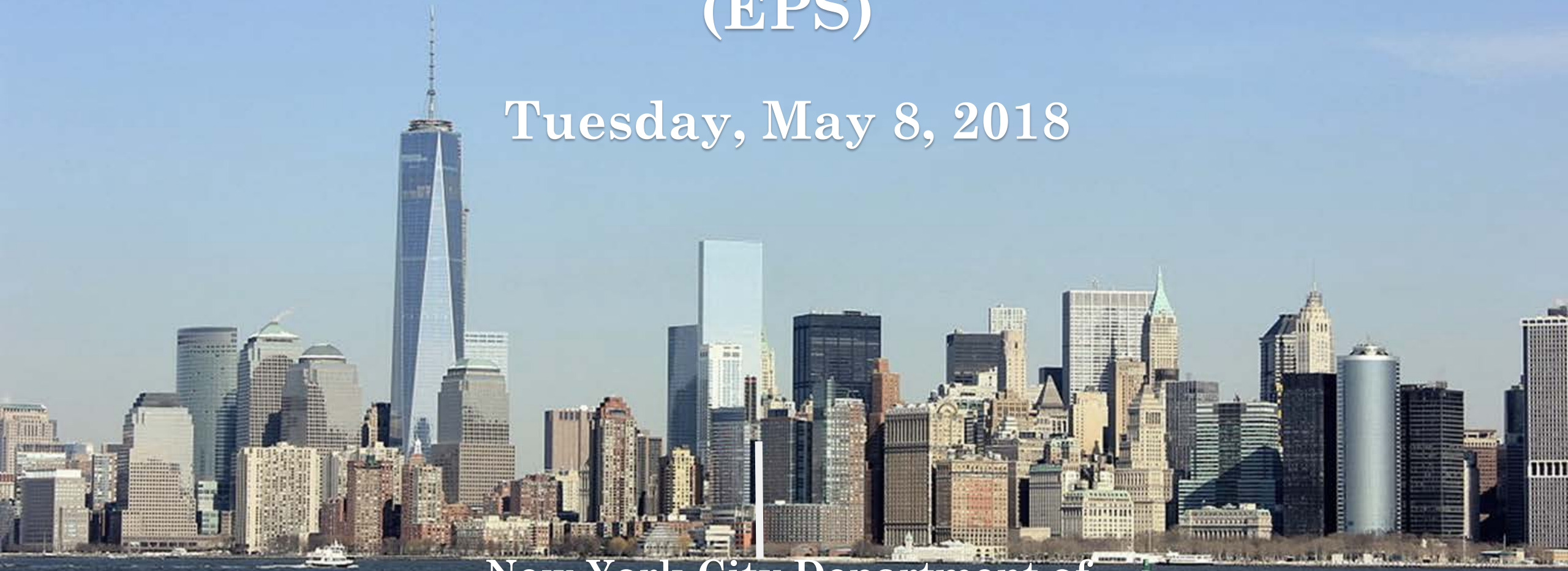
Emergency Preparedness Symposium (EPS)

Tuesday, May 8, 2018



New York City Department of Health and Mental Hygiene

Office of Emergency Preparedness and Response

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NYC Health

WELCOME!

OPENING REMARKS

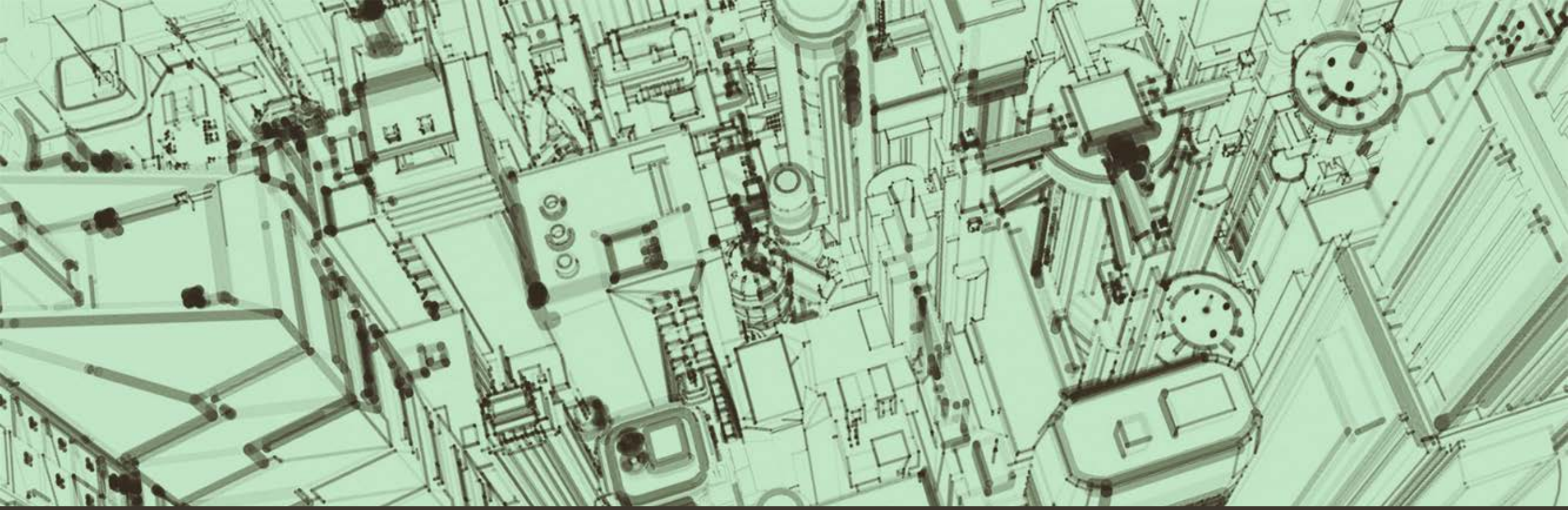
Celia Quinn, Executive Director, Bureau of Healthcare System Readiness, NYC Department of Health and Mental Hygiene

Agenda

8:30 – 9:00 AM	***Registration and Networking***
9:00 – 9:15 AM	***Welcome / Opening Remarks*** Celia Quinn, Executive Director, Bureau of Healthcare System Readiness, NYC Department of Health and Mental Hygiene
9:15 – 10:00 AM	***Module 1: SurgeEx Presentation*** Marie Irvine, Emergency Response Coordinator, Bureau of Healthcare System Readiness, NYC Department of Health and Mental Hygiene
10:00 – 10:45 AM	***Module 2: SurgeEx Topic Discussion*** Darrin Pruitt, Deputy Director, Bureau of Healthcare System Readiness, NYC Department of Health and Mental Hygiene
10:45 – 11:00 AM	***Module 2: SurgeEx Brief-Out***
11:00 – 11:30 AM	***Module 3: SurgeEx Hotwash***
11:30 – 11:45 AM	***Final Remarks and Adjournment***
11:45 – 12:30 PM	***Networking Lunch***
12:30 – 4:00 PM	***NYC Health Care Coalition (NYCHCC) Leadership Council (LC) Meeting***

MODULE 1: SURGE-EX PRESENTATION

Marie Irvine, Emergency Response Coordinator, Bureau of Healthcare System Readiness, NYC Department of Health and Mental Hygiene



New York City Coalition SurgeEx

Facilitated Discussion

Agenda

- Introduction
- Module 1—Review of Functional Exercise Data (45 Minutes)
- Module 2— Coalition Challenges and Improvements Discussion (60 minutes)
- Module 3—Future CST Planning Hotwash (30 minutes)

Rave Reviews….

"I'm proud of the FDNY's role in helping to plan this extensive exercise."
- **Fire Commissioner Daniel A. Nigro**.

"Through this effort, we know that our city will be better prepared for future events." - **Health Commissioner Dr. Mary T. Bassett**.

"These efforts make New York a national leader on emergency preparedness and response." - **Assembly Health Committee Chair Richard N. Gottfried**

"I commend the NYC Health Department and all 55 area hospitals participating in today's storm simulation and emergency preparedness exercises," - **Congressman Adriano Espaillat (NY-13)**.

"I'm glad to see Staten Island's hospitals are prepared for another major event. We hope they never need to use this training, but it's important to test this emergency plan to make sure patients will be safe in case another storm hits." - **Staten Island Borough President James S. Oddo**

Planning Team

- Madeline Tavarez (H+H)
- Trientina Campbell (RUMCSI)
- Walter Kowalzcyk (Mount Sinai)
- Jake Neufeld (MSKCC)
- Aaron Scharf (Kingsbrook)
- Sukhi Atti (SUNY Downstate)
- Patrick Meyers (GNYHA)
- Sarah Tsay (NYCEM)
- Joe Raneri (REMSCO)
- Dr. Kaufman (FDNY)
- Dario Gonzalez (FDNY)

Artificialities

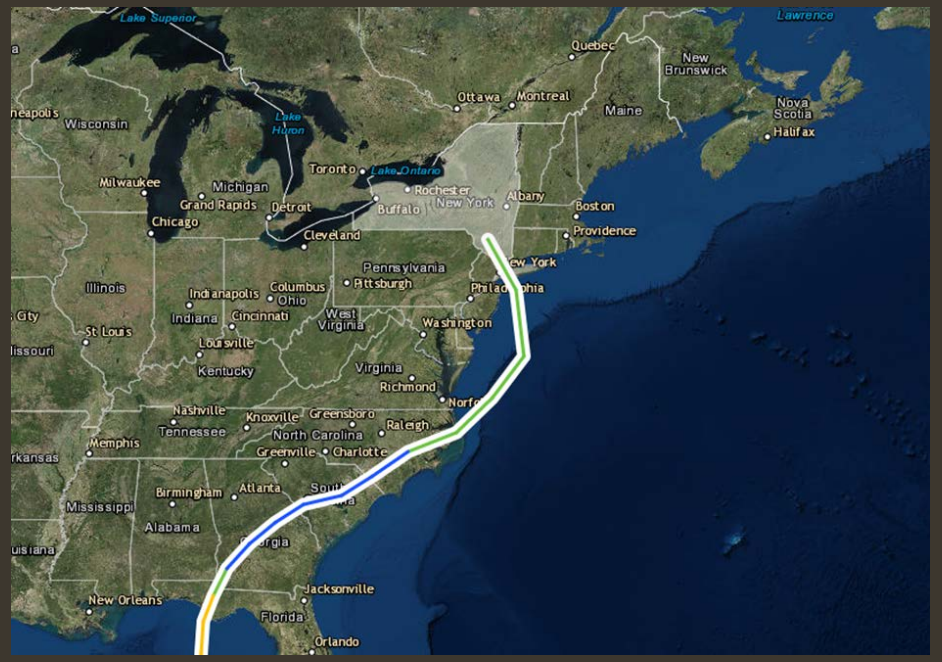
- ExPlay
- Bed-Matching criteria
- Scenario

Background

- What is the Coalition Surge Test (CST)?
  - The Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response (HHS ASPR) designed the exercise to help Health Care Coalitions identify gaps in surge and response readiness through a low- to no-notice exercise.
  - The exercise is a required annual deliverable for all HHS ASPR Hospital Preparedness Program Awardees 2017-2020 – 8 associated ASPR HPP Performance Metrics.
  - The exercise's foundation comes from a real-world health care system disaster challenge—the evacuation of hospitals or other patient care facility and the need for receiving hospitals in the healthcare coalition to surge to accept evacuating patients.
  - The exercise is composed of a functional component (held April 4, 2018) and a facilitated discussion (today)

Additionally….

- Planned with key stakeholders and a group of hospital and system representatives
- The scenario was selected to generate large scale evacuation and receipt of patients
- The exercise scenario timeline was “pre-HEC” activation
- Exercise findings are intended to focus on how coalitions can support large-scale hospital evacuations



Reminder:
Healthcare Evacuation Center Protocols

SURGE EX

Mandatory Evacuation Order (NYC specific)

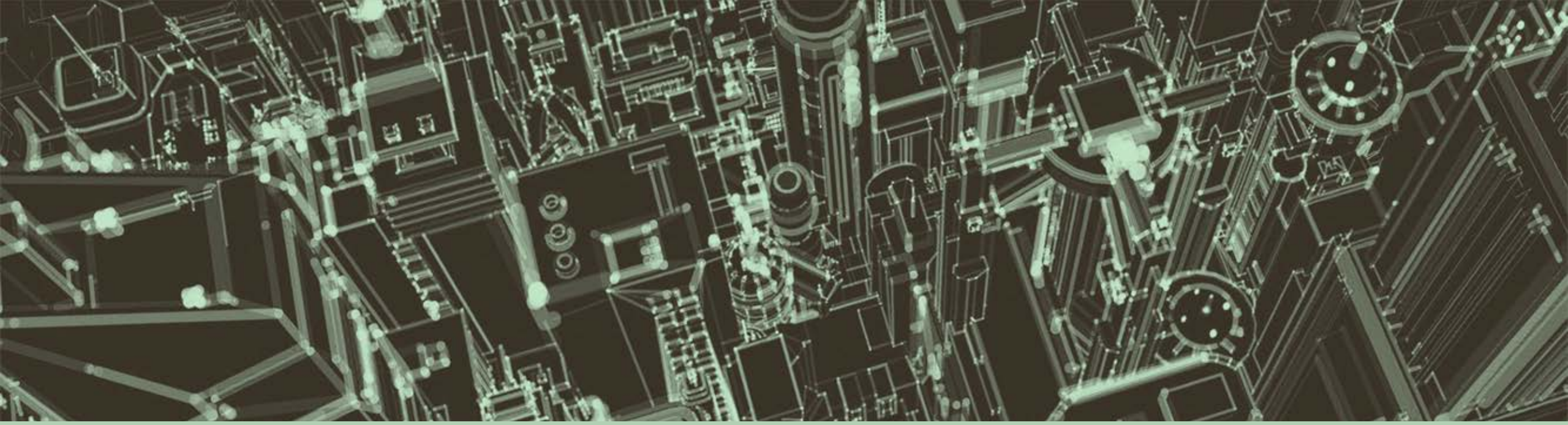
- If a mandatory evacuation order is issued by the local chief elected official, all transportation resources will be coordinated through the HEC
- Exception: If a system is moving patients within their system and using their own resources, they are only required to notify the HEC of those movements

Pre-HEC Activation

- **All HCFs continue to use their partnerships and resources in their evacuation decision-making and operations**

