

EMERGENCY AND RESOURCE MANAGEMENT IN A CRISIS

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Key Principles

- Health officials and emergency managers should view providers as equal partners in preparing for and responding to disasters
- Providers are the front-line for identifying and responding to diseases and events



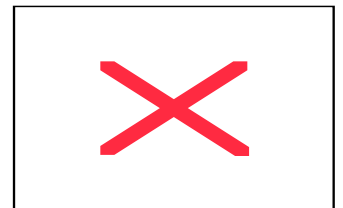
Key Principles

- State and local plans should be developed/ updated in coordination with providers
- Coordination should be through organizations of providers that in turn will facilitate planning and response
- Should have all-hazards disaster plans



Key Principles

- All players should understand what others can do for them/what they can do for others
- Undertake drills: all players/off-hours
- Have emergency contact information for key players
- Have multiple means of communication



Key Principles

- Ensure that providers can identify and institute response procedures for nuclear, biological, and chemical agents
- All employees should understand basic roles during a disaster
- Community should be aware of basic disaster response activities



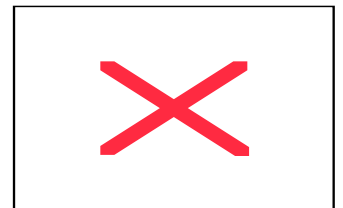
What We Learned

- Were ready for what we experienced on 9/11
- Understand how much more we need to do
- Must prepare for disasters of types and proportions never previously imagined in U.S.
- Might be part of, even target of, a disaster
- Must *all* be ready



New York's Emergency Preparedness/Disaster Response Activities

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



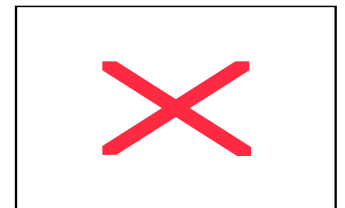
Before September 11—Hospital Preparations

- Hospitals had fairly well-developed disaster plans and undertook drills
- Many physicians are experts in key specialties and drive preparedness
- Our geography/experiences enhanced preparedness



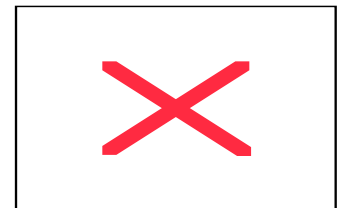
Before September 11—GNYHA Preparations

- Briefings, programs, and educational materials
- Workgroups, e.g., for emergency department personnel and pre-hospital care directors
- Close working relationships with health officials/emergency managers
- Y2K Workgroup—met every other week



Before September 11—GNYHA Preparations: The Key

- Being integral part of the emergency preparedness and disaster response systems
- Desk at NYC Office of Emergency Management's Emergency Operations Center
- Expected at OEM during anticipated/actual emergencies—treated as an agency



Before September 11—GNYHA Preparations: The Key

- Grouped with health, medical, and environmental agencies (local/state/Federal)
- Other groups: law enforcement, transportation, human services, etc.
- Act as liaison between members and health officials/emergency managers



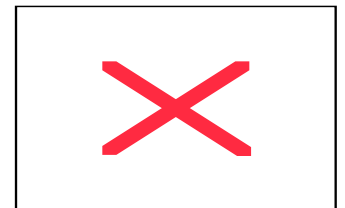
On September 11

- Called by OEM within 5 minutes of first crash
- Sent staff to EOC but lost contact after second crash
- Contacted NYSDOH, FDNY, EMS, and NYPD
- E-mailed/faxed members: activate disaster plans/expect mass casualties
- Established GNYHA command center



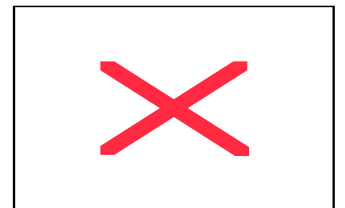
On September 11

- Began assessing:
 - Bed/staffing/supply needs and availability
 - Event-related visits: ED visits, admissions, mortalities, and unidentified patients



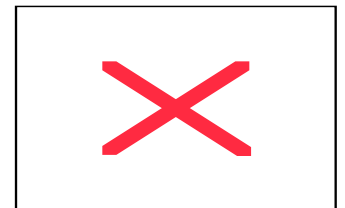
On September 11

- Began assisting hospitals with
 - Supplies
 - Staff access into the city
 - Status reports
 - Communication and other problems
 - Media inquiries



Observations Regarding Hospitals

- Immediately activated disaster plans and established emergency operations centers
- Cancelled elective procedures
- Created large amount of surge capacity
- Reconfigured areas internally
- Established triage centers



