NYC Health Care Coalition (NYCHCC) Emergency Preparedness Symposium (EPS) co-hosted with Bronx Emergency Preparedness Coalition (BEPC)

NYC DOHMH OFFICE OF EMERGENCY PREPAREDNESS AND RESPONSE
BUREAU OF HEALTHCARE AND COMMUNITY READINESS

Thursday, October 13, 2022

DISCLAMIER: This project was supported by the Department of Health and Human Services' Administration for Strategic Preparedness and Response under award number 6U3REP190597-04. Its content is solely the responsibility of the authors and does not necessarily represent the official views of the Department of Health and Human Services' Administration for Strategic Preparedness and Response.

Welcome!

NYC Health Care Coalition (NYCHCC)

- The purpose of the NYCHCC is to bring together various members of the health system and non-health care partners into a single, integrated, and coordinated health care system emergency planning and response entity that leverages the strengths of each member in activities such as communication, information sharing, planning, and response through coalition resources. This strengthens resiliency of the health system for emergencies and disasters and allows for continuity of health care delivery during, and after, an emergency event occurs within the New York City area, which affects the health care system and/or services.

- Collaboration and preparedness are the essence of the NYCHCC, and membership is open to all NYC health care delivery members, community organizations that support health and wellbeing, surrounding regional health care organizations, government agencies, and community partners that desire to work collaboratively on emergency preparedness, response and recovery, which affect the City's health care system.

- For more information:
  - https://nychealthcarecoalition.com/

Agenda

- **10:00 - 10:05 AM |** *Welcome and Opening Remarks*
- **10:05 - 11:05 AM |** *Bronx Emergency Preparedness Coalition (BEPC) – Workplace Violence: Active Shooter Situational Awareness In the Hospital Environment– A Coalition Perspective*
- **11:05 - 11:10 AM |** *Q & A*
- **11:10 - 11:30 PM |** *2022 NYC Emergency Management and Preparedness Assessment of the Home Care Industry*
- **11:30 - 11:35 AM |** *Q & A*
- **11:35 - 11:50 AM |** *NYC DOHMH - Violence Prevention Initiatives: Helping to Create Safer Communities*
- **11:50 – 11:55 AM |** *Q & A*
- **11:55 – 12:00 PM |**
  - *Closing Remarks*
  - *Coalition Announcements*
- **12:00 PM |** *Adjourn*

Bronx Emergency Preparedness Coalition (BEPC)

Janice Halloran, Associate Executive Director, NYC H+H | Jacobi, Emergency Preparedness Co-Chairperson, Bronx Emergency Preparedness Coalition (BEPC)

NYC Health

Bronx Emergency Preparedness Coalition (BEPC) – Workplace Violence: Active Shooter Situational Awareness In the Hospital Environment– A Coalition Perspective

Janice Halloran, Associate Executive Director, NYC H+H | Jacobi, Emergency Preparedness Co-Chairperson, Bronx Emergency Preparedness Coalition (BEPC)

Carrie Shumway, Associate Director, North Central Bronx Emergency Department Operations, Emergency Preparedness Coordinator, NYC H+H | Jacobi + NCB

Marni Confino, Director of Social Work, NYC H+H | Jacobi

Kevin Campbell, Chief, Hospital Police 5th Division, NYC H+H | Jacobi

NYC Health


Q & A

2022 NYC Emergency Management and Preparedness Assessment of the Home Care Industry

Andrew Koski, Vice President for Program Policy and Services, Home Care Association of New York State (HCA)

Carole Deyoe, Senior Associate of Public Policy, New York State Association of Health Care Provider

NYC Health

2022 NYC Emergency Management and Preparedness Assessment of the Home Care Industry

October 13, 2022

Andrew Koski, MSW, Vice President for Program Policy and Services, Home Care Association of New York State
Carole Deyoe, RPh, Senior Associate of Public Policy, New York State Association of Health Care Providers

Agenda

- Background
- Goals and Objective
- Methods
- Results
- Summary and Recommendations

Acknowledgements

Thank you for your support in developing this Emergency Management and Preparedness Assessment and analysis of the NYC home care industry's capacities and capabilities in emergency management

- **NYC Department of Health and Mental Health, Office of Emergency Preparedness and Response**

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  Fidelle Munroe, Bureau of Healthcare and Community Readiness, Office of Emergency Preparedness and Response

Grant Disclaimer

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Background

- The home care services industry in New York State is essential for keeping vulnerable, aged, and disabled persons safely in their homes and communities.
- The sector includes two general agency types:
  - *Certified Home Health Agencies (CHHA) provide many types of skilled services including nursing, home health aide services, occupational and physical therapy, etc.*
  - *Licensed Home Care Services Agencies (LHCSA) provide personal care services and home health aide services and may work in collaboration with a CHHA and/or an assisted living facility.*
  - *LHCSAs also may operate through contracts with Managed Long-Term Care (MLTC) plans or Managed Care Organizations (MCO) to provide additional services and certain types of nursing care.*

Background

- The U.S. Centers for Medicare and Medicaid Services (CMS) requires CHHAs to have an emergency management plan.
  - An emergency plan provides the framework for the agency's emergency preparedness program and is based on risk assessments. The plan assists an agency in anticipating and addressing patient, staff, and community needs and supports continuity of business operations.
- NYS regulations state that a LHCSA's governing authority must:
  - Ensure the development of a written emergency plan which is current and includes procedures to be followed to assure health care needs of patients continue to be met in emergencies that interfere with delivery of services, and orientation of all employees to their responsibilities in carrying out such a plan.

EM Assessment Goals and Objective

Goals

- To engage the home care sector in identifying its emergency management capabilities and capacities
- To identify areas needing improvement
- Ultimate purpose is to build and sustain New York City's public health and healthcare preparedness capabilities

Objective

- Utilize the results of this Emergency Management Assessment to plan activities and develop initiatives for future U.S. Department of Health and Human Services (HHS) Administration for Strategic Preparedness and Response (ASPR) Hospital Preparedness Program Formula Grant years.

