

# EMERGENCY PREPAREDNESS COORDINATING COUNCIL

July 14, 2020

**GREATER NEW YORK HOSPITAL ASSOCIATION**

*Over 100 years of helping hospitals deliver the  
finest patient care in the most cost-effective way.*

# Welcome & Agenda

- Javits New York Medical Station and USNS Comfort: Operational Overview & Patient Analysis
  - Crystal Sacaridiz, Manager of Social Research Projects in the Bureau of Equitable Health System's Center for Health Equity and Community Wellness *and* the Research and Social Services Unit Lead for COVID-19 Response
  - David Miller, Senior Director of Healthcare Coalition Operations, Office of Emergency Preparedness and Response *and* Public Health and Medical Operations Group Supervisor for COVID-19 Response, NYC Department of Health and Mental Hygiene
- Update on COVID-19 Related Waivers
  - Laura Alfredo, Senior Vice President and General Counsel, GNYHA
- GNYHA & Agency Updates

# Government-Supported Alternate Care Sites: Recommendations

## **1. Government-supported ACSs should be managed by a local health system team or a contracted health care administration team knowledgeable of the area.**

Hospital administrative and operational experience, as well as knowledge of the local/regional health care eco-system is critical to the success of an ACS. Any planned ACSs should have this relationship established in advance and the selected team should be included in planning conversations.

## **2. Design ACSs to support moderate-acuity patients in the convalescent phase of illness.**

Given the long length of stay of many COVID-19 patients, ACSs are well-suited to care for moderate-acuity patients in the convalescent phase of illness. Focusing on this population allows for maximum inpatient decanting and greater hospital throughput to care for incoming patients. Working with the administrative team, the ACS must ensure that it can meet the full clinical needs of such patients, including the small number that may decompensate, as well as discharge planning.

## **3. Create a centralized admissions processes for all ACSs, educate all hospitals and health systems on the process, and allow transfers from all hospitals in the region.**

All government-supported ACSs should be available to all hospitals and health systems across the region. Admissions should be arranged through a single centralized admissions hub with the transfer process as streamlined as possible. The admissions process should be documented in detail and broadly disseminated.

# Government-Support Alternate Care Sites: Recommendations

## **4. Further develop resources and systems to aid with patient identification and transfer.**

During the initial COVID patient surge in early 2020, GNYHA developed an Alternate Care Site view within its' Sit Stat 2.0 Situational Awareness system which housed key information about each ACS including inclusion/exclusion criteria, available beds and location. During future waves this resource can be used by hospital command centers and health system transfer centers in advance of contacting the admissions hub. Additionally, successful models developed during the first wave including identifying patients through EMR queries and sending clinical teams to assist with the transfer process should be further developed and used in future waves.

## **5. Open government-supported ACSs in a sequential manner based on pre-developed triggers.**

Government-supported ACSs should serve as a safety net to the health care system and only be opened once regional indicators of infection and occupancy demonstrate the need. Additionally, ACSs should be opened in a pre-determined sequential manner to reduce stressors on staffing and supply chains.

## **6. Develop ACS staffing models that do not directly compete with healthcare staffing models.**

During a patient surge healthcare staff are the most valuable commodity. Hospitals and health systems will be utilizing multiple staffing strategies including redeployment of existing staff, per diem staff, staffing agencies and volunteer portals to meet their own needs. It is critical that government-supported ACSs develop staffing models that do not draw from these same sources.

# COVID-19 Patient Surge

## GNYHA Lessons Learned & Recommendations

- Series of papers outlining lessons learned from the response to date and recommendations for short- and long-term improvements
- Papers on the following topics are in the works:
  - Data collection and information sharing - complete!
  - Surge Spaces including Alternate Care Sites
  - Fatality Management
  - PPE and equipment – complete!
  - Staffing
- Will be available to members via the GNYHA website; Emergency Preparedness Bulletin about these will be sent soon

# Preparations for a Second Wave

Surveillance and Monitoring	<ul style="list-style-type: none"><li>• Frequent communication with NYC and NYS epidemiologists</li><li>• New ED Syndromic Surveillance Report for NYC hospitals</li></ul>
Surge Planning	<ul style="list-style-type: none"><li>• Outreach to hospitals/health systems to understand phased surge plans and triggers – structured interviews happening</li><li>• Broader efforts to support patient load balancing across health systems and alternate care sites</li></ul>
Data Collection/Visibility	<ul style="list-style-type: none"><li>• Recommendations made to NYS DOH regarding HERDS</li><li>• Will make additional information available via GNYHA Sit Stat 2.0</li></ul>
PPE & Equipment	<ul style="list-style-type: none"><li>• Hospitals/health systems working to build up adequate supplies</li><li>• GNYHA staying abreast of government stockpile development and utilization</li></ul>

# Regional Patient Load Balancing Strategies Under Development

- **Strategy 1: Redirect EMS transports to hospitals with elevated ED and inpatient volume.**
  - EMS modifies transport decisions based on hospital response to three-level self-reported qualitative measure of hospital capacity (normal, elevated surge, significant surge)
- **Strategy 2: Formalize Processes to Facilitate Patient Transfers Between Regional Hospitals**
  - Independent hospitals designate primary, secondary and tertiary transfer centers
  - Regional health system transfer center information made available in Sit Stat 2.0
  - During response phase, monitor health system occupancy as indicator of overall system occupancy; when certain triggers are met additional transport resources and alternate care sites are activated
- **Strategy 3: Formalize and Support Patient Discharge Options for Patients that Need Continued Care**
  - Information about Nursing Homes with Specialized Infectious Disease Specialty Units is made available via Sit Stat to all regional hospital and health systems; during response these nursing homes report bed availability daily
  - Once activated, information about Government-Supported Alternate Care Sites is also maintained in Sit Stat 2.0 including bed availability

# Coastal Storm Preparedness

- Beginning **August 1<sup>st</sup>** higher likelihood of coastal storms in our region
- NYCEM and NYS DOH working through number of adaptations to existing coastal storm plans
- Key resources
  - Facility Guidance Document
  - Community Evacuation & Sheltering Operations Guide
  - Patient Evacuation Toolkit
  - Guide to Developing a Surge Plan to Accommodate Medically Vulnerable Community Members
- Sit Stat 2.0
  - Standardized bed definitions and operational surveys
  - Working with NYS to align Sit Stat-based processes with HEC processes

**GNYHA**

EMERGENCY  
PREPAREDNESS BULLETIN

FROM:  
Jenna Mandel-Ricci  
Vice President, Regulatory and  
Professional Affairs

## Coastal Storm Catalog

June 1 marks the beginning of the North Atlantic hurricane season, with the highest probability for storms in the New York region falling between early August and late November. While much effort remains focused on the COVID-19 response, GNYHA members are urged to prepare for this threat.

We anticipate hospitals still will be experiencing impacts of COVID-19 during coastal storm season, including the need to maintain social distancing measures and the use of strict infection prevention and control processes. We ask hospitals and health care facilities to consider these expected impacts while reviewing their coastal storm plans and the resources outlined below.

### **DOH Facility Evacuation Planning Application and Critical Asset Survey**

The New York State Department of Health (DOH) has [extended the deadline](#) for completing the Facility Evacuation Planning Application (FEPA) and the Critical Asset Survey to May 31. All hospitals, nursing homes, and adult care facilities in New York City are asked to complete these planning activities by the new deadline. Your responses will inform coastal storm planning efforts by enabling DOH, GNYHA, and other regional response partners to prepare for patient and resident movement when needed and better understand the region's receiving capacity.



# Sit Stat Updates

- Prep for potential second wave
  - Inclusion of additional HERDS data points
  - Incorporate morgue and BCP data into RDV; transition OCME survey to Sit Stat
  - Summary dashboards
- Other ongoing projects
  - Prep for coastal storms
  - Incorporate CAS data into RDV
  - Work with borough coalitions
  - *EMR integrations (5 in Year One)*
  - *Sit Stat expansion to include NYC nursing homes*

***Next Sit Stat Advisory Council Meeting: Tuesday, July 28, 2:30pm-4:30pm – please join us. Lots of important updates!***

# Additional Agency Updates

- NYS DOH
- NYC DOHMH
- NYCEM

# Thank you for your extraordinary work.

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