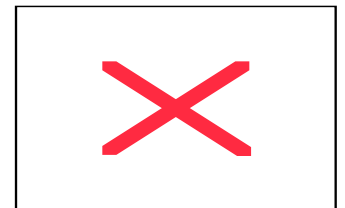
Hospital Disruptions

- Power
- Water
- Communications
- Gas
- Steam
- Dust and Debris
- HVAC



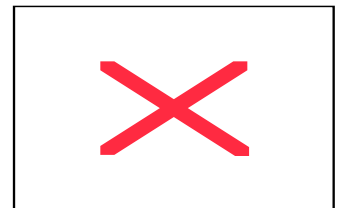
Hospital Impact—The Human Factor

- People seeking safe havens/individuals in the community
- Employees
- Volunteers/Donations
- Media



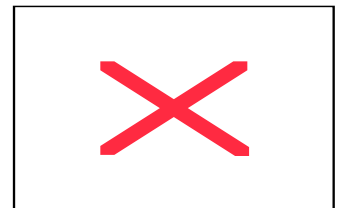
Locating Loved Ones

- Thousands of people walking from hospital to hospital
- Critical information—identity of those who were treated at hospitals
- Need for support/facility/information
- Creation of NYC Hotline and Patient Locator Web site



Anticipating an NBC (Nuclear, Biological or Chemical) Event

- Tested at site for NBC release
- NYCDOH/CDC established round-the-clock EIS officers in 15 ED's looking for NBC release
- GNYHA improved e-mail/facsimile lists for 8 groups of hospital personnel
- GNYHA held briefings on NBC events



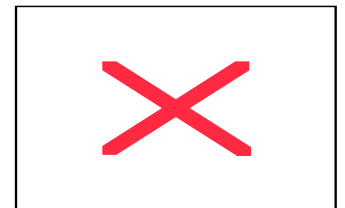
Anthrax

- Florida, New York Media, DC, Post Offices, Manhattan hospital employee, and CT case
- Distributed alerts/updates/medical protocols
- Community reaction—differed by location
- Briefings on anthrax diagnosis/treatment
- Assisted with medications/communications



The Cost of Responding to September 11

- Initial costs of responding or standing ready to respond: \$140 million
- Includes damage to vehicles/facilities; staffing and supplies; and standby costs
- Long term impact on revenues: \$100 million
- Total cost: in excess of \$240 million



The Biggest Lesson Learned: Everyone Must Be Prepared

- Individuals fleeing the area ran, jumped on boats, and took the subways and trains
- In NYS, almost 100 hospitals received patients from the World Trade Center disaster
- 6,203 patients were treated in ED's
- 476 admissions/16 mortalities (9/28/01)



The Biggest Lesson Learned: Everyone Must Be Prepared

- In NJ, 4,000 patients presented to triage areas—1,061 patients presented to ED's
- Additional triage sites throughout NY
- Over 7,200 patients went to over 100 hospitals in NY and NJ
- What if there had been a release of NBC agent?



The Biggest Lesson Learned: Everyone Must Be Prepared

- All hospitals/sites would have needed the ability to identify and respond to the agent
- Regional disaster centers might work for some disasters but every hospital/site must have ability to identify and institute initial response to almost any type of disaster



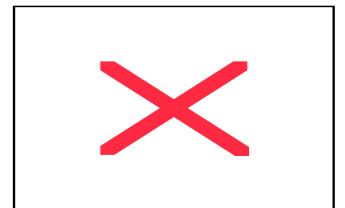
Enhancing Preparedness

- Creation of emergency preparedness coordinating council
- Purpose
 - Encourage collaboration and communication to provide more integrated response to future disasters



Enhancing Preparedness

- Encourage shared services and group purchasing where possible
- Facilitate member readiness through sharing of experiences, expertise, templates, and other information
- Eliminate fragmented preparation/response



Enhancing Preparedness

- Composition:
 - Hospital representatives from across the region
 - Local and state health officials—public health and environmental
 - Local emergency management officials



Enhancing Preparedness

- Federal agencies
- Addition of other provider groups:
community health centers, visiting nurse
agencies, medical society, etc.
- Meets regularly—some activity *every*
week—full council, workgroup, or briefing



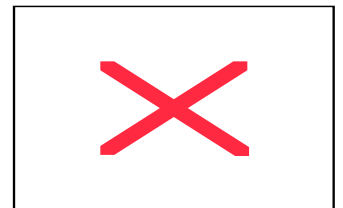
Work Plan of Council

- Data Collection: Data Elements and Collection Systems
- Minimizing Disruption in Communications
- Identifying and Responding to NBC Events
- Internal Security: Normally/During a Disaster
- Operational Protocols and Policies



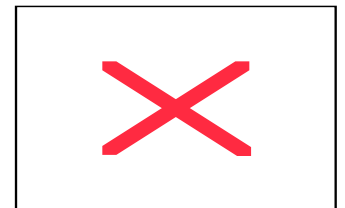
Data Collection Elements—Before a Disaster

- Emergency Contacts Directory
 - Agencies, vendors, hotlines, and key services
 - Members: EOC's, radio availability, chairs of disaster committees, etc.



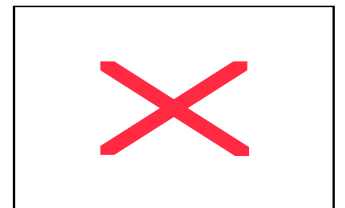
Data Collection Elements—Before a Disaster

- Surveillance System—Syndromic Surveillance
 - Support of local and state initiatives
 - NYCDOH collects ED data from 33 hospitals—application of algorithms to detect clusters of symptoms—focus on GI and respiratory symptoms



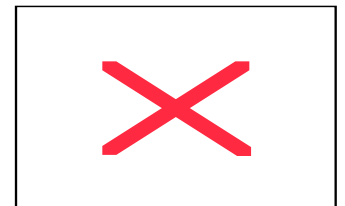
Data Collection Elements—During a Disaster

- Identifying the Elements in Advance
 - Bed/staffing/supply needs and availability
 - Event-related visits
 - Information for patient locator system
 - Other patient information



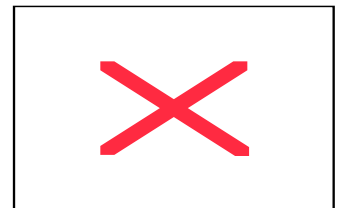
Creating a Data Collection System

- Web-based collection system
- Alternative collection means (fax, phone)
- Business rules: who gets access to hospital specific, aggregate information, etc.
- Development of interim system



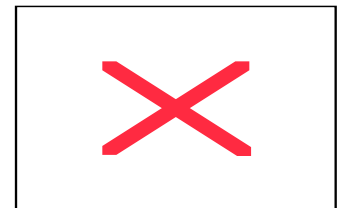
Minimizing Disruptions in Communications

- Undertaking a vulnerability analysis and building in alternatives and redundancies
- Understanding the alternatives (matrix of features and options) and group purchasing
- Radios linking providers/emergency managers
- Use of ham radios



Identifying and Responding to NBC Events

- Briefings coupled with streaming video for on-demand viewing—Stream57
- Examples
 - General biological preparedness
 - Smallpox
 - Anthrax



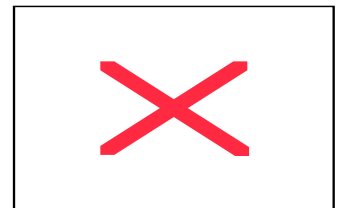
Identifying and Responding to NBC Events

- Examples (cont.)
 - Incident command system
 - Pre-hospital care guidelines
 - Nuclear and chemical events
 - Agency roles



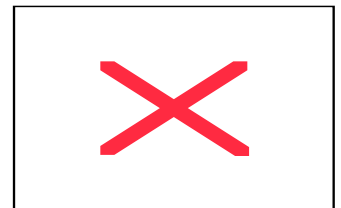
Educational and Training Materials

- Challenge is to distill material so that it is useful, practical, and accessible for training large numbers of individuals
- Materials must be in format that will be readily available/useable in an emergency
- GNYHA Web site and e-mail distribution



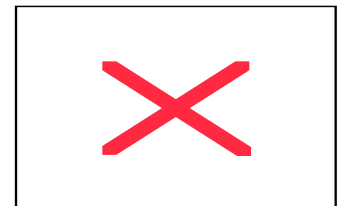
Educational and Training Materials

- Must be tailored to three key audiences:
 - Communities;
 - Broad base of employees; and
 - Front-line providers who must identify and respond



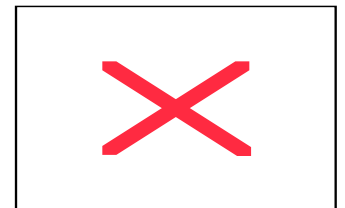
Security

- Internal security on an every day basis
 - Limiting access/vigilance
 - ED issues
 - Protecting the building
- Lockdown procedures
 - Access/egress
 - Security
 - Triage and decontamination



Policies and Procedures

- Responding to nuclear and chemical events
- Personal protective equipment and decontamination capacity
- Supplies and stockpiles
- Biological event preparedness guidelines



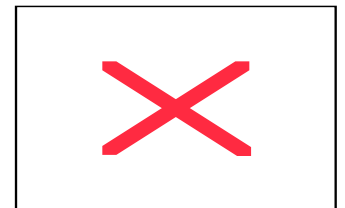
Policies and Procedures

- Managing volunteers (credentialing, etc.)
- Employee communications
- Evacuation procedures
- Security protocols
- Media relations



Enhancing Preparedness and Response

- Providers should be integral part of emergency preparedness/disaster response/public health system
- All players should understand what others can do for them/what they can do for others
- Ensure existence of comprehensive disaster plan—all hazards



Enhancing Preparedness and Response

- Undertake drills with all players and during off-hours
- Have emergency contact information regarding key players
- Have multiple means of communication



Enhancing Preparedness and Response

- Ensure that front line providers can identify and institute response procedures for nuclear, biological, and chemical agents
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