

Regional Emergency Preparedness

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GNYHA's Approach to Preparedness

- Three-way partnership among:
 - Providers (hospitals, long term care providers, physicians, etc.)
 - Health/public health agencies
 - Emergency management agencies
- To prepare effectively, we must
 - Understand each other's systems, roles, and responsibilities
 - Develop mechanisms for communicating
 - ✓ Know in advance: who, how, and for what
 - ✓ Redundant systems
 - Plan and drill together regularly

Regional Preparedness/Response Activities

- Before September 11
- On September 11 and during subsequent anthrax attacks
- Post September 11

Preparedness Before September 11

- Disaster plans/drills required by state regulations and JCAHO
- NYC geography/experiences/events
- GNYHA committees and initiatives but primarily focused on emergency departments
- GNYHA Y2K workgroup
 - Met every other week during 1999
 - Included local and state agencies
 - Developed mechanisms for communicating, (e.g., e-mail lists, 800 MHz radios for NYC facilities, etc.)

Preparedness Before September 11

- Regional framework: NYC Office of Emergency Management as lead agency in regional planning and response
- GNYHA staffs a desk at OEM
 - Act as a liaison between members and agencies
 - Part of health and medical group (NYCDOH, NYSDOH, PHS, etc.)
- Other groups at OEM (transportation, law enforcement, human services, utilities, etc.)

On September 11

- OEM called GNYHA within 5 minutes of first crash/lost contact with OEM after second crash
- GNYHA established contact with NYSDOH, NYPD, and FDNY
- GNYHA e-mailed/faxed/called members
- Established GNYHA command center
- Began assessing needs and availability
 - Staff/supplies/beds
 - Event-related visits
- Began assisting hospitals, agencies, media
- Everyone wanted information/data
- Staffed OEM replacement EOC (by noon)

Observations

- Providers immediately activated emergency operations centers/disaster plans
- Hospitals cancelled elective procedures
- Large amount of surge capacity was created
- LTC providers aided with surge capacity
- Experienced tremendous disruptions (phones, power, water)
- Facilities experienced unexpected human factors
 - Individuals looking for loved ones: developed patient locator system
 - Volunteers: need for policies for credentialing and integrating volunteers from other health care orgs/community

Biggest Lesson Learned

- Individuals were fleeing the area in every direction
- 7,300 patients went to over 100 hospitals
- Testing at site/ED surveillance for chemical, biological, or radiological agents
- What if there had been a release of NBC agent?
- Conclusion: all providers must be prepared and cannot rely solely on regional trauma/resource centers

Preparing for/Responding to Anthrax

- GNYHA began preparing for possible NBC event immediately after September 11
- Provided briefings on NBC events in general (9/25) and anthrax in particular (10/25)
- Improved ability to communicate
 - Enhanced e-mail lists
 - Developed Web site
 - Built in redundancy
- Immediately distributed NYCDOH health alerts to EDs, infection control, public relations, etc.
- Assisted OEM and NYCDOH in repackaging and distribution of medications for NY situations

Post September 11: Enhancing Preparedness

- Creation of Emergency Preparedness Coordinating Council in November 2001
- Regional collaboration (NY, NJ, CT)
- Goal: regional planning and response
- Meets regularly through EPCC meetings, workgroups, briefings, and drills

Forging Stronger Partnerships

EPCC composition:

- Providers of all types (hospitals, nursing homes, home care, physician organizations)
- Local, state, and federal agencies
 - Health and public health
 - Emergency management
 - Law enforcement
- Goal:
 - Ensure we understand each other's systems, roles, and responsibilities
 - Plan and respond in coordinated fashion

Encouraging An All-Hazards Response Framework

Focus on the Incident Command System

- Encourage common response framework with similar roles and responsibilities across organizations
- Emphasis on all-hazards approach
- Training on Incident Command System principles
- Training on being an incident commander with focus on evening, night, and weekend staff

Improving Communications and Response

GNYHA emergency contact directory

- How to reach GNYHA
- How to reach key agencies
- How to reach providers multiple ways
 - Facility EOC
 - Chair, Disaster Committee
 - Person in charge, if no EOC activation
- Facility capabilities (trauma level, decon capacity, radio linkages)

Improving Communications and Response

Hospital Emergency Response Data System (HERDS)

- Designed to collect information requested on 9/11
 - Beds/staffing/supplies
 - Event-related visits
 - Patient locator system
- Part of NYSDOH Health Provider Network
- Secure, Web-based system
- User workgroup/drills
- Activation before and during events
- Now collects weekly bed count data

