM's) Emergency Operations Center (EOC) for many years, which GNYHA staffs during major area events, actual emergencies, or anticipated possible emergencies, e.g., impending hurricanes. Grouped with local, state, and Federal health and environmental agencies at the EOC, GNYHA is able to address members' needs quickly as well as facilitate the region's health care response to disasters.

Second, in recognition of the need for broad-based preparedness, GNYHA and its members have focused even more intensively on regional collaboration and planning since September 11. To this end, GNYHA created its Emergency Preparedness Coordinating Council in November 2001. The Coordinating Council brings together representatives of GNYHA members, other provider groups, and local, state, and Federal public health, emergency management, and law enforcement agencies for the purposes of promoting collaboration and communication across the region and providing a more integrated response to any future attacks or events. Through this collaborative planning process, the Coordinating Council also facilitates readiness through the sharing of expertise, experiences, templates, and other information.

Guiding Principles of Regional Preparedness—As GNYHA and its Coordinating Council have moved forward, they have subscribed to a number of key principles that we believe will strongly support our planning for and response to a possible pandemic influenza and that are summarized in more detail below:

- **Operating Within a High-Risk Area**—In recognition of the high-risk area in which we are located, GNYHA and its members appreciate that an event, whether naturally occurring or man-made, could occur at any time and at any place and that we must enhance our preparedness with all due speed and deliberation. As a result, since the Coordinating Council was established in November 2001, it has met almost weekly through either full Council meetings, workgroup meetings, or membership briefings on topics identified through the

Council. The Coordinating Council has also become the framework for communicating rapidly and effectively regarding emergencies, alerts, and protocols.

- **Development of Strong Three-Way Partnership Among Providers, Public Health Agencies, and Emergency Managers**—We have undertaken extraordinary efforts to work collaboratively with a variety of types of providers as well as with the public health and emergency management/public security agencies who will need our services and whose services we will need. Our preparedness and any future responses will be superior for that effort.

From a provider standpoint, we have made efforts to include providers of all types including nursing homes, home care agencies, community health centers, primary care centers, and physician organizations.

From a local government standpoint, we work closely with New York City’s Office of Emergency Management, Department of Health and Mental Hygiene (DOHMH), Fire Department, and Police Department. Because we prepare as a region, we have established similar working relationships with the public health and emergency management agencies in the counties surrounding New York City.

On the state level, we have excellent relationships with the New York State Department of Health (NYSDOH), Office of Homeland Security, and Emergency Management Office, and have incorporated New Jersey’s Department of Health and Senior Services and emergency management agencies in our process as well.

On the Federal level, we work closely with both HHS and the Department of Homeland Security, through its Federal Emergency Management Agency (FEMA), both of which support and enhance our activities.

- **Developing an All-Hazards Framework and Implementing Incident Command Systems**—GNYHA and its members have placed a strong emphasis on developing and implementing an all-hazards response framework on the theory that one can never anticipate precisely how or when an event might occur and that an event might present with multiple features. We therefore believe that planning under an all-hazards approach will make us better able to respond to multiple variations of possible attacks and natural events, including a possible pandemic.

As a result, GNYHA and its members have devoted extensive efforts toward implementing strong incident command systems, which can be activated and used to manage the response to a variety of emergencies, including infectious disease outbreaks. Using the incident command approach also permits hospitals to employ a common response framework with similar roles and responsibilities across organizations.

- **Enhancing and Ensuring Effective Communications**—We have placed an extraordinary emphasis on communications because the ability to communicate with one’s partners during an emergency is key to an effective and rapid response. Indeed, the ability to communicate

effectively before and during a pandemic will be essential. We have tackled this issue from two perspectives. First, we have focused on the issue of ensuring that we know with whom, how, and for what purposes to communicate during a disaster. Second, we have focused on ensuring that we have rapid, effective, and redundant means to communicate during a disaster. The following outlines some of the specific systems and mechanisms put in place to address this critical component of preparedness:

- **Syndromic Surveillance**—One of the key components of HHS’s plan is surveillance, both to identify and to manage a possible pandemic. GNYHA has supported the efforts of DOHMH as it has built its impressive syndromic surveillance system, which is designed to identify clusters of suspicious symptoms, such as gastrointestinal or respiratory problems, that might signal a bioterrorism event or other serious public health problem. For this purpose, DOHMH collects daily emergency department logs from area hospitals, emergency medical services call data, certain employee absenteeism rates, and local pharmacy purchases, all toward the goal of identifying and containing possible infectious disease outbreaks or other events as quickly as possible. Should a cluster be identified, DOHMH would investigate and notify area emergency departments and infection control directors accordingly. In addition, should a pandemic occur, DOHMH would use the daily data to track and manage the area’s response.
- **GNYHA Emergency Contact Directory**—To improve communications during an emergency, GNYHA has developed a directory of key contact information regarding local, state, and Federal agencies. GNYHA has also created a member directory that contains extensive contact information about members’ emergency operations centers, chairs of disaster committees, infection control directors, and other key contacts in the event of emergencies. The directory also contains basic information about each members’ capabilities—for example, trauma center designation, decontamination capabilities, and the number of negative pressure isolation rooms. Members are encouraged to update their information regularly, and revised directories are made available quarterly or as needed. The directory proved to be invaluable during the August 2003 Blackout when communication systems were disrupted throughout the region.
- **Health Emergency Response Data System**—NYSDOH, working collaboratively with GNYHA’s Coordinating Council, has developed an emergency data collection system called the Health Emergency Response Data System or HERDS, which will be invaluable to our ability to manage the response to a possible pandemic. The system, which is an internet-based system located on a secure area of NYSDOH’s Health Provider Network, is designed to be activated during an emergency to collect information that may be needed to assess and respond to the emergency and to enhance and protect surge capacity. Although the system is located on NYSDOH’s Health Provider Network, local public health and emergency management agencies also have access to the system so that they can better respond to any emergencies affecting their region. The categories of data that can be collected include the following:

- ✓ Bed, staffing, and supply needs and availability;
- ✓ Event-related data, including the number of patients seen and waiting to be seen, admissions, unidentified patients, and mortalities; and
- ✓ Information required to establish a patient locator system, if needed.

NYSDOH has held a number of drills designed to test both the system itself and the ability of hospitals to use it successfully. Work-arounds in anticipation of possible disruptions in the system have also been established, and NYSDOH is currently expanding HERDS for use by other types of providers.

- **Ensuring Rapid Communications**—GNYHA provides extensive information to its members through immediate distribution via e-mail of health and security-related alerts, advisories, and directives. To ensure broad distribution of the alerts, GNYHA sends the materials to many different types of individuals in each member institution such as chairs of disaster committees, infection control directors, directors of emergency departments, and directors of security. In the event of a pandemic, GNYHA would use this mechanism for providing clinical guidelines and advisories as well as for collecting and responding to member requests for assistance.
- **Building in Redundancies**—In anticipation of the possibility of disruptions in communication systems, GNYHA and its members have sought to build as many redundancies in systems as possible. This is evidenced by the multiple ways that members can be reached as set forth in GNYHA’s emergency contact directory mentioned above. In addition, GNYHA members have established and rely on the following systems:
 - ✓ **800 Megahertz Radios**—GNYHA worked with New York City OEM to establish a health care channel on the City’s 800 Megahertz radio system. This channel permits New York City health care facilities to communicate among each other and with OEM during emergencies. The City conducts roll calls on this system on a daily basis. This system was used extensively during the 2003 Blackout to communicate member needs for generators, fuel, and other supplies.
 - ✓ **Two-way Emergency Response Radios**—GNYHA has also developed a two-way radio emergency response network to enable GNYHA to communicate with its members both inside and outside of New York City.
- **GNYHA Web Site**—GNYHA provides extensive information on the issue of preparedness through its Emergency Preparedness Resource Center located on its Web site at www.gnyha.org/eprc. This information is updated regularly and is made available on the public area of GNYHA’s Web site so that the public and providers can have access to the information day and night. In order to provide guidance regarding influenza, avian flu, and the possibility of a pandemic influenza specifically, GNYHA has added sections on these subjects to its Web site.
- **Understanding Each Other’s Roles, Resources, and Responsibilities: Planning and Drilling Together Regularly**—Understanding each other’s roles, resources, and responsibilities is essential to a well-coordinated response to any emergency, and thus,

GNYHA and its members have worked hard to understand precisely what each hospital's and agency's capabilities, planned responses, and resources might be under a variety of scenarios. This has been accomplished in great part through our collaborative planning process and the undertaking of many drills and exercises, all designed to assess the strengths and weaknesses of the response system and then to address any identified gaps. Some of the more notable examples of these efforts, all of which support pandemic influenza planning are the following:

- **Preparing for Bioterrorism**—Since its inception, the Coordinating Council has focused its discussions on a number of bioterrorism agents, spending a significant amount of time initially on identifying, treating, and containing smallpox in particular. In August 2002, however, a small hospital in Brooklyn experienced a “smallpox scare,” which raised useful questions regarding various elements of responding to such a situation. As a result, DOHMH and NYSDOH, working collaboratively with the Coordinating Council, developed extensive guidelines for managing a suspect smallpox case. *While the guidelines focus on smallpox, many aspects of the guidelines apply equally to managing other infectious diseases as well.* The guidelines are available on GNYHA's Web site at www.gnyha.org/eprc.
- **SARS Planning and Response**—The work that has been done to prepare for a possible bioterrorism attack proved to be helpful to the health care system's ability to respond quickly to the threat of Severe Acute Respiratory Syndrome or SARS in 2003 and presumably will be helpful to its ability to prepare and respond to a pandemic influenza. In the instance of SARS, the Centers for Disease Control and Prevention (CDC) immediately transmitted health alerts to state and local health departments, which in turn immediately distributed the alerts to providers. In order to ensure broad distribution of the alerts within its members, GNYHA distributed them to its many e-mail lists. GNYHA also held briefings on SARS, which were given by NYSDOH and DOHMH; held meetings of its Coordinating Council to discuss the development of SARS guidelines and surge capacity plans; and created a SARS page on its Web site.
- **Development of Threat Alert Guidelines**—To assist members work within and to respond to changes in the Federal color-coded threat alert levels, GNYHA worked with its Coordinating Council, NYSDOH, and DOHMH to develop Threat Alert Guidelines for health care providers. The Guidelines provide a checklist of measures providers should take by alert level. Each level is divided into a number of functional categories of measures, which include such issues as overall emergency planning, communications, security, staffing, and supplies. *While designed to respond to terrorist threat levels, the Guidelines can be used to prepare for any type of emergency.* Thus, the Guidelines are distributed each time a planned event or possible emergency arises.
- **Undertaking Drills and Exercises**—Although we meet and work together regularly, we find that drills and exercises are an excellent way to test our systems and to

identify gaps. We thus have placed a heavy emphasis on conducting table-top exercises, communication drills, and other exercises.

- **Training and Education**—The Coordinating Council has placed heavy emphasis on training and education. Thus, GNYHA has offered numerous briefings and training sessions to its members and key agencies since September 11. The topics have included programs on various biological, chemical, and radiological events; preparing for and responding to power outages and other disruptions; undertaking evacuations; implementing incident command systems; communication systems; and facility security. Many aspects of the training support our region's pandemic influenza planning, such as training pertaining to infectious disease outbreaks as well as training regarding basic infrastructure issues such as communications.

III. Planning for the Specific Challenges Facing the Health Care System During a Pandemic

Although GNYHA believes that the regional framework that we have built for many years will serve as an excellent platform for pandemic influenza planning and response, there is unquestionably an extraordinary amount of planning that needs to be undertaken as well as significant challenges to be addressed. As noted, the planning process has already begun, and extensive efforts have already been undertaken to estimate the impact of a pandemic on the New York region's health care system, identify vulnerabilities for planning purposes, and develop tailored guidelines to enhance preparedness and response.

Early Modeling and Recommendations—For this purpose, GNYHA hosted a briefing in June 2005, at which representatives of DOHMH, NYSDOH, and HHS presented potential pandemic influenza disease and response assumptions based on prior pandemics as well as recommendations for provider planning. Because the HHS plan had not yet been released, GNYHA also compiled existing guidelines designed to assist members in their planning for infectious disease outbreaks, including guidelines for managing patients who present to emergency departments and clinics with communicable diseases; influenza prevention and control guidelines; and recommendations for infection control in health care facilities when caring for patients with avian influenza, SARS, or smallpox. Materials from this meeting have been posted on GNYHA's Web site to assist members in their planning activities.

NYC Tabletop Exercise—In September 2005, New York City conducted a tabletop exercise that used a pandemic influenza scenario and in which more than 300 representatives of GNYHA members, other providers, and relevant agencies, including DOHMH, NYSDOH, and OEM participated. The City is using the after action report from the exercise as well as the results of a survey of participants to guide the City's planning moving forward. For this purpose, DOHMH has already begun to share the results of the exercise and the survey with area hospitals to assist them in their planning efforts.

Next Planning Meeting—On November 30, GNYHA will be holding a meeting of its Coordinating Council at DOHMH at which DOHMH, NYSDOH, and HHS will be discussing

pandemic planning activities and guidelines for providers. Emphasis will be placed on enhancing surge capacity; providing guidance on infection control and patient management; developing staff and patient education; and developing tabletop exercise toolkits so individual providers can test their own preparedness for a pandemic.

Health Care Provider Tailored Guidelines—Now that HHS has released its final plan, it is expected that DOHMH and NYSDOH will issue coordinated documents that provide detailed guidance to health care providers throughout the New York region on how they should prepare for and respond to a potential pandemic influenza. Each will of course build upon the framework that already exists in the region to respond to emergencies, and each will reflect significant input from the region’s providers to ensure that the guidelines are practical and workable.

Need for Resources—And of course, GNYHA, its members, and their partners will remain vigilant as to world events, move to implement the recommended guidelines, and stand ready to respond should a pandemic alert be issued in the United States. As you might expect, all of these efforts require significant resources on the part of the health care system, resources that the region’s hospitals simply do not have given the financially fragile condition facing many of them. We therefore urge the City Council to assist us in identifying funding sources either at the City level or state and Federal levels to support these necessary preparedness activities. Given that health care providers are the front line of our region’s public health defense system, it is essential that they receive the funding that is needed in order to protect and care for all of us.

We thank you for the opportunity to appear before you today and offer to assist the Council as it addresses issues pertaining to the possibility of a pandemic as well as other matters affecting the health care system.