HEC Activation

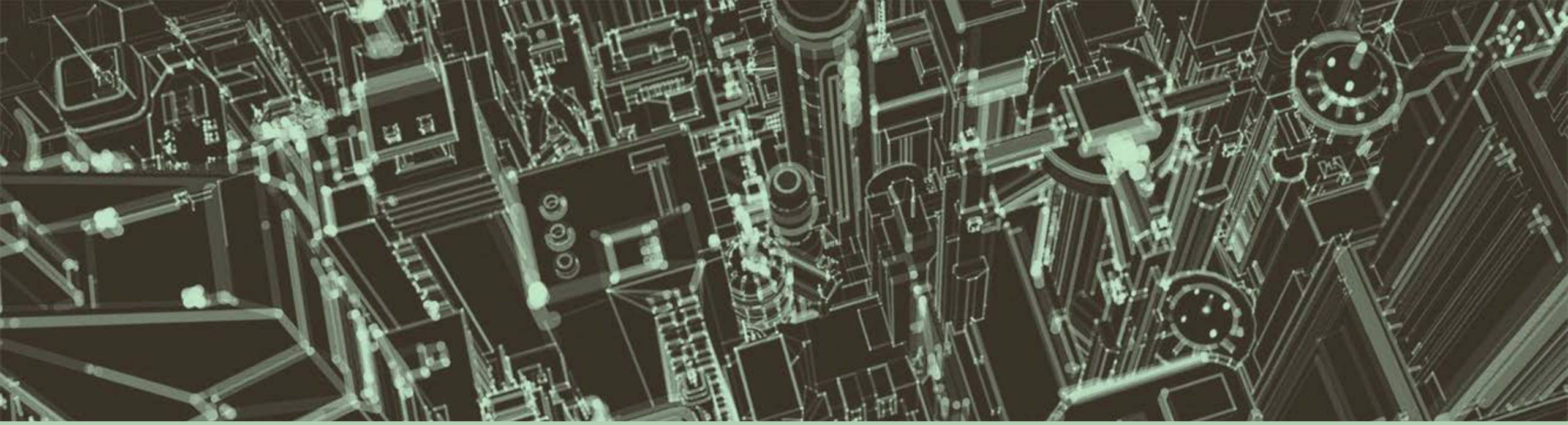
- Once HEC is activated, the HEC must be notified of all patient movements to provide better situational awareness and a common operating picture



Module- 1

Review of Functional Exercise Data **by Marie Irvine**

SurgeEx Data



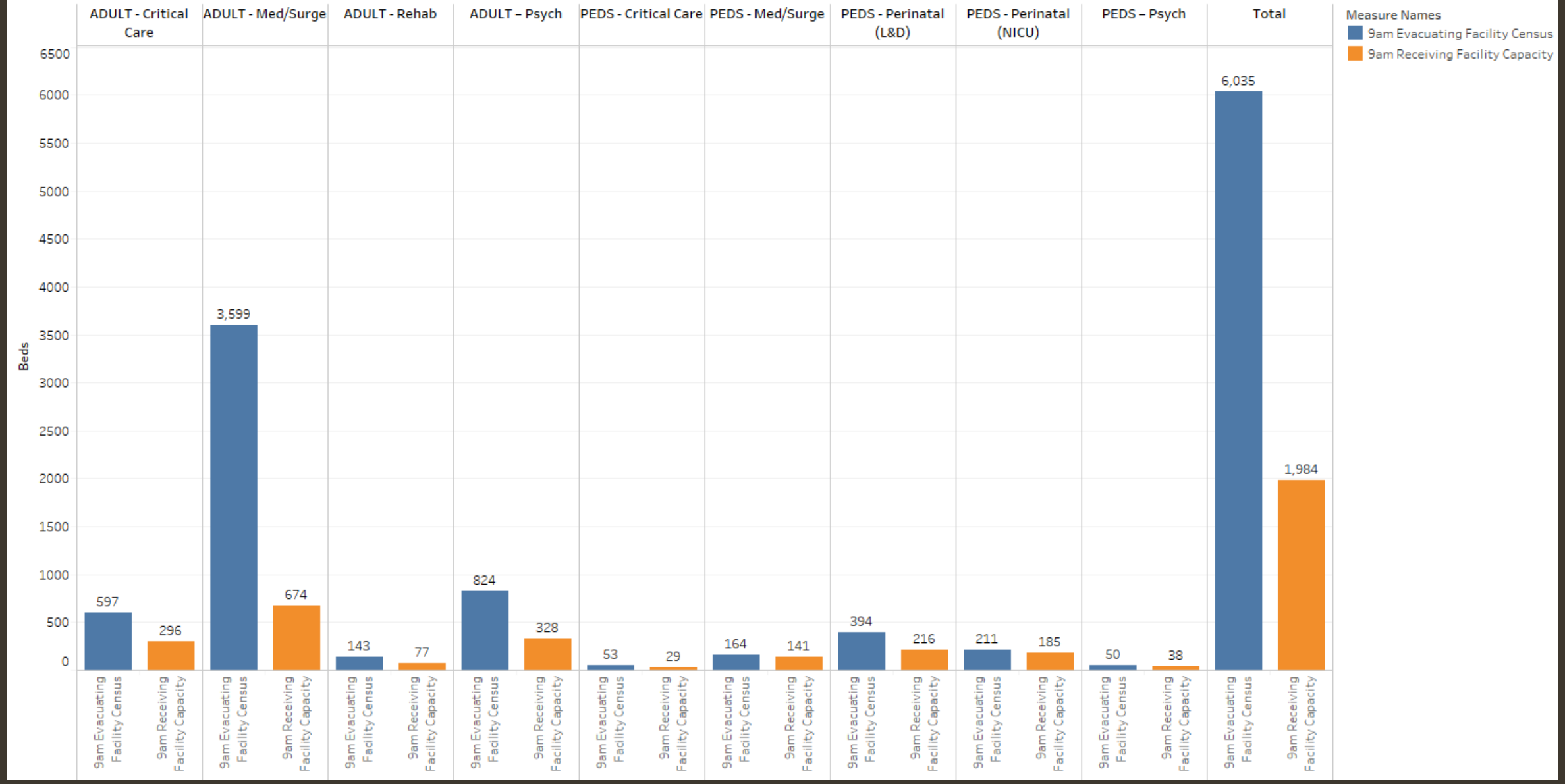
Overall Capacity & Shortfall

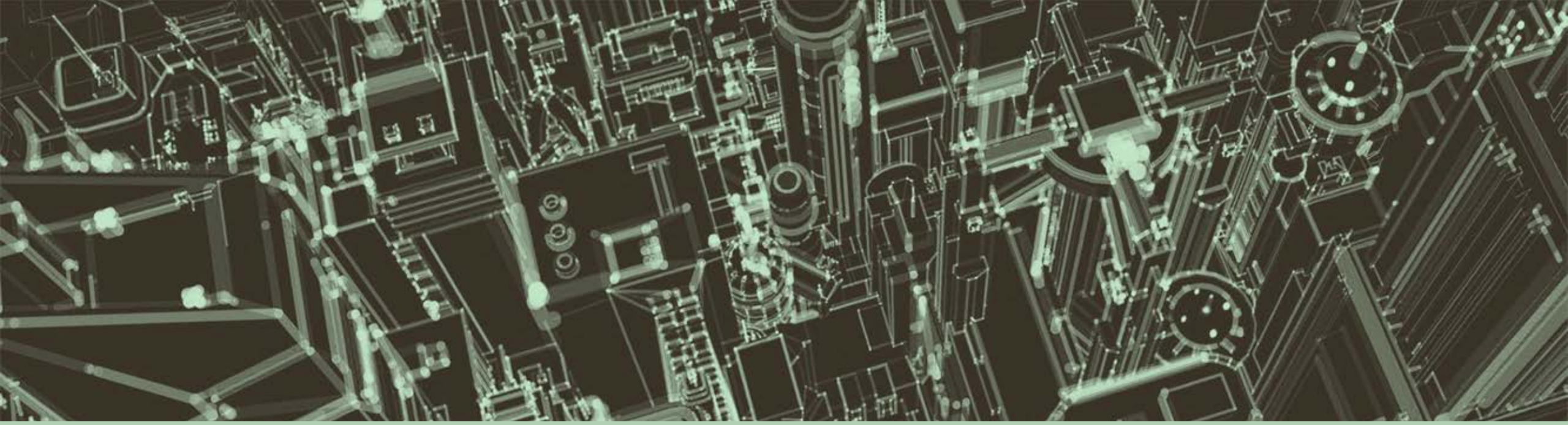
For 6-Zone Evacuation

SurgeEx At-a-Glance

	Staffed Bed Capacity	9am Census
Total	17,549 (100%)	14,555 (100%)
Evacuating	7,045 (40%)	6,035 (34%)
Receiving	10,504 (60%)	8,520 (66%)

Total StartEx Census Bed Gap at 09:00, per bed type





Discharges & Bed Matching

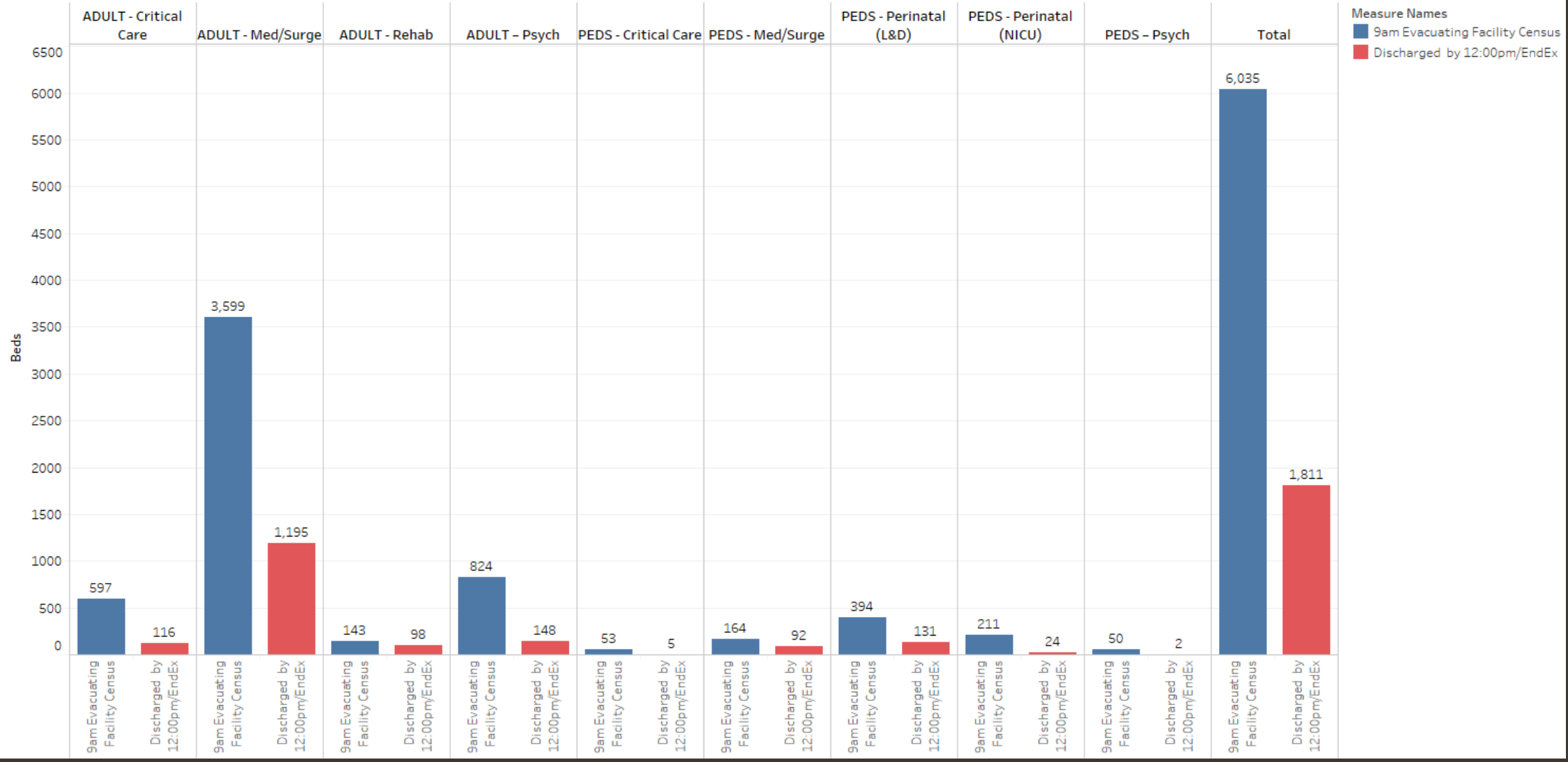
SENDING HOSPITALS

EndEx: Evacuating Hospitals Overview

	Number of Beds
Total Evacuating Census	6,035 (100%)
Discharges	1,811 ~(30%)
Planned Discharges	914 (~15%)
Rapid Patient Discharges	897 (~15%)
Bed Matching (Accepted)*	3,052 (~50%)
Remaining Patients	1,172-1,260 (~20%)

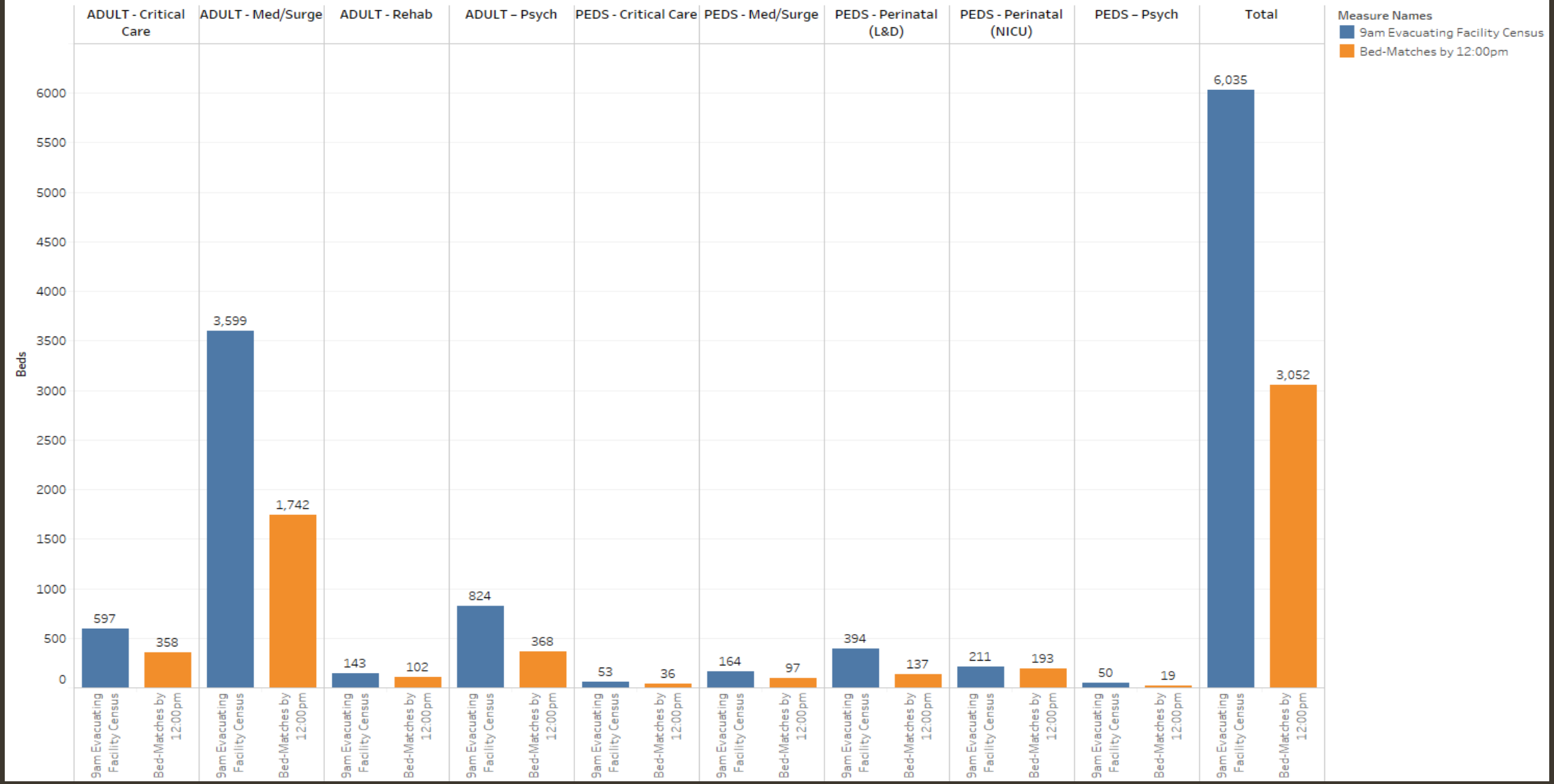
*differs from bed matching numbers on receiving by 478 beds, or about 7% of evac census

Evacuating Hospitals: Discharges (Planned + RPD) by EndEx (12:00)



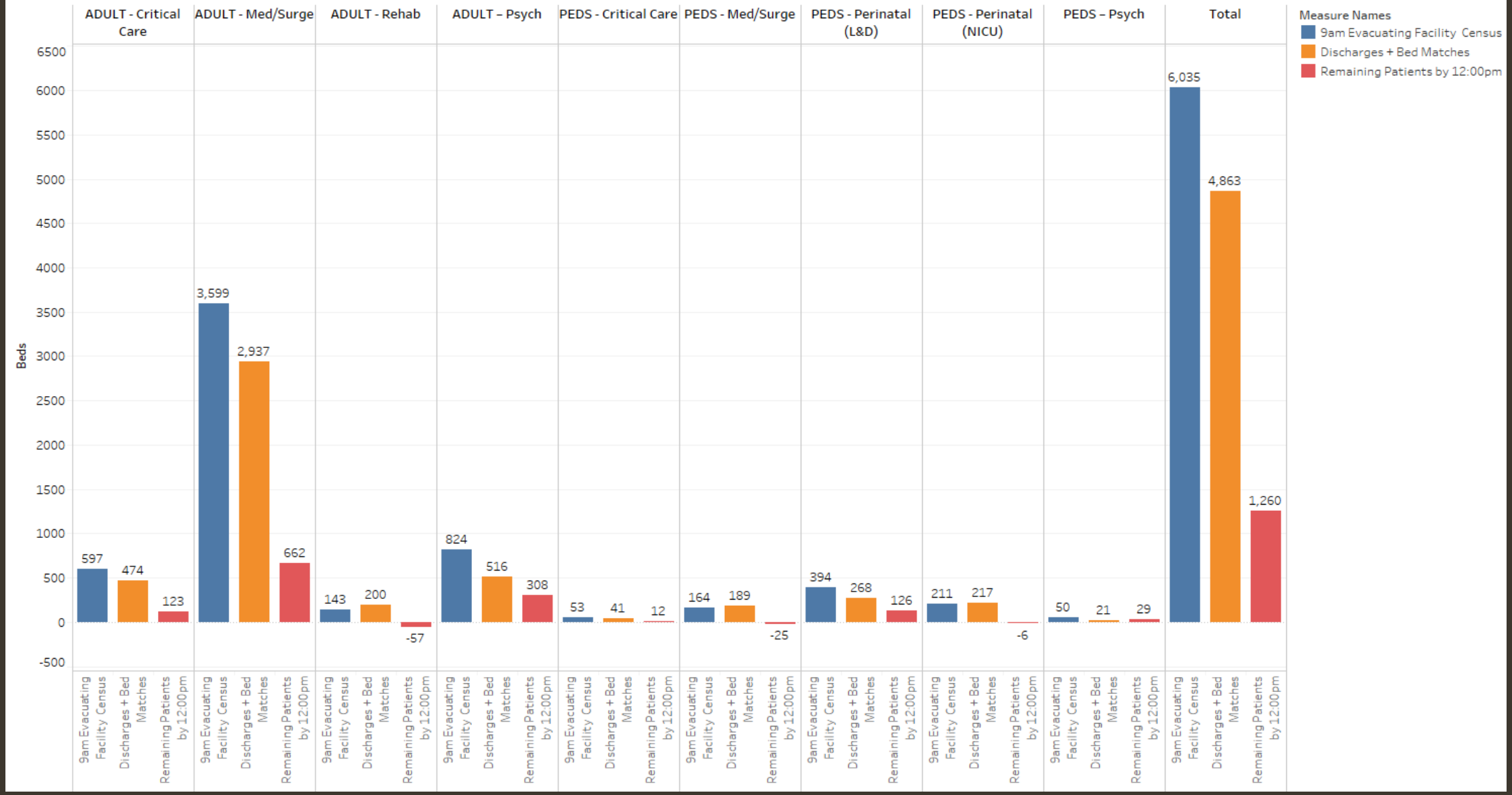
~30%

Evacuating Hospitals: Bed Matches by EndEx (12:00)



~50%

Evacuating Hospitals: Remaining Patients by EndEx (12:00)



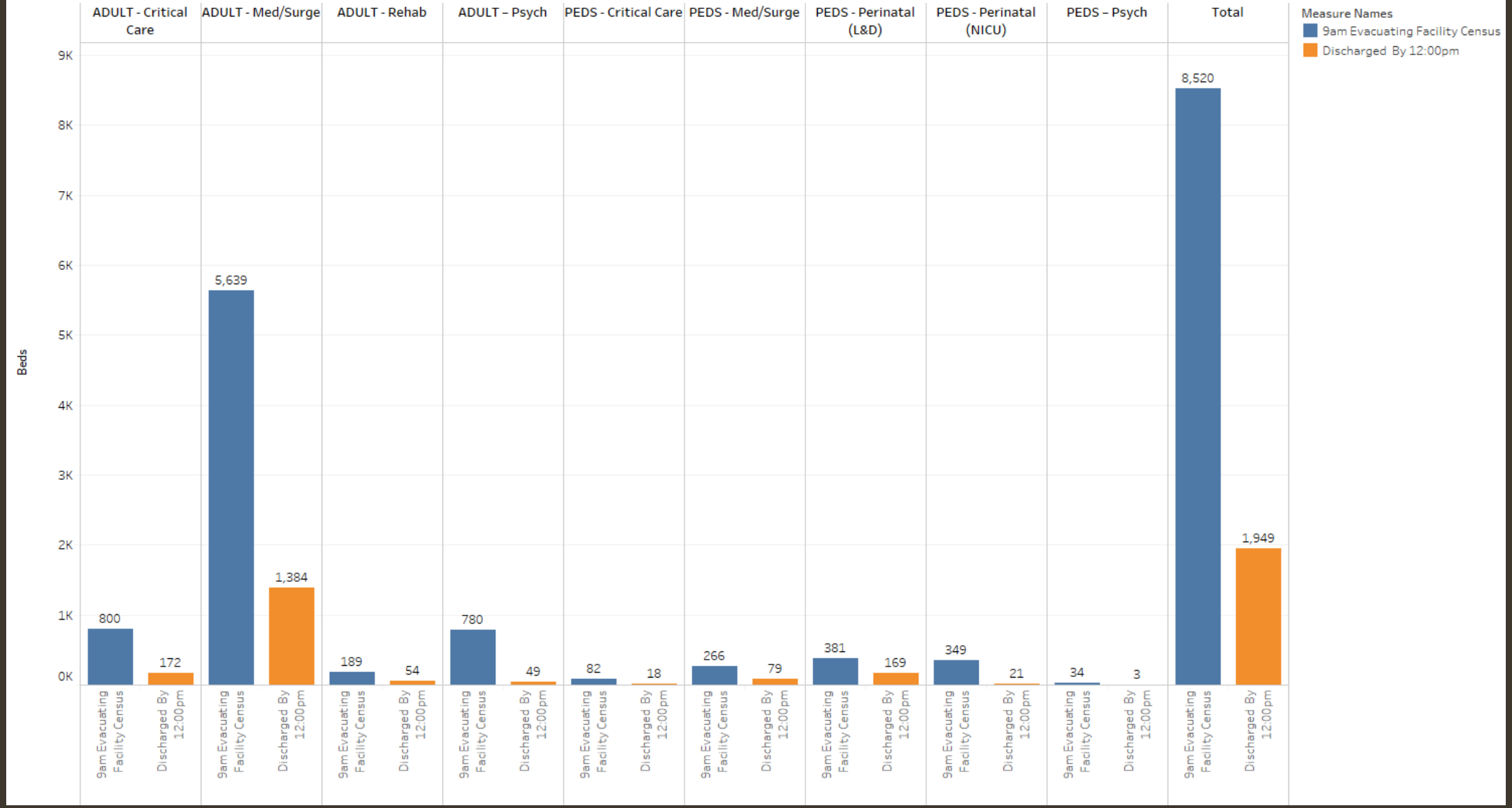
~20%

RECEIVING HOSPITALS

EndEx: Receiving Hospitals Overview

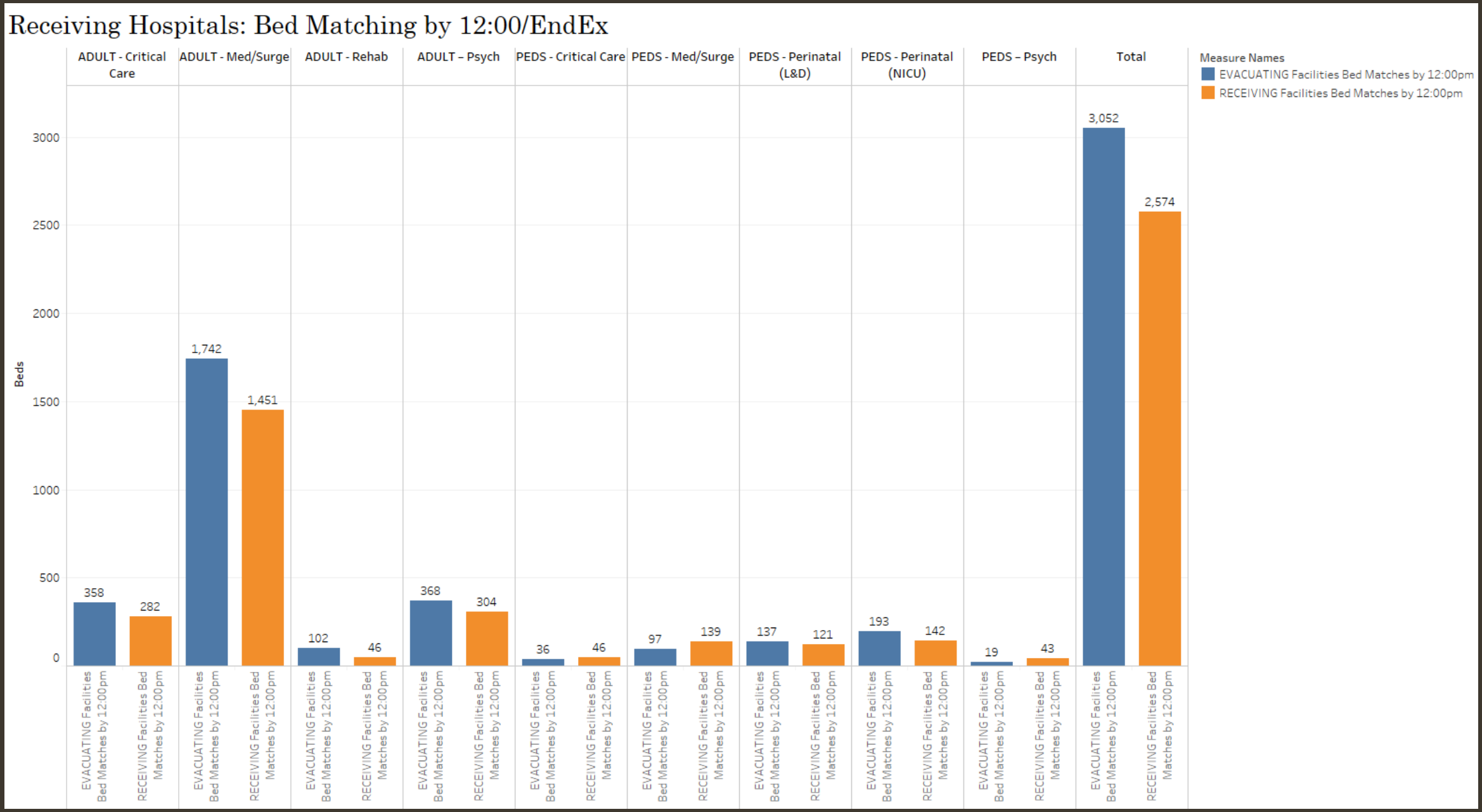
	Number of Beds
Total Receiving Census	8,520 (100%)
Discharges	1,949 (23%)
Planned Discharges	666 (8%)
Rapid Patient Discharges	1,283 (15%)

Receiving Hospitals: Discharges (Planned + RPD) by 12:00/EndEx



23%

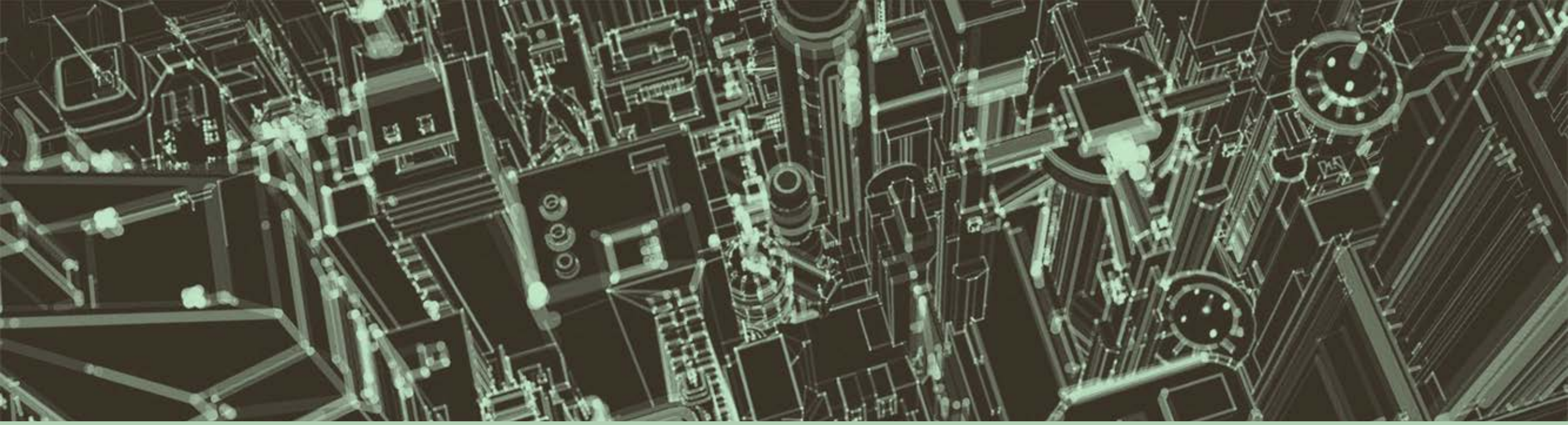
Receiving Hospitals: Bed Matching by 12:00/EndEx



50/43%

SurgeEx EndEx Census

	Staffed Bed Capacity	9am Census	12pm Census
Total	17,549 (100%)	14,555 (100%)	10,405 (100%)
Evacuating	7,045 (40%)	6,035 (34%)	1,260 (12%)*
Receiving	10,504 (60%)	8,520 (66%)	9,145 (88%)*



Transportation

Transportation

Hospital Unit	TAL-1 Need	TAL-2 Needs	TAL-3 Needs	Total Needs
ADULT - Critical Care	270			270
ADULT - Med/Surge	579	632	730	1941
ADULT - Rehabilitation	6	48	1	55
ADULT - Psych	80	79	548	707
PEDS - Critical Care	47			47
PEDS - Med/Surge	4	40	4	48
PEDS - Perinatal (L&D)	27	66	60	153
PEDS - Perinatal (NICU)	118			118
PEDS - Psych	0	0	48	48
Total	**1131**	**865**	**1391**	**3387**

What's the citywide shortfall?

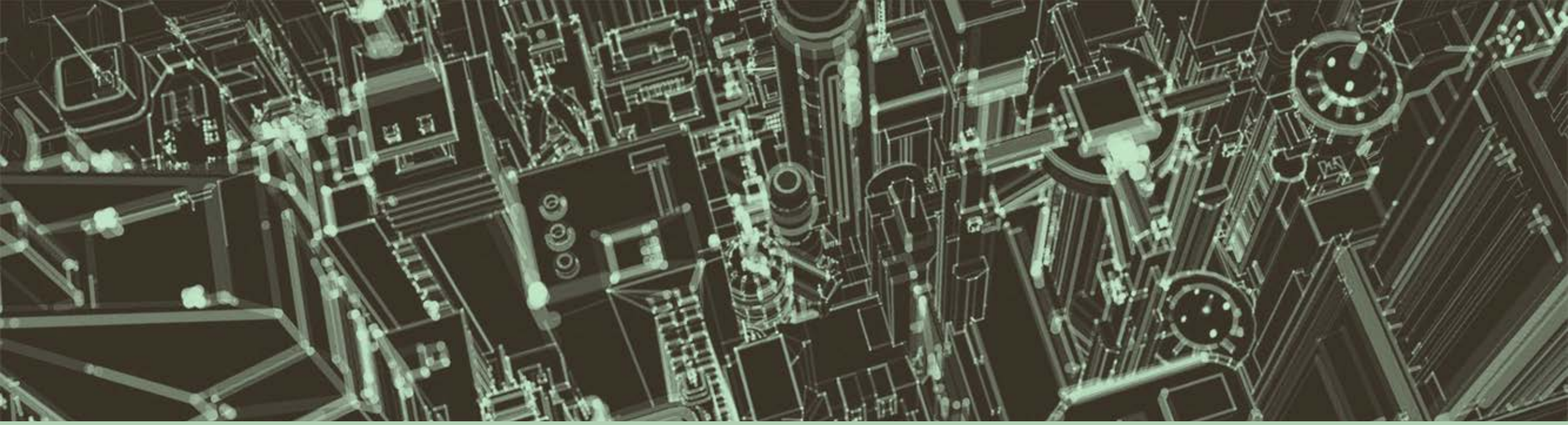
- "It's complicated…"
- Need to reconcile bed matching sending/receiving
- Data validation
- Weigh assumptions carefully

Other considerations…

- 4-zone vs. 6-zone evacuation analysis
- 100% census shortfalls
- by network
- others?

MODULE 2: SURGE-EX TOPIC DISCUSSION

Darrin Pruitt, Deputy Director, Bureau of Healthcare System Readiness, NYC Department of Health and Mental Hygiene



Module- 2

Coalition Challenges and Improvements Discussion by Darrin Pruitt

Coalition Discussion Points

Coalition strengths

- The Coalition can determine and report the city's patient census very quickly.
- Coalition facility member ICS staff can quickly and competently assume their ICS roles and responsibilities.
- Coalition communication via telephone, text and other tools (for the purpose of bed matching) is effective.
- The NYC DOHMH notification efforts reached all hospital Coalition members.

Coalition Discussion Points

Categories of Coalition challenges:

- Evacuating patients
- Receiving patients
- Patient transportation
- Communications --intra-network, inter-facility, intra-agency, and intra-coalition

Patient Evacuation

Coalition Level Issues

- Patient transfer processes vary across hospitals/networks.
- Facilities do not use identical bed definitions across disciplines.
- NYC lacks a plan to coordinate staff movement and credentialing.
- Bed matches for specialized patients (PSYCH, NICU, pediatric inpatient, rehabilitation services) are difficult.
- Many patients ready to go home live in evacuation zones.
- The role of Special Medical Needs Shelters is unclear.

Patient Receipt

Coalition Level Issues

- Obstetric patient category is too broad.
- Facilities lack a standard protocol for accepting staff, medications, and supplies from other facilities.
- Receiving facilities are unclear when to accept the maximum number of patients and when to leave room for community emergencies.
- Coalition members need EMTALA waiver assistance.

Transportation

Coalition Level Issues

- Transportation Assistance Levels (TALs) do not always match patient transportation needs.
- Facilities are unclear how best to identify transportation resources for evacuating patients.

Communications

Coalition Level Issues

- The coalition lacks a standardize communication process and protocols for facilities and networks.
- Coalition members are unaware which facilities have transfer centers and how to leverage them in an evacuation event.

Activity

Thinking about the challenges experienced with:

- Patient evacuation
- Receiving patients
- Patient transportation
- Communications

Consider how the coalition can address these challenges.

Gallery Walk

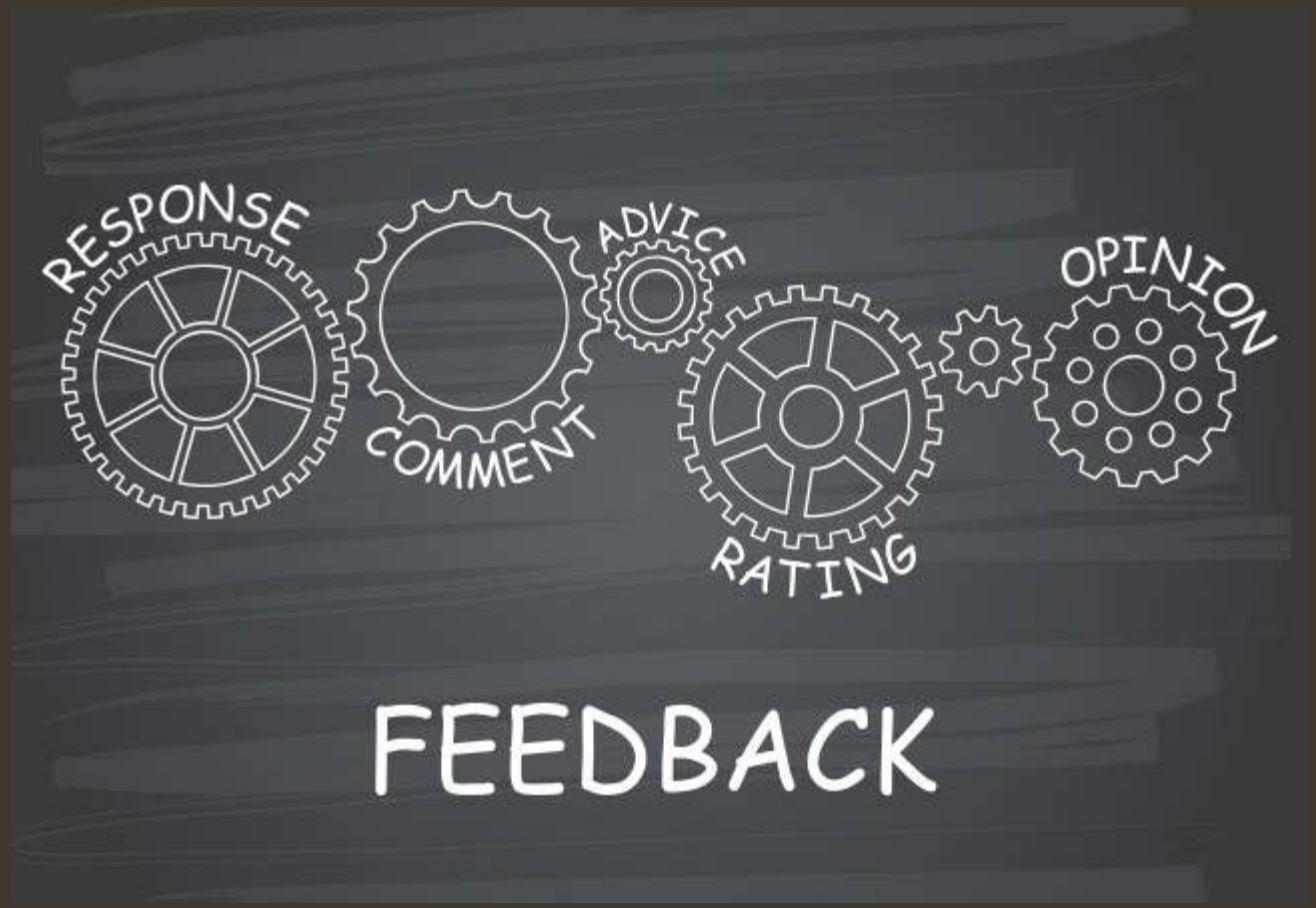
Goal: Identify coalition (or network) level solutions to issues identified

1: visit each board for 5 minutes. Write your solutions on sticky notes and put on the topic poster

2: Facilitators will group solutions and read aloud

Outcomes will inform the corrective actions in the AAR

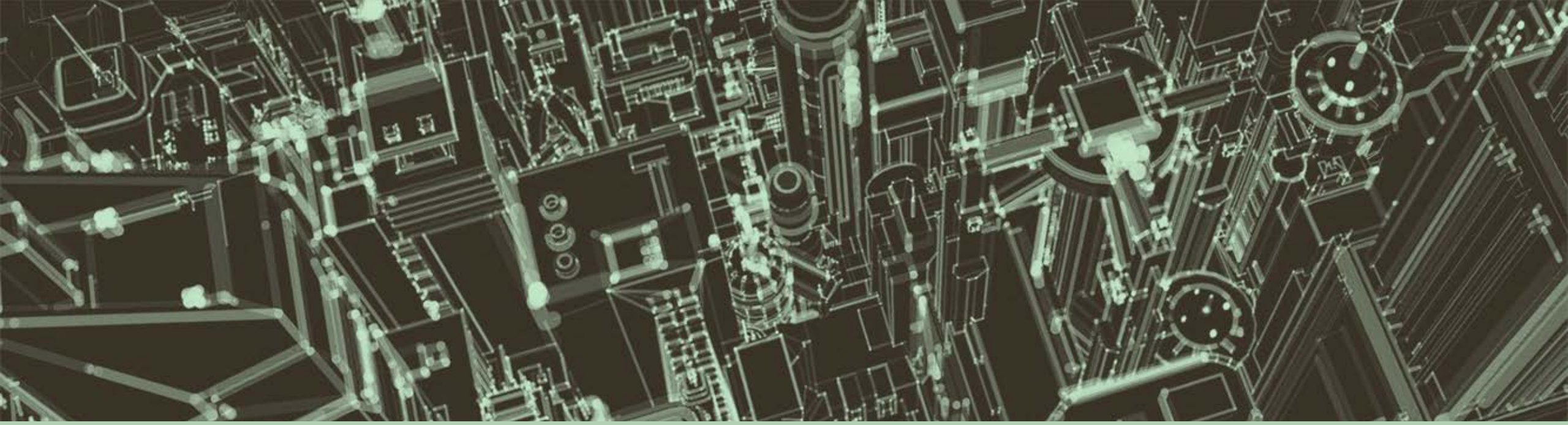
MODULE 2: SURGE-EX BRIEF-OUT



Report out

Solutions to inform the Coalition Improvement Plan

MODULE 3: SURGE-EX HOTWASH



Module- 3

SurgeEx Hotwash by Noelle Frye

CST 1 Hotwash

- What was the experience with Trusted Insider-Controller/Evaluator role?
  - Briefing
- What impact did the exercise data collection form have on the exercise?
- What exercise materials were/would have been helpful?
- Other feedback?

Future CST Planning Hotwash: CST2 – CST 5

- Players
  - Who should be involved?
- Transportation
- Length of exercise
  - 90 minutes/180 minutes
- Other elements of consideration

FINAL REMARKS AND ADJOURNMENT

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NETWORKING LUNCH

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