Methods

- Requests for survey participation were sent via email to both types of home care providers in New York City
- Survey Monkey was used as the online platform for data collection and tabulation
- Data collected March 8, 2022 – April 8, 2022
- The assessment had 35 questions and took approximately 10 – 15 minutes to complete
- The assessment covered a range of high-level emergency management topics, including:
  - Hazard Vulnerability Analysis (HVA),
  - Comprehensive Emergency Management Plan (CEMP),
  - Emergency Management Staffing, Policies and Procedures,
  - Emergency Communications with Patients, Staff and City/State Officials,
  - Emergency Management Education/Training for Patients and Staff,
  - Drills and Exercises,
  - Emergency Supplies, and
  - Additional Information Desired by Respondents.

Demographics

- The survey invitation was sent to approximately 340 agencies, of which 109 responded
  - *This greater than 30% overall response rate represented about 50% of invited CHHAs and nearly 30% of invited LHCSAs*
- Of the 109 respondents, 92 were LHCSAs and 17 were CHHAs (84.41% and 15.59%)
- The 92 LHCSAs represent about 10% of NYC's 900 LHCSAs; 17 CHHAs represent about 36% of NYC's 50 CHHAs
- The home care agencies who participated in this survey reported they provide services to over 156,000 patients in the five boroughs, and employ about 18,000 full-time and 44,000 part time home care workers

Results

The assessment identified the sector's strengths, as well as opportunities for improvement in its emergency management and planning activities.

Emergency Management Plan

The purpose of an emergency management plan is to outline specific procedures that will ensure the continued delivery of services to patients with minimum disruption during an emergency.

- 95% reported having a comprehensive emergency management plan
- 90% stated they updated their plan every 6 to 12 months
- 97% had a designated emergency management staff person
- 99% had emergency management policies and procedures for staff and 97% for patients' notification in the event of an emergency

Hazard Vulnerability Analysis

Hazard Vulnerability Analysis - (HVA) is usually the first step in emergency planning for an organization. HVA tools are designed so agencies can identify hazards and risk factors relevant to their operation, evaluate their level of risk for each, and assess their preparedness for each hazard.

- 32% indicated that they do not complete an HVA annually
- 46% noted that they completed an HVA within the past 12 months
- 23% reported that they had not completed an HVA at the time of the survey
- 84% requested additional information on HVA
- Top 5 risks, hazards, and vulnerabilities
  - *73% Pandemic and infectious diseases*
  - *66% Natural disasters (weather events, etc.)*
  - *53% Patient related care emergencies*
  - *47% Technological failures (power outages, heating/cooling, etc.)*
  - *44% Transportation issues and interruptions preventing staff form getting to/from patients' home*

Emergency Communications

According to state and federal regulations and guidance, home care providers must develop and maintain an emergency preparedness communication plan that includes contact information for all parties.

- 98% of staff and 85% of patients can be notified within four hours of an emergency that warrants notification
- Over 97% of respondents' patient rosters included emergency contact information
- 75% of respondents reported they included patient reliance on electricity or dependence on a ventilator as a vital roster detail
- Phones (calls and texts) were indicated as both the primary (82%) and secondary (62%) mode of communication for most agencies
  - *Email is the second most widely used form of primary (10%) and secondary (27%) communication during an emergency*
  - *Rapid messaging, which allows all parties to communicate in real-time, was not reported as a primary means by any respondents, and less than 2% reported its use as a back-up*
- 26% of respondents did **not** have access to language interpretation services

Emergency Communications Cont'd

- Over 90% relied on the NYS Integrated Health Alerting and Notification System (IHANS) via the Health Commerce System (HCS)
- Nearly 100% of those surveyed had a designated HCS Coordinator
- 64% of respondents indicated they utilized the NYC DOHMH Health Alert Network for emergency communications, and 40% monitored Notify NYC
- Long Term Care (LTC) Health System Support Liaison emails, which are activated only during emergencies, are received and monitored by only 35% of survey participants

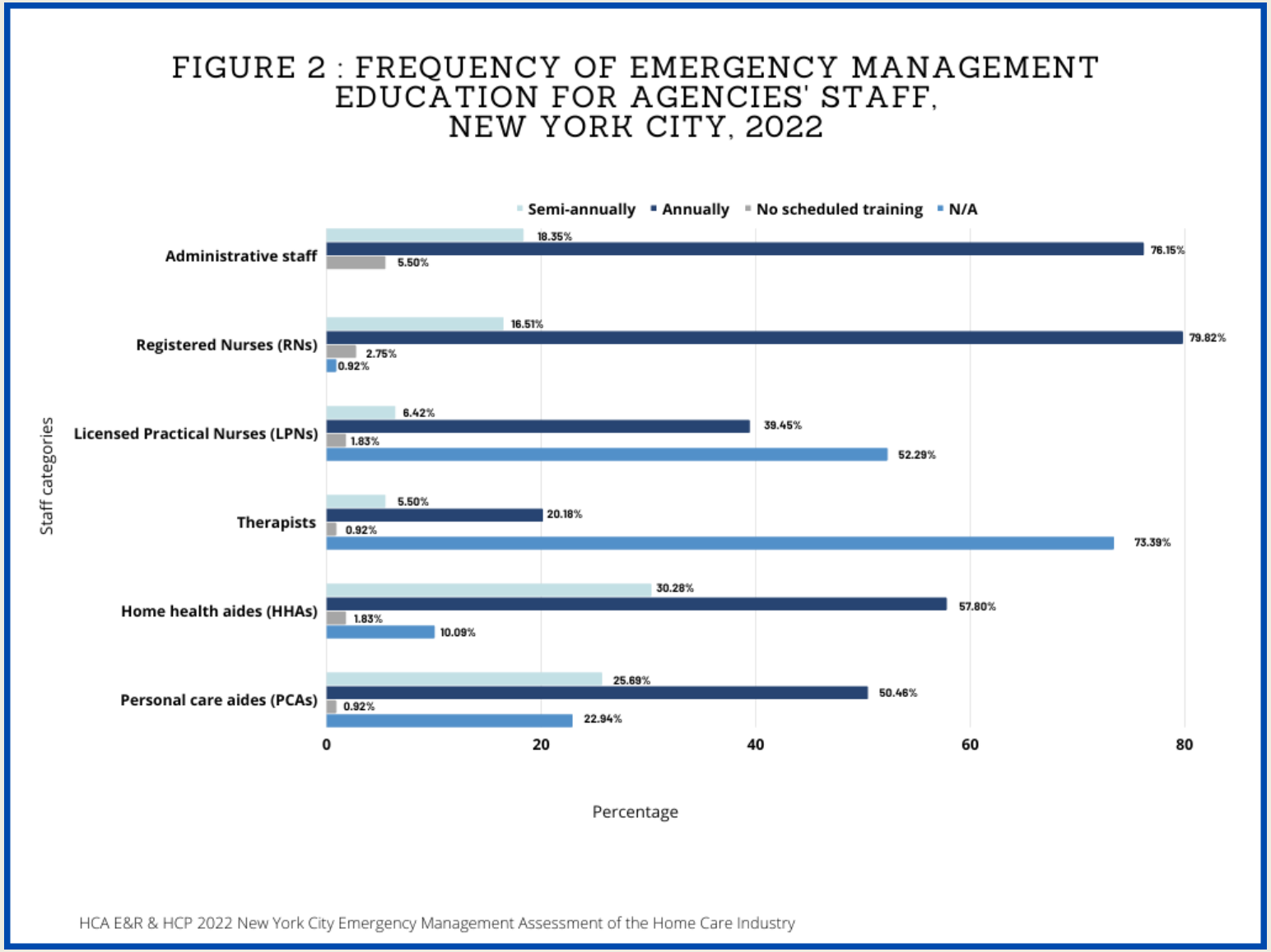
Emergency Management Education

All staff must receive training during orientation and annually as to their roles and responsibilities when the agency's emergency plan is implemented; however, there is no standard training content for the industry.

- 99% of survey participants reported they conducted infection control training, either as a stand-alone training or as part of emergency management education
- 95% of agency staff were generally trained as part of the hiring process
- Nearly 90% of those surveyed utilized educational materials on addressing emergencies for their patients

Emergency Management Education Cont'd

- 80% of agencies reported at least annual training in emergency management for registered nurses, 58% of home health aides and 50% of personal care aides were annually trained in emergency management.
- Also notable is the 23% of respondents who selected "not applicable" for ongoing training for personal care aides. Many indicated higher percentages for therapists (73%) and LPNs (52%) as being "not applicable".



Drills and Exercises

According to state and federal regulations and guidance, home care agencies are required to have a procedure for participating in agency specific or community-wide disaster drills and exercises and they must conduct at least one drill or exercise annually.

- Overall drill/exercise participation by home care providers increased by 5.5% in the years from 2019 (77%) to 2021 (82.5%)
- Over 95% of agencies reported plans to participate in these activities in calendar year 2022
- Less than half of respondents (37%) reported participation in a local government drill or exercise, including those overseen by NYC DOHMH
- Less than 60% engaged in a NYS DOH exercise
- Only 10 respondents (9%) participated in exercises or drills with community partners

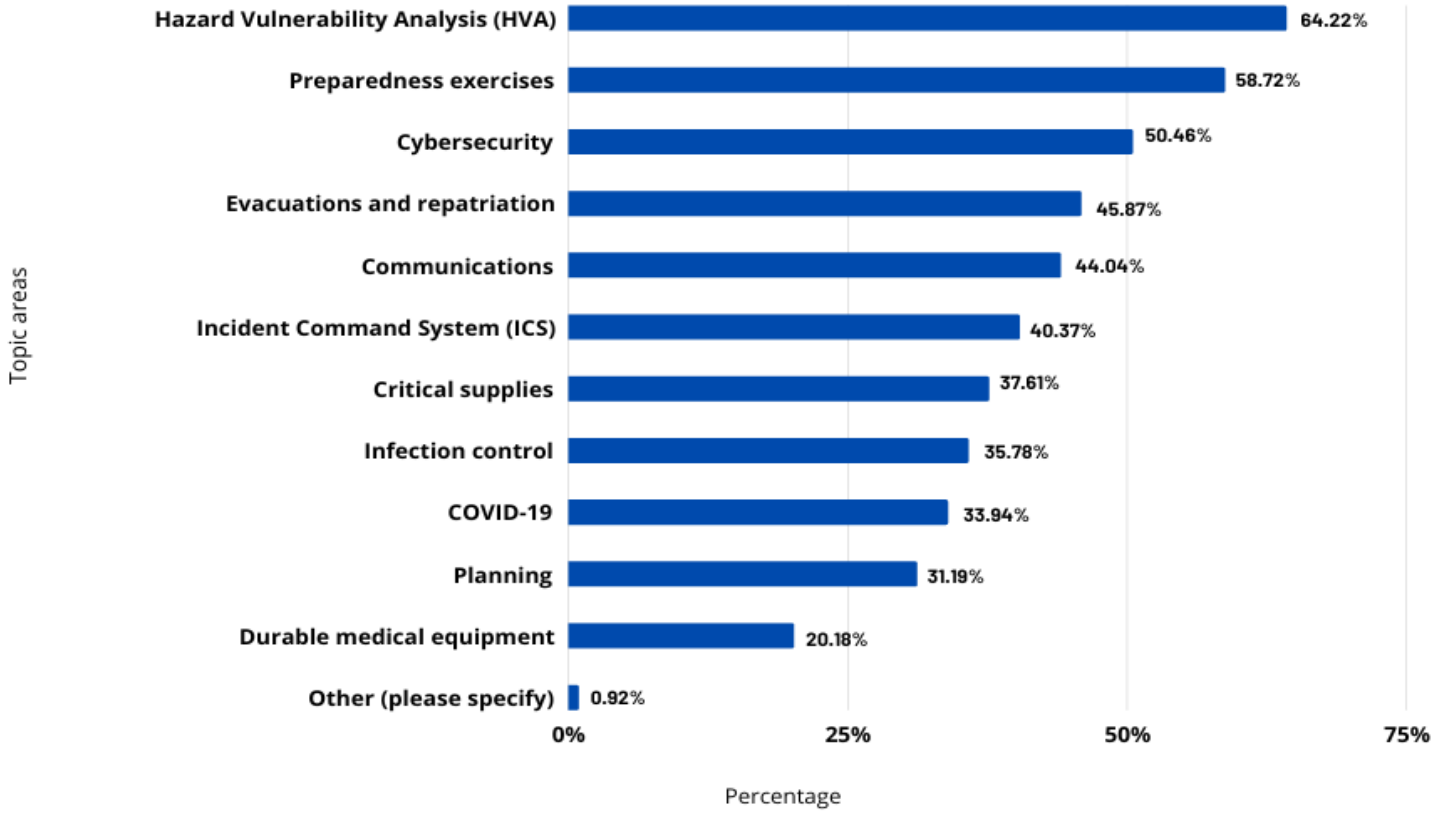
Emergency Supplies & PPE

According to state and federal regulations and guidance, an important component of an emergency plan is having an adequate inventory of supplies, including personal protective equipment (PPE), to address various types of situations.

- 95% of agencies surveyed maintained an inventory record of supplies needed for managing operations
- 83% reported they had a plan for supply acquisition during an emergency or had a stockpile standard for their organization
- The survey demonstrated that among those with stockpile standards, there was no standard method for establishing these levels

Additional Information Requested

FIGURE 3 : AREAS OF EMERGENCY MANAGEMENT FOR WHICH AGENCIES WANT ADDITIONAL INFORMATION, NEW YORK CITY, 2022



HCA E&R & HCP 2022 New York City Emergency Management Assessment of the Home Care Industry

Summary and Recommendations

- Home care agencies regularly provide services to more than 156,000 patients in the NYC region.
  - *Home Care must be more robustly incorporated into state and regional emergency planning strategies.*
- It is only recently that the home care sector has been included in DOHMH EM initiatives.
  - *Continuing and supplementary efforts are needed to ensure the industry is on par with other health care provider types regarding EM capacity and capability.*
- The EM Assessment results indicate that the home care sector must be provided more opportunities to participate in emergency management drills and exercises.
  - *Increased engagement through industry-specific exercises, enhanced relationships with community partners, and involvement in local drills will all provide valuable experiences for home care agencies and the caregivers they employ.*

Summary and Recommendations

- Essential educational needs for agencies, workers, and patients can be better addressed utilizing the EM Assessment results.
  - *This data demonstrates that home care agencies would benefit from educational opportunities to enhance their hazard vulnerability analyses, improve emergency communication practices, establish and maintain emergency supply inventories, and increase cybersecurity measures and are areas for HCA and HCP to focus on.*
  - *Additional agency training on patient management before (education) and during (evacuation/repatriation) emergency circumstances, infection control, and best practices for incident command systems were other areas of need for the home care sector as indicated by the survey responses.*
- The EM Assessment's findings will be a useful tool for state and regional emergency preparedness symposia, workshops, or exercises in order to inform other health care sectors of the need to include home care providers in their programs.
  - *These strengthening efforts will require the work of the home care associations, state, city, and local emergency management departments, and even the entire cadre of home care's health care partners.*

Study Limitations

- **Data collection through self-reporting has its own limitations.**
  - *E.g., response and sampling bias, question interpretation anomalies, and the subjective nature of self-assessment which can result in social desirability bias.*
- **Emergency management requirements vary for CHHAs versus LHCSAs.**
  - *The survey results may not accurately depict compliance with rules and regulations and must not be construed as such for enforcement purposes.*
- **The pool of potential respondents was determined by the contact list held by DOHMH OEPR, as well as impacted by the methodology by which LHCSAs are licensed in the state of New York.**
  - *One LHCSA may hold multiple licenses to provide various services in different geographic areas and therefore could be counted multiple times in the identified total pool of approximately 340 LHCSAs.*
  - *This inability to accurately determine the potential respondent pool makes it difficult to quantify the adequacy of the sample size.*
- **The demographic statistic regarding employee details may not be accurate.**
  - *In the home care industry, one individual may work for multiple agencies and in various capacities (full-time versus part-time). The survey could not account for or calculate this overlap; therefore, the total number of workers may not represent 62,000 unique individuals.*

Recommended Activity	Proposed Responsible Party			
	HCA/HCP	NYC DOHMH	NYCHCC Partners*	NYS DOH
Provide Educational Opportunities for the following:				
• Performing an HVA and identifying appropriate risks	X	X	X	X
• IHANS, the NYC HAN, language interpretation services		X	X	X
• Required elements of patient rosters/importance to OEM partners	X	X		X
• Methods to determine emergency supplies inventory levels	X	X	X	X
• EM exercises, Cybersecurity, evacuations and repatriation, communications, incident command system, and infection control	X	X	X	X
Conduct an Emergency Management Assessment that further investigates:				
• Emergency communication modes	X			
• Emergency training by agency type and personnel title	X			
• Emergency training content and frequency	X			
• Participation in emergency exercises and drills	X			
Increase Home Care Access to Exercises and Drills:				
• Improve community partner/ provider collaboration for drills and exercises	X	X	X	
• Provide home care-focused exercises orchestrated by the NYC DOHMH OEPR and/or the NYS DOH	X	X	X	X
• Promote home care participation in exercises	X	X	X	X
Access to Resources:				
• Develop and distribute patient emergency educational materials	X	X	X	X
• Promote new or innovative supply sources	X	X	X	X
• Review HHS emPOWER data annually		X		
• Provide funding for agencies to enhance EM training programs		X		X

*NYCHCC refers to any willing participant in the New York City Health Care Coalition.

