

DEVELOPING A SURGE PLAN TO ACCOMMODATE MEDICALLY VULNERABLE COMMUNITY MEMBERS

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Coastal storms and other hazards threaten the New York region and could necessitate the evacuation of individuals living in designated evacuation zones, as well as patients or residents in health care facilities in the same zones. While most jurisdictions have robust sheltering plans that include Special Medical Needs Shelters (SMNS), these facilities generally provide only basic medical care, such as oxygen administration, wound care, and the monitoring of vital signs.

Because of this limitation, health care facilities outside evacuation zones or in higher evacuation zones (i.e., New York City's Evacuation Zones 5 and 6) are advised to have surge plans to accommodate medically vulnerable community members living in evacuation zones and hospital patients who were evacuated from other facilities. Since medically vulnerable community members could be brought to a hospital before or after the storm, hospital surge plans should account for receiving individuals in both timeframes. While predicting the acuity level of medically vulnerable community members is difficult, based on previous experiences, many of them will require skilled nursing level care.

This document is designed to help health care facilities—specifically hospitals—modify their existing surge plans for the purposes of accommodating medically vulnerable community members. Five sections follow:

1. Activation, Integration, and Scalability of the Surge Plan for Medically Vulnerable Community Members
2. Surge Space
3. Equipment and Supplies
4. Staffing
5. Communications

Each topic area includes points for consideration when developing and/or modifying a facility's plans, and specific examples adapted from actual facility plans.

ACKNOWLEDGEMENT

GNYHA thanks MediSys Health Network for sharing their Skilled Nursing Facility Patient Surge Response Plan, which their staff developed based on experiences with medically vulnerable community members during Hurricanes Irene and Sandy. This guidance document directly incorporates information from the MediSys plan.



GNYHA is a dynamic, constantly evolving center for health care advocacy and expertise, but our core mission—helping hospitals deliver the finest patient care in the most cost-effective way—never changes.

ACTIVATION, INTEGRATION, AND SCALABILITY OF THE SURGE PLAN FOR MEDICALLY VULNERABLE COMMUNITY MEMBERS

Medically vulnerable community members could arrive at your facility via jurisdictional evacuation operations, or on their own before and after the storm. The breadth of an evacuation order and the hospital's proximity to zones targeted for evacuation could result in greater or fewer numbers of individuals seeking care. Therefore, your facility may want to consider a scaled surge plan, enabling accommodation of five to seven community members in an initial phase, with additional surge space pre-identified. It is important that individuals defined and treated as *patients* be distinguished from community member *shelterees* who may be seeking relief from the storm or its aftermath, or seeking electricity for durable medical equipment.

The facility's surge plan for medically vulnerable community members should always be linked to the facility's Patient Surge Plan, All-Hazards Emergency Management Plan, and Hospital Incident Command System (HICS) policies and procedures. When considering modifications to these plans and procedures, the following tasks and objectives may need to be addressed:

- Activation and deactivation plans and triggers
- Procedures to activate and modify pre-designated surge spaces, including equipment and supply needs; considerations will be distinct if identified surge spaces are in the main hospital versus a nearby campus location
- Additional HICS and patient care staffing needs
- Intake, assessment, and care of medically vulnerable community members
- Internal communications, communications with patients' families, and communications with external agencies

PATIENT INTAKE AND DOCUMENTATION

While facility-specific plans may differ on where medically vulnerable community members are to be housed, all facilities are encouraged to put in place a process that includes a brief clinical assessment and the creation of a standard chart with an assigned medical record number. Hospitals are also encouraged to separately identify medically vulnerable community members in the electronic medical record for overall tracking purposes.

SURGE SPACE

Many facilities outside evacuation zones will already be preparing to accept patients being evacuated from hospitals in evacuation zones. Surge strategies for these patients likely include: increased staffing levels to maximize bed capacity and conversion of single-patient rooms to double-patient rooms. Surging into non-traditional spaces is another potential strategy.

Depending on the event's extent, a facility may be able to accommodate medically vulnerable community members using the above strategies. However, if these spaces need to be reserved for higher-acuity patients, additional non-traditional spaces should be considered, including clinic space, pre- or post-operative areas, and day rooms. Surge planning should include drawings of pre-designated spaces and how they are to be organized to ensure high-quality care can be provided in the most efficient way possible. A site-specific layout and equipment requirements (outlined in the next section) should be included in the plan. The site-specific layout and plan should include any customizations to the space; e.g., converting steps into a ramp.