Improving Communications and Response

Building in redundancies

- Telephones
- Cell phones
- Data lines/e-mails
- Blackberries
- Satellite phones
- Direct connect phones/radios (GNYHA Emergency Response Network)
- 800 MHz radios connected to local emergency management agencies (e.g., NYC OEM health group)
- HAM radios

Plan and Drill Together

- Protocols, procedures, and guidelines
- Drills and exercises
 - Drill workshops/sharing scenarios and after action reports
 - Communication system drills (HERDS, radios)
 - Naval War College exercise (dirty bomb scenario)
 - Decontamination drill
- Briefings and training materials (examples)
 - Radiological Events
 - Chemical Events
 - Biological Events
 - Communications
 - Evacuations
 - Security
- GNYHA Resource Center (www.gnyha.org) (can also access at www.cclcnny.org under “Links”)

Example: Severe Acute Respiratory Syndrome (SARS)

- Announcement regarding atypical pneumonia
- CDC and NYCDOHMH alerts issued on 3/15/03
- Immediate GNYHA transmission of alerts via e-mail to GNYHA members
- GNYHA briefing on SARS
- NYCDOHMH/NYSDOH guidelines
 - Rapid identification, triage, and isolation of suspect cases
 - Strict adherence to infection control procedures
 - Close coordination with health authorities
- GNYHA Web site: SARS page
- Surge capacity planning

Example: SARS

October 27 briefings on preparedness for SARS

- Concerns about re-emergence of SARS
- Presented by NYSDOH and NYCDOHMH
- Lessons learned in Toronto
 - Suspension of non-essential services
 - Created SARS units
 - Four hospitals closed to new admissions
 - Significant drop in admissions for elective surgeries
- New draft CDC guidelines
 - Rapid identification and isolation of suspected cases
 - Effective infection control practices
 - Communication among providers and public health
- Increasing isolation and surge capacity

Example: Threat Alert Levels and Guidelines

- U.S. Department of Homeland Security establishes national level based on intelligence sources
- NYS Office of Public Security provides tailored advisories to GNYHA
- Health authorities provide specific warnings and recommendations, e.g., NYCDOHMH chemical response card
- GNYHA transmits advisories/recommendations
- EPCC meets to understand levels/threats
- Developed threat alert guidelines: measures hospitals should take by level and divided into categories of tasks (e.g., communications, security, supplies, and staffing)

Example: 2003 Blackout

- GNYHA staffed NYC OEM and GNYHA command center
- Constant communication with members and agencies
 - 800 MHz radios
 - Nextel emergency response network
 - Relied on emergency contact directory information
- Assisted members in the areas of:
 - Generators/fuel
 - Steam
 - Transportation
 - Access
- Development of power and communications checklists
- Power outage debriefing with members/agencies

GNYHA's Communications During 2003 Blackout

- Round-the-Clock Coverage
 - at both GNYHA offices and at NYC OEM
- 800 MHz Radio
 - monitored health care talk channel and helped NYC providers address issues directly and with OEM
- Analog Phone Lines
 - GNYHA used analog lines with basic telephones
 - numbers announced on the 800 MHz radio
 - made outgoing calls on Thursday and Friday to check member's status. Also provided phone numbers.

GNYHA's Communications During 2003 Blackout

- Nextel Emergency Response Network –
 - worked until approx 7:30pm
 - Then battery back-up for 1,050 NYC area cell sites overheated. All 1,050 sites went down; took all night to get sites back up
- Emergency Contact Directory –
 - Used directory and attempted to contact every GNYHA member to determine whether they needed assistance, to collect information, etc.
 - Asking members to review and update info

GNYHA's Communications During 2003 Blackout

- HERDS
 - HERDS servers shut down for approximately 4 hours on Thursday evening. Experienced some technical issues Friday morning
 - Friday morning request for bed surge capacity information.
- Coordination with Agencies
 - NYS DOH, Westchester, and Nassau-Suffolk by Phone and NYC DOHMH at OEM

Continued Enhancement of Regional Preparedness

- Assessment/improvement of preparedness (surge capacity) for different events
- Current focus on:
 - Isolation capacity
 - Public messages
 - Workforce concerns
 - Alternative sites for care
 - Credentialing
 - Training
- Provision of drills and exercises
- Improvement of ability to communicate
- Enhancement of our partnerships
- Further integration of CCLC members