- Responsibility for addressing recommendations is generally shared by HCA/HCP, NYC DOHMH, coalition partners and NYS DOH.
- The exception is that HCA/HCP will take the lead for addressing further emergency management assessment

Thank you!

Inquiries regarding this assessment summary may be directed to:

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Q & A

NYC DOHMH - Violence Prevention Initiatives: Helping to Create Safer Communities

Clifford Larochel, Director Violence Prevention Initiatives, NYC DOHMH

NYC Health

NYC DOHMH VIOLENCE PREVENTION INITIATIVES:

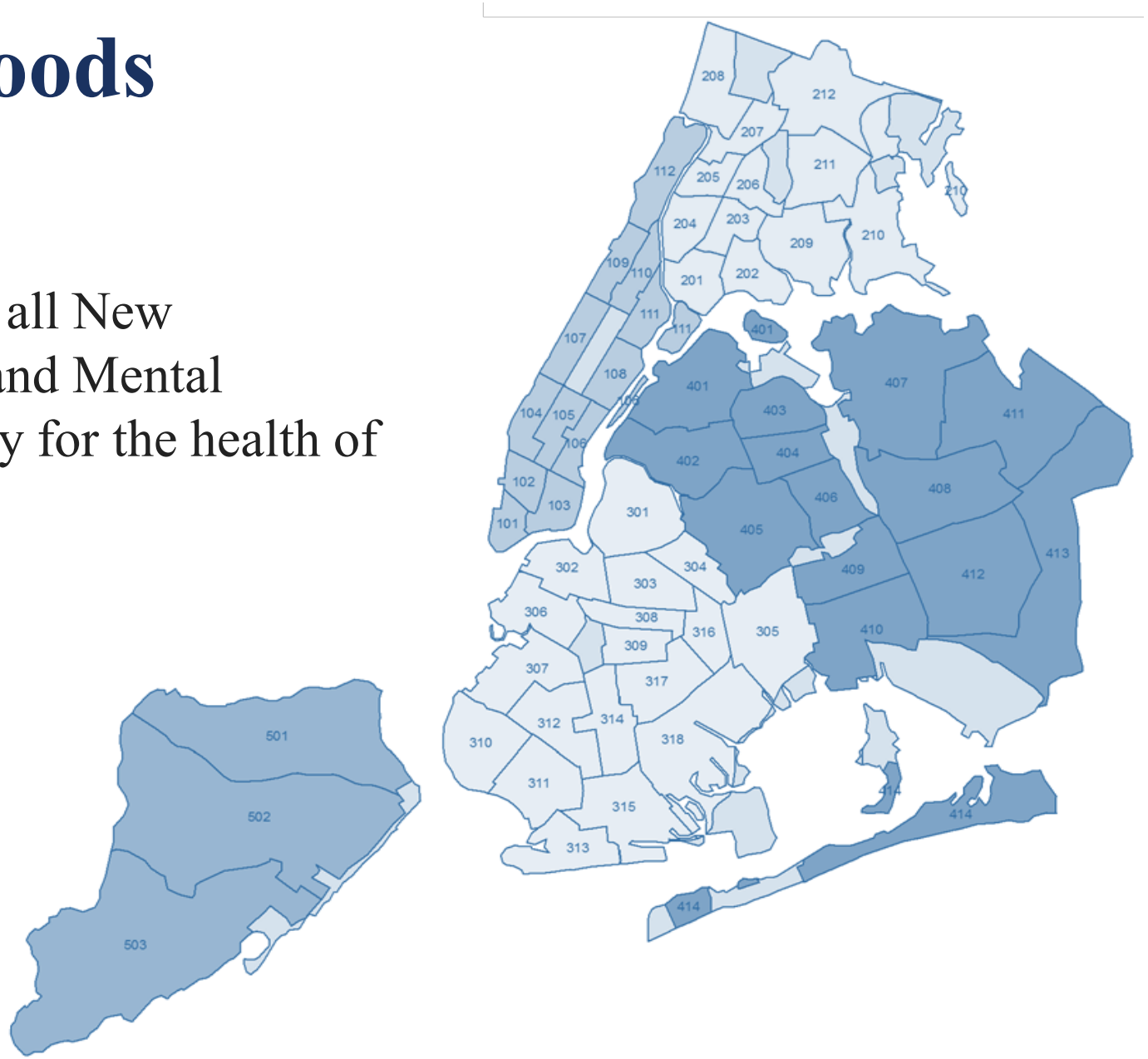
HELPING TO CREATE SAFER COMMUNITIES

Clifford A. Larochel, MA, MPH
Director, Violence Prevention Initiatives
New York City Department of Health and Mental Hygiene

A City of Neighborhoods

Our Mission:

To protect and promote the health of all New Yorkers. The Department of Health and Mental Hygiene has the overall responsibility for the health of the residents of New York City.



PROBLEM STATEMENT

Communities living without adequate resources and those facing unfair treatment are more susceptible to all health issues, including violence. The factors that enhance or inhibit health also impact violence, while violence in turn affects determinants such as housing, education, transportation, and economic conditions.

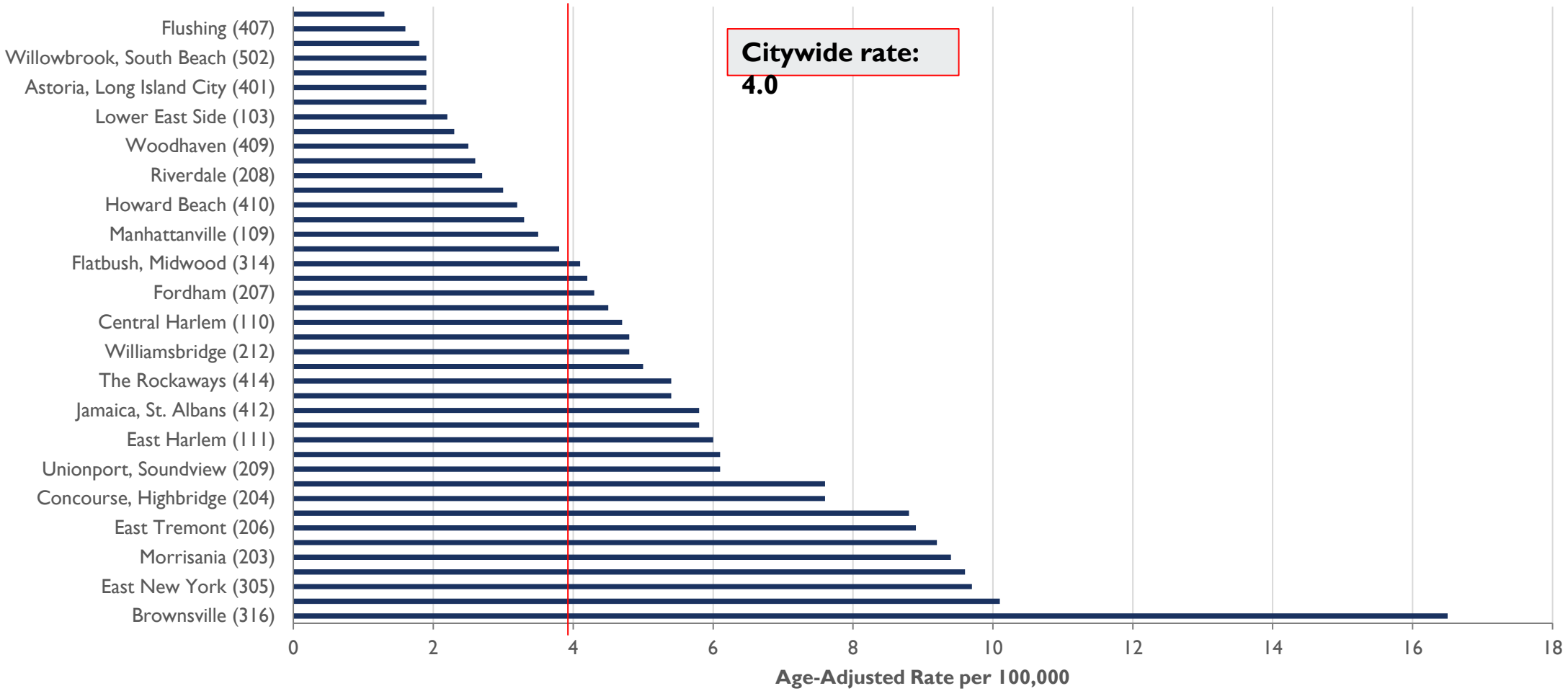
VIOLENCE IS A PUBLIC HEALTH ISSUE

- Violence is a leading cause of premature death
- Violence impacts the physical and mental health of individuals and entire communities
- Violence is symptomatic of larger social issues
- Violence can be understood and changed
- Violence is not an inevitable consequence of modern life
- Violence can be prevented

OUR APPROACH

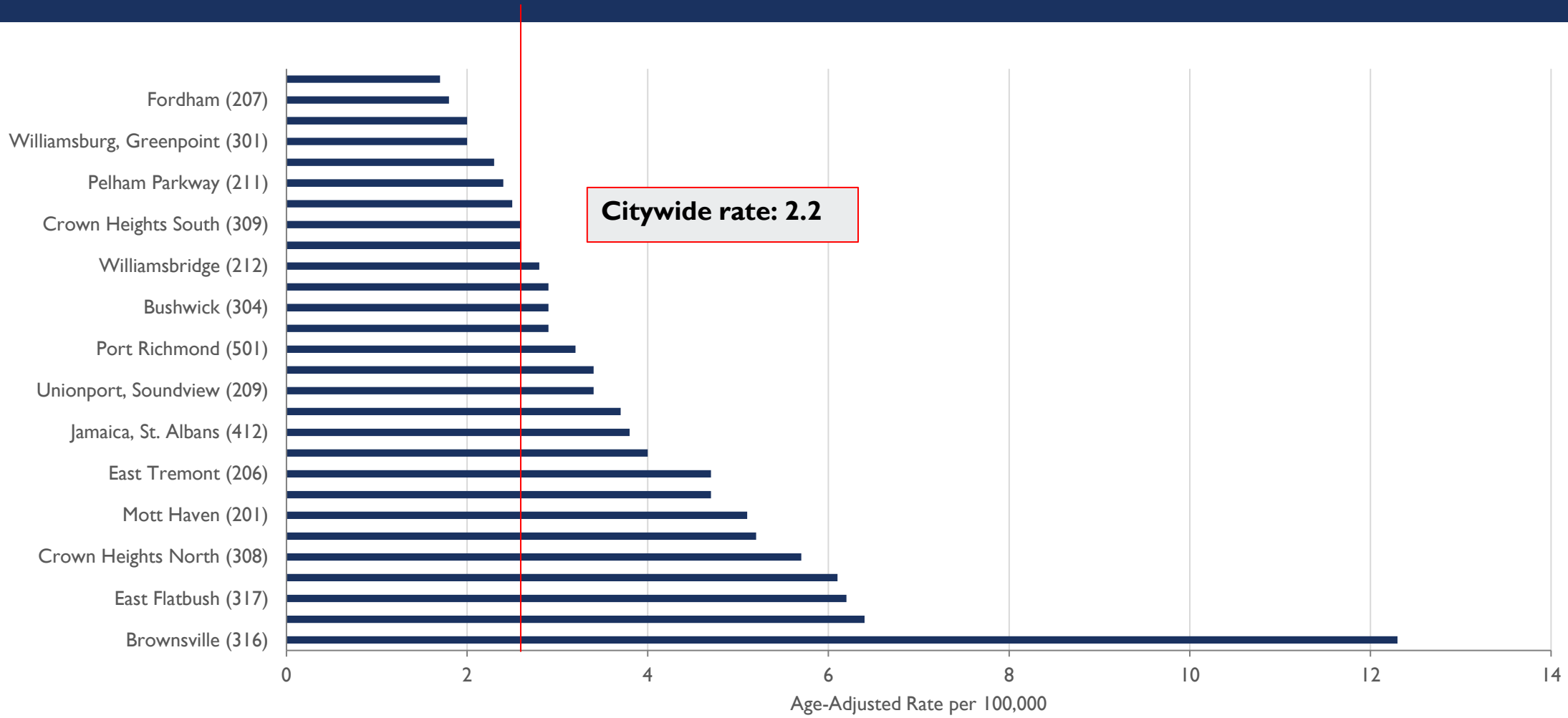
- The DOHMH Violence Prevention Initiatives (VPI) seek to strengthen neighborhoods that experience a disproportionate burden of community violence, which is defined as exposure to the intentional use of physical force or power, threatened or actual, against a person or persons in the community and that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.
- Rooted in principles of health equity, VPI values a multi-strategy, trauma-informed approach to address the problem.
- VPI's work focuses on community violence because of its contribution to disparities in violent outcomes and its direct and indirect effects on youth and community.

HOMICIDES (ASSAULTS) IN NYC BY NEIGHBORHOODS: 2014-2018



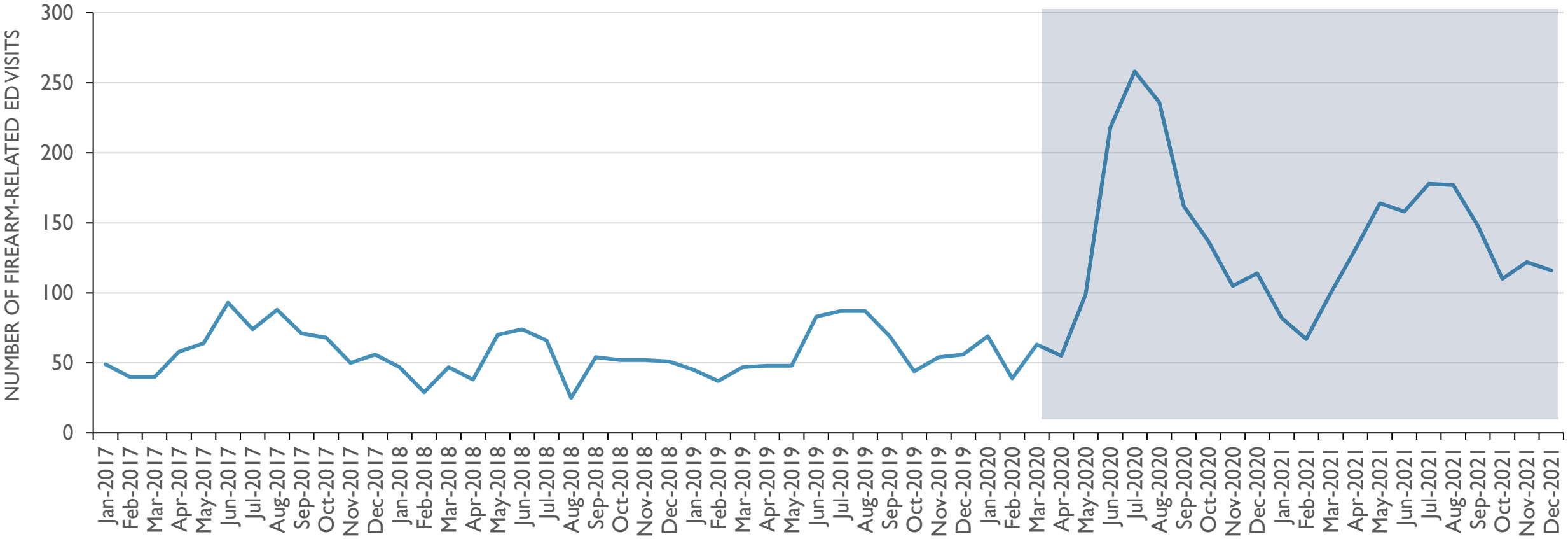
Bureau of Vital Statistics, 11/8/21

FIREARM HOMICIDES IN NYC BY NEIGHBORHOODS: 2014-2018



Bureau of Vital Statistics, 11/8/21

FIREARM-RELATED VISITS TO NYC EMERGENCY DEPARTMENTS: 2017-2021



NYC Department of Health and Mental Hygiene, Bureau of Communicable Diseases, Syndromic Surveillance: 2017-2021

NARRATIVE CHANGE:
VIOLENCE IS A PUBLIC HEALTH ISSUE

Changing the Discourse

- To think beyond the individualized and interpersonal focus of community violence
- To understand and address the root causes
- To close the disparities gap for affected populations and neighborhoods
- To understand violence as a public health and health equity issue

Examples of Past and Current Projects

- NEA Our Town Grant with NOCD
- The Community Media Project with BRIC
- Injury Data and Presentations
- Video and Social Media Campaign
- EH Data Portal Framing
- Digital Data Story
- Youth Partnership with NYAGV
- Intra-agency Violence Prevention Workgroup

THE CREDIBLE MESSENGER APPROACH

Violence Prevention Credible Messengers are individuals who can connect with and motivate the most at-risk young people to successfully challenge and transform their thinking, attitudes, and actions. They help to:

- Mediate conflicts among individuals and groups
- Increase engagement with programs and social services
- Reduce re-arrests, violations, and anti-social behavior
- Increase compliance with court mandates
- Improve relationships between system stakeholders and community members
- Improve community capacity to support system-involved youth

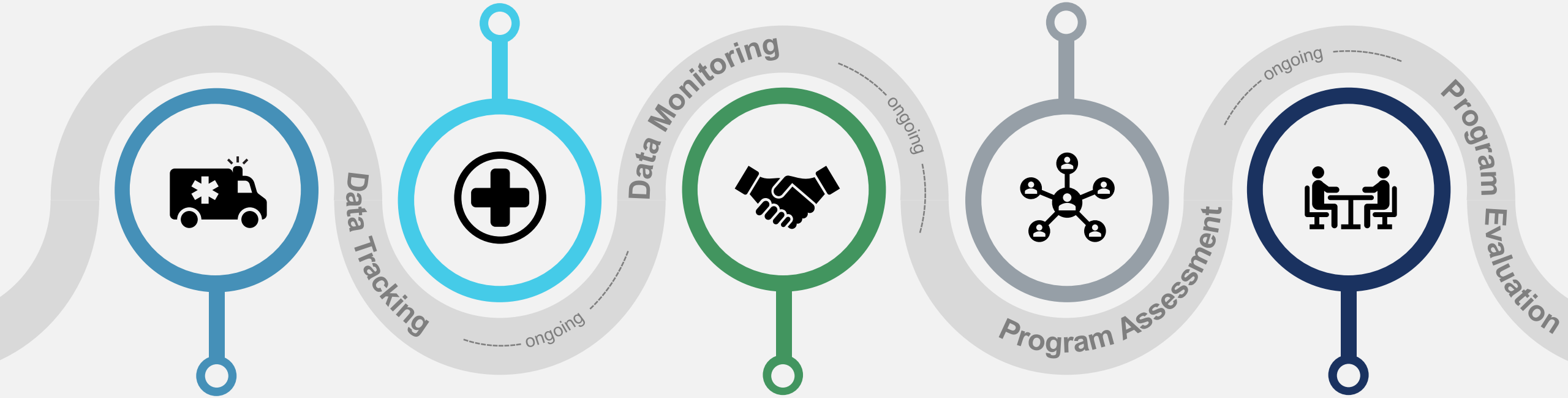
NYC HOSPITAL BASED VIOLENCE INTERVENTION MODEL

Patient Identification:

- Stabilize patient (medical treatment)
- Notification of HVIP team
- Conflict mediation and violence interruption for victim, family and friends

Referrals and Discharge:

- Referrals made for needed services post discharge
- Patient linked to services
- Patient discharged from hospital



Injury occurs and patient arrives at hospital

Patient Engagement and Service Protocol:

- Case manager engages patient
- Intake and risk assessment performed
- Treatment plan created with patient

Case Management and Patient Follow-up:

- Continuous contact with patient to monitor compliance with services
- Treatment plan assessed and modified as necessary
- Social support and motivation provided

SAMPLE HVIP PARTNERSHIPS IN NYC

Hospital	Community Partner
Harlem Hospital	Speak Peace Forward
Kings County Hospital	Save Our Streets (S.O.S) Brooklyn Man Up! Inc. Kings Against Violence Initiative (KAVI)
Lincoln Hospital	Save Our Streets (S.O.S) Bronx Guns Down, Life Up
Richmond University Medical Center	True 2 Life
St. Barnabas Hospital	Bronx Rises Against Gun Violence (B.R.A.G)
Jacobi Hospital	Bronx Stand Up to Violence (SUV)

HOSPITAL-BASED VIOLENCE INTERVENTION PROGRAMS: ONGOING CAPACITY BUILDING WITH PARTNERS

- **Advise hospitals on program implementation and provide ongoing technical assistance** to hospitals and CBO partners
- **Oversee and facilitate professional trainings** for hospital responders and hospital program staff
- **Collect injury and response data** and monitor trends
- **Provide funding** for on-site response activities
  - Richmond University Medical Center, Bronx Rises Against Gun Violence
- **Promote the work** – e.g., share program details with other hospitals and entities; increase buy-in among hospital leadership; present work to national stakeholders

SCENARIO

A Hospital Responder (HR) goes into the hospital and walks into the recovery room for a follow-up meeting with a gunshot victim. The victim informs the HR that he does not feel safe in the hospital and will only feel safe with his gun because the person who shot him came to the hospital and told him that he will be back. What should the HR do?

- A. Ignore the patient and tell him he is overreacting
- B. Contact NYPD and ask them to intervene
- C. Work with the hospital to change the recovery room and restrict unnecessary access to the patient

POLL EVERYWHERE

- Log in to the poll by texting NYCDOHMH999 to 37607
- or online at PollEv.com/nycdohmh999

STRONG MESSENGER PROJECT (SMP)

SUPPORTING NYC CURE VIOLENCE FRONTLINE STAFF

The **Strong Messenger Project (SMP)** provides therapeutic support to frontline NYC Cure Violence (CV) workers. The Department of Health and Mental Hygiene (DOHMH) plans, coordinates and assesses SMP services. This enhancement to NYC CV operations is designed to support staff in their violence reduction work which entails stress and exposure to trauma and triggering events on a day-to-day basis. SMP aims to help the frontline CV workers to maintain mental and emotional balance and to be strong and effective in their work.

THANK YOU

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Q & A

Closing Remarks

Marsha Williams, Senior Director, Healthcare Planning and Programs, Bureau of Healthcare and Community Readiness, Office of Emergency Preparedness and Response (OEPR), NYC DOHMH

Coalition Announcements

Adjourn

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