Consider the following:

- Pre-measure existing patient care areas to determine how much room is needed per patient (e.g., how much space is needed between beds, oversized equipment needs, and family/visitor space)
- Identify large, open spaces such as day rooms, recreation areas, and meeting rooms large enough to accommodate multiple patients
- Consider accessibility to restrooms and showers
- Consider accessibility of critical resources (e.g., food service, linens, pharmaceuticals)
- Consider off-site locations such as clinics and other spaces that may become available due to curtailment of services in a coastal storm

SAMPLE LANGUAGE

The Day Lounges are large enough to accommodate two patients each. Private bathrooms are located in each Day Lounge. Each Day Lounge is to be outfitted with two semi-automatic beds, privacy screens, typical patient care supplies, hand sanitizer dispensers, two over-bed tables, two bed-side tables, two tap bells, four visitors chairs, and two storage bins.

EQUIPMENT AND SUPPLIES

When assessing surge capacity, be sure to consider and account for equipment and supplies that may be needed to care for these patients. Surge capacity may be limited by the availability of needed equipment and supplies including beds, privacy screens, lighting, bedside tables, and storage bins.

Assuming skilled nursing level care, an equipment and supply list may include the following items:

- Semi-automatic beds
- Over-bed tables
- Bedside tables
- Visitors chairs
- Storage bins
- Privacy screens
- Tap bells
- Supply carts
- Linens
- Patient gowns
- Oxygen supply (concentrators or bottles)

When writing your plan, be sure to specifically identify which department(s) are responsible for the provision, maintenance, and delivery of equipment and supplies. Language may look similar to the following:

SAMPLE 1:

Materials Management shall enhance supply carts at the nursing stations closest to the Day Lounge.

SAMPLE 2:

Respiratory Care will be responsible for establishing and maintaining oxygen delivery mechanisms for each patient area.

SAMPLE 3:

Materials Management shall provide and maintain supply cart(s) for the intake/assessment area.

SAMPLE 4:

Engineering shall provide adequate utilities (e.g., lighting, HVAC) for the functions in the area.

Routine patient care supplies will also be needed. These include, but are not limited to: pharmaceuticals, water, food, linens, bath supplies, personal hygiene supplies, routine medical supplies, and oxygen.

STAFFING

The surge plan for medically vulnerable community members should account for:

- Additional HICS roles and responsibilities
- Additional responsibilities for support departments including, security, environmental services, patient registration, and discharge planning
- Patient care roles

HICS ROLES AND RESPONSIBILITIES

The facility plan should clearly outline which staff members have the authority to activate the medically vulnerable community member surge plan and in what circumstances. Activation instructions should be clearly defined and outlined in the written plan. For a scaled plan, triggers for activation of additional phases should also be outlined.

SUPPORT DEPARTMENT ROLES AND RESPONSIBILITIES

The following table includes tasks that may need to be carried out when the surge plan is activated.

DEPARTMENT	ADDITIONAL TASKS
Patient Registration	<ul style="list-style-type: none"> • Create a standard chart with an assigned medical record number for all medically vulnerable community members housed within the facility • Consider separately identifying medically vulnerable community members in the electronic medical record for overall tracking purposes
Security	<ul style="list-style-type: none"> • Ensure that all spaces used for clinical care are included in security rounding • Ensure that staff working in these areas understand any unique security or safety aspects of the surge space
Environmental Services	<ul style="list-style-type: none"> • Incorporate all spaces used for clinical care in cleaning and maintenance plans
Food Services	<ul style="list-style-type: none"> • Incorporate all spaces used for clinical care in food services plans
Materials Management	<ul style="list-style-type: none"> • Assist in initial delivery, replenishment, and return of needed supplies and equipment
Social Work/Discharge Planning	<ul style="list-style-type: none"> • Conduct outreach to patients’ families/next of kin who are housed via the medically vulnerable community members surge plan (see Communications section below) • Assist with discharge planning once it is determined to be safe for patients to return to their homes within evacuation zones

PATIENT CARE

Staff assigned to patient care roles will be the largest component of your staffing plan. Staffing complements and levels should be based on the number and acuity level of the community members housed within your facility and therefore may require regular reassessment. Based on previous storms in and outside the New York region, community members who are seeking shelter at a hospital are likely to need skilled nursing level care. Therefore, the needed staffing complement will likely consist of nurses, including a nursing supervisor, clinical assistants, and patient care staff.

