



Emergency Preparedness Symposia (EPS)

The New York City Health Care Coalition (NYCHCC)

NYC Department of Health and Mental Hygiene
Office of Emergency Preparedness and Response
Bureau of Healthcare System readiness

Thursday, February 14, 2019



Welcome!

Agenda

AM

8:30 – 9:00	Registration
9:00 – 9:15	Welcome / Opening Remarks
9:15 – 9:20	Recommendations for Preparing your Facilities and Surge Ex Update
9:20 – 9:50	New York City Facility Operations for Evacuation and Medical Surge
9:50 – 10:45	Facility Profile Application 2.0 and New HERDS Modules / eFINDS Refresher Overview
10:45 – 11:00	Networking Break
11:00 – 12:15	Transportation Resources for Surge and Evacuation Events

PM

12:15	Meeting Adjourned
12:15-1:00	Networking Lunch



Recommendations for Preparing your Facilities and Surge Ex Update

Darrin Pruitt, Deputy Director, Bureau of Healthcare System Readiness, OEPR,
NYC DOHMH

Les Welsh, Emergency Response Coordinator, OEPR, Bureau of Healthcare
System Readiness, DOHMH



Surge and Evacuation Preparations, 2019

Darrin Pruitt, PhD, MPH



Today's goals

- ▶ Review coastal storm check list
- ▶ Review upcoming SurgeEx
- ▶ Review SurgeEx 2018 corrective actions
- ▶ Focus on surge and evacuation operations as the heart of SurgeEx
- ▶ Review updates to HERDS and FEPA
- ▶ Refresh knowledge on using eFINDS
- ▶ Network with hospitals and nursing on surge and evacuation issues
- ▶ Recognize the complexity of planning & response operations involved in surge and evacuation



Coastal Storm Season & Surge Ex 2019 Checklist

Info

- standardized bed definitions
- your facility's procedures for using SitStat 2.0
- hospital service line information in Sit Stat 2.0/EM Resource
- GNYHA Patient Evacuation Toolkit
- emergency transportation contracts
- contact information for hospital command centers and evacuation zones

Training

- eFINDS just in time training

Planning

- send-receive arrangements in the Facility Evacuation Planning Application
- surge and evacuation plans
- outreach to hospitals and networks to include their transfer center operations in your plans
- corrective actions from Surge Ex 2018 and carry out mitigation and preparedness activities

Equipment

- eFINDS (scanners, mobile apps)

Exercise

- Trusted Insiders and TI training on Feb 26 at 10am



Today's program

► Morning

- Surge Ex planning update
- Hospital and nursing home operations, surge and evacuation
- FEPA, HERDS and eFINDS
- Transportation resources for surge and evacuation

► Afternoon

- Queens coalition full scale exercises
- Mass fatality planning
- Patient movement workgroup and bed types/definitions
- *Q/A on surge and evacuation planning*



Surge Ex Update

Les Welsh, MS, MA

Darrin Pruitt, PhD, MPH



SurgeEx 2019 objectives

- ▶ **By the end of the exercise, participating**
 - hospitals will have assessed their ability to **conduct initial patient census** within 60 minutes of exercise notification.
 - networks and facilities will have assessed their ability to **conduct bed-matching of evacuating patients** within 90 and 180 minutes of StartEx.
 - evacuating hospitals will have assessed their ability to **identify appropriate transportation assets** within 90 and 180 minutes of StartEx.
 - DOHMH will assess limits of non-FDNY EMS transportation resources in responding to exercise transportation requests.



Building SurgeEx 2019 from SurgeEx 2018

- ▶ **Focused on 2018 corrective actions while maintaining HPP requirements**
- ▶ **Established a steering committee to review more complex corrective actions and steer the exercise step wise toward benefiting the NYC HCC.**
 - Road Map, work plan for SurgeEx 2020, 2021 and 2022
 - Stakeholder and broad sector involvement
 - Community seeking shelter/care in evacuating hospitals' Eds
 - Continuity of operations during surge and evacuation



Coalition level issues in Surge Ex 2019

▶ Patient Evacuation

- Facilities do not use identical bed definitions across disciplines.
- Many patients ready to go home live in evacuation zones.

▶ Patient Receipt

- Obstetric patient category is too broad.



Coalition level issues in Surge Ex 2019

► Transportation

- 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 members are unaware which facilities have transfer centers and how to leverage them in an evacuation event.



Transfer centers

► Concept of Operations

- All facility transportation requests go to Health System EOC
- At EOC the CEMS (Center for Emergency Medical Services) liaison communicates request to the CEMS
 - CEMS acts as the health system transportation center
 - EOC activates/deactivates the CEMS as needed
- CEMS coordinates assets using in-house, private, or public to fill request
- Process is same between day-to-day operations v. emergency evacuation – just busier
- All non-emergent transfers would be suspended
- CEMS coordinates with external partners regarding patient transfer
- Patient clinical information conducted physician to physician

► Training & Education

- CEMS dispatch center personnel are EMD qualified
- Senior leadership trained on patient transfer process



2019 Exercise Updates

- ▶ No scenario
- ▶ Trusted insiders (controller, evaluator) training Feb 26
- ▶ Robust player brief (handout) with TAL work flow
- ▶ Using eFINDS, all hospitals
- ▶ Notifications, IHANS, email
- ▶ Info Cell, transportation, evaluation form, operational issues



SurgeEx 2019 important info

► Dates

- Functional Exercise (window: March 3 to 16)
- After Action Summary due to DOHMH (March, TBA)
- Facilitated discussion: April 9, 2019

► Deliverables

- Trusted Insider registration, link provided via email
- Facility level After Action Summary, DOHMH template

New York City Facility Operations for Evacuation and Medical Surge

- Tina M Hess, Manager – Operations Improvement, St. Mary’s Hospital for Children
- Trientina Campbell, Director of Environmental Safety/EPC, Richmond University Medical Center

Emergency Preparedness Receiving Facility



 **stmary'skids**
Where big hearts help little patients

Introduction

- 103 Bed Pediatric Long Term Care Facility
- Resident Population
 - 48 Residents receiving either invasive or non-invasive ventilator support
 - 50 Residents with tracheostomy
 - 91 Residents with Enteral Tubes with 6 Residents on Total Parenteral Feeding
- Evacuation Zone
 - We are not in an evacuation zone making us a Receiving Facility
 - Surge capacity is 15 (this number will soon be increased as we are in a surge pilot program with NYCEM)



Surge Planning - Objectives

- Immediate Considerations
 - Staffing
 - Ideal – staff comes with transferred resident
 - Secondary – increase staffing to 150% and utilize clinical office staff
 - Space
 - Identify appropriate space based on number of transfers



Surge Planning Objectives – con't

- Decompression
- Equipment
 - Beds, Cribs, Medical Cots
 - Feeding Pumps, IV Pumps
- Materials
 - Linens
 - Storage of narcotics that traveled with resident
 - Non-med supplies
 - PPE, wet ones, chucks, etc.



Surge Activation

- Authority
 - Incident Commander or Designee
- Announcement
 - Overhead paging and Vocera
- Movement
 - Prepare Space – using supplies noted above prepare space for influx of residents
 - Decompress - using Transportation Assistant Levels identify residents that can be discharged home with homecare services



Tracking and Record Keeping

- e-FINDS
 - All transferred residents will be received in our loading dock
 - Before leaving the loading dock residents will be barcoded as received into e-FINDS
- Traffic Flow
 - Enter loading dock
 - Transported to surge location
- Medications/Documentation
 - Laptops for documentation
 - eMR bed management – Surge beds added to eMR to admit to our facility if staff is not being provided by sending facility
- Staff
 - Time in and Time out log for staff



Communications Plan

- Leadership
 - Email
 - Secure Text
 - Overhead announcement
- Frontline Staff
 - Email
 - Vocera (badge system worn by all direct care providers and key leadership team members)
 - Overhead announcement



Communication Plan – con't

- Department of Health and NYCEM
 - All communication from command center to DOH and NYCEM using phone, email, HCS and Radio
- Outside Agencies
 - Assigned as appropriate:
 - Agency Staffing
 - Medical Supplies
 - Food / Water
 - Generator



Training and Education

- Online Learning Management System
- In Person Education
- Exercises (Functional and Tabletop)



Activation of Surge During Functional Exercise



Interventions / Enhancements

- Created a Medical Handoff form for medical staff to take report from sending facility
- Increased knowledge of use of tools and resources available to Command Staff
- Identified that Emergency Operations Center for incident command needs to be flexible
- Increased our number of POTS lines and locations





Tina Hess

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www.stmaryskids.org

Receiving Hospital Surge Plan

Trientina Campbell

Emergency Preparedness Symposium

February 14, 2019

Richmond University
 **Medical Center**

An Affiliate of The Mount Sinai Health Network

RICHMOND UNIVERSITY MEDICAL CENTER



Richmond University
 **Medical Center**
An Affiliate of The Mount Sinai Health Network

Hospital Overview

- ❑ Richmond University Medical Center, formerly known as St. Vincent's Medical Center, is a privately owned not for profit hospital in [West Brighton](#), [Staten Island](#), [New York City](#).
- ❑ The hospital resides in a non evacuation zone.
- ❑ The hospital is licensed to operate 448 beds, but normally operates at approximately 350 occupied beds.
- ❑ It potentially can accommodate up to 130 surge beds.
- ❑ The medical center is one of two hospitals that serve Staten island.
- ❑ Richmond University Medical Center serves an ethnically diverse population located directly in a underinsured area.

Internal/External Notification

- ▶ External Disaster Notification
 - ▶ ED/EMS receives disaster notification
 - ▶ Type of disaster and its potential impact
 - ▶ # of patients and bed types
- ▶ Internal Disaster Notification
 - ▶ Communication to leadership
 - ▶ Identification of Incident Commander
 - ▶ Activate sendwordnow - email, voice, texts
 - ▶ Convene Team Meeting to evaluate information received

Incident Command Center

- ▶ Activation of Incident Command Center
 - ▶ Dept. Heads/Managers respond with Status reports
 - ▶ Potential Discharges
 - ▶ Bed Availability
 - ▶ Resource and Assets Availability
 - ▶ HICS Role Assignments
 - ▶ Officers and Section Chiefs Assigned
 - ▶ Distribution of assignment folders and vests
 - ▶ Setting-up equipment
 - ▶ Phones, computers, fax, printer, television
whiteboards

Note: All staff remains on duty until released by supervisor

Richmond University
Medical Center
A Division of The University of Virginia Health System

STATUS REPORT

DATE:	TIME:	UNIT:
PERSON COMPLETING FORM:		
EXTENSION/BEEPER/CELL		

STAFFING

TITLE	STAFF ON HAND (#)	STAFF ABLE TO BE RELEASED TO LABOR POOL (#)

PATIENT VOLUMES

CENSUS	INPATIENT			
	AVAILABLE BEDS	PENDING ADMITS	ACTUAL DISCHARGES	PROBABLE DISCHARGES

OUTPATIENT

PATIENTS SCHEDULED	PATIENTS CURRENTLY IN PROCESS	EXPECTED PATIENTS	ABILITY TO CANCEL

OTHER

RESOURCES & ASSETS

ITEM	ON HAND	ABLE TO BE RELEASED

DELIVER TO INCIDENT COMMAND CENTER

Surge Plan

▶ Decision to Activate Surge Plan

- ▶ Activate Bed Management Committee (Bed Board)
 - ▶ Residents
 - ▶ Nursing
 - ▶ Care Coordination
 - ▶ Building Services
- ▶ Identify additional discharges thru rapid patient discharge process
- ▶ Arrange for patient transport
- ▶ Identify holding space for patients pending transportation
- ▶ Communicate information to Food Service

Internal/External Communication

▶ Internal Communication

- ▶ Findings reported to Incident Command Center for planning and tracking purposes
- ▶ Convene debriefing and updates every two hours at minimum

▶ External Communication

- ▶ Provide update to sending hospital re: additional availability
- ▶ Document information through HERDs if activated.
- ▶ Document information through Sit Stat 2 if activated.

Receiving Patients

- ▶ All patients are triaged through ED with the exception of Labor and Delivery Patients.
 - ▶ L&D patients are admitted directly to the unit, unless incident involves some type of trauma etc.
- ▶ ED identify alternate space to evaluate patients prior to placement.
- ▶ Receiving patients information reviewed and clarified with sending facility, if necessary
- ▶ Registration tracks all patients and report information to ICC.
 - ▶ Time of arrivals included.
- ▶ ICC Communicates with sending facility to verify patient count.

Training and Education

Training specific to Surge Plan Activation and other emergency operations are conducted yearly during exercises and actual events.

Contact Information

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Director of Environmental Health and Safety/
Emergency Preparedness Coordinator

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(718) 818 2243

Coney Island Hospital

Joseph A. Marcellino
Associate Director

Coney Island Hospital Overview

- Coney Island Hospital (CIH), a member of the NYC Health + Hospitals Corporation, serves a population of nearly 1 million residents of Southern Brooklyn
- Major teaching hospital with Medicine Residency program and training programs in Pediatrics, Obstetrics/Gynecology and Medical specialties
- Its satellite community health center Ida G. Israel Community Health Center provides more than 75,000 primary care and behavioral health care visits

Hospital Facts

- 375 Certified Beds Acute Care Facility
- Located in Brooklyn, NY
- Coastal Storm Evacuation Zone 2
- Sending Facility
- 7 blocks from the Atlantic Ocean
- Approximately 1/4 mile from the shore
- Hospital is 16" above sea level

Coney Island Hospital Campus

- Campus Square City Block
- 11 Story Main Building Hospital Services
- 10 Story Main Building Annex
- 8 Story Inpatient Tower
- 5 Story Behavioral Health Services Building
- 4 Story Administrative Services Building
- Power Plant & Utilities Building
- FDNY-EMS Battalion Station 24 Ambulances







Evacuation

- 2 Hospital Evacuations and Closures
- Costal Storm Irene *Scheduled Evacuation*
- Costal Storm Sandy *Emergent Evacuation*

Irene Pre Evacuation

- Inpatient Census 371
- Pre Planning
- Pre Event Rapid Patient Discharge Process
- 67 Inpatients Discharged
- Identify Receiving Hospitals & Bed Availability
- Identify Transportation Resources

Irene Evacuation Day

- Rapid Patient Discharge Process
- 82 Inpatients Discharged
- Evacuated 280 Patients in Six Hours
- Transferred 198 Inpatients
- 32 ICU Patients
- 25 Ventilator Patients
- Patients Transferred to
 - 5 Receiving Hospitals
 - 2 Nursing Homes