COMMUNICATIONS

The surge plan for medically vulnerable community members should outline communications with key stakeholders, including:

- Hospital command staff and key departments
- Patients' families
- External organizations and agencies

HOSPITAL COMMAND STAFF AND KEY DEPARTMENTS

Activation of the surge plan for medically vulnerable community members should include key communication objectives for initial notification, ongoing reporting, and monitoring. Below is a suggested list of departments that should know about plan activation.

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|---|------------------------|-------------------------------------|
| • Operations (e.g., Environmental Services, Linen Services, Food/Nutrition) | • Human Resources | • Respiratory Care |
| • Nursing | • Emergency Medicine | • Infection Prevention |
| • Social Work | • Administration | • Patient Registration/Admitting |
| • Ambulatory Care | • Emergency Management | • Materials Management/Supply Chain |
| | • Security | • Public Affairs |
| | • Finance | |

PATIENTS' FAMILIES

During the intake process, information about family members/next of kin should be collected. The facility should consider what type of proactive communication to send to identified family members regarding patient well-being. Additionally, Social Work staff should consider working with Public Affairs to share information on the hospital's website and via its switchboard regarding how family members can contact the hospital for updates and information.

EXTERNAL ORGANIZATIONS AND AGENCIES

The facility should also have a procedure for communicating with outside agencies, including the New York State Department of Health Healthcare Facility Evacuation Center, Greater New York Hospital Association, and other agencies and entities involved in the emergency response. A liaison within HICS likely will carry this out.

SAMPLE LANGUAGE

Upon activation, the Emergency Management Communications Center shall broadcast an alert to the patient surge group indicating implementation of Phase 1 of the Medically Vulnerable Community Member Surge Plan.

Interagency communication is managed centrally as part of the Network command structure. All requests to and from governmental agencies are to be funneled through the Network Incident Interagency Liaison.

NYC SPECIAL MEDICAL NEEDS SHELTERS (SMNS): INCLUSION AND EXCLUSION CRITERIA

In developing a surge plan for medically vulnerable community members, understanding who can and cannot be served in a SMNS is helpful. Following is New York City's inclusion criteria for SMNS admission:

- Diabetics who need help with glucose monitoring and who have no caregiver assistance
- Individuals who require help taking medications and who have no caregiver assistance
- Individuals who require help with daily living activities and have no caregiver assistance
- Individuals who require wound care and who have no caregiver assistance
- Individuals who requires nebulizers or other types of treatment that must be administered by medical personnel
- Individuals with visual, hearing, or gait issues who require medical assistance, such as personal care, or need help taking medications
- Individuals on 3L or less of oxygen
- Individuals scheduled for advanced home care services that will be provided by the home care agency in the SMNS
- Individuals with behavioral health or neurocognitive disorders such as Alzheimer's, other dementia, or debilitating stroke that requires medical intervention for safety and wellness
- Individuals in the third trimester of a high-risk pregnancy

Admission decisions can be modified by the Medical and/or Nursing Director lead at each SMNS. Individuals with needs that typically exceed those listed above will be transported to a hospital for care. Additionally, evacuees who present with any of the following conditions *will be immediately transported to a hospital*:

- Acute diarrhea
- Drug withdrawal symptoms
- Communicable disease

For further information please review the [May 2018 GNYHA Memo: New York City Community Evacuation and Sheltering Operations and Implications for Hospitals and Health Systems](#).

THE NEW YORK CITY RESOURCE REQUEST PROCESS

While health care facilities are required to have plans in place to meet patient and staff supply needs, during a prolonged emergency shortages may occur. Individual facilities are expected to first look to their health care system or use other existing business arrangements to meet supply needs. Facilities should then work with their group purchasing organization or association. Only after these avenues are exhausted can requests be made of government agencies through association (e.g., GNYHA) representatives.

CONCLUSION

Medically vulnerable community members living in evacuation zones may require care at hospitals located outside of evacuation zones during coastal storms. A medically vulnerable community member surge plan will enable your facility to provide appropriate care for these patients, and meet the needs of hospital patients from evacuating facilities. If you have any questions regarding this document, please contact Jenna Mandel-Ricci (jmandelricci@gnyha.org or 212-258-5314) or Patrick Meyers (pmeyers@gnyha.org or 212-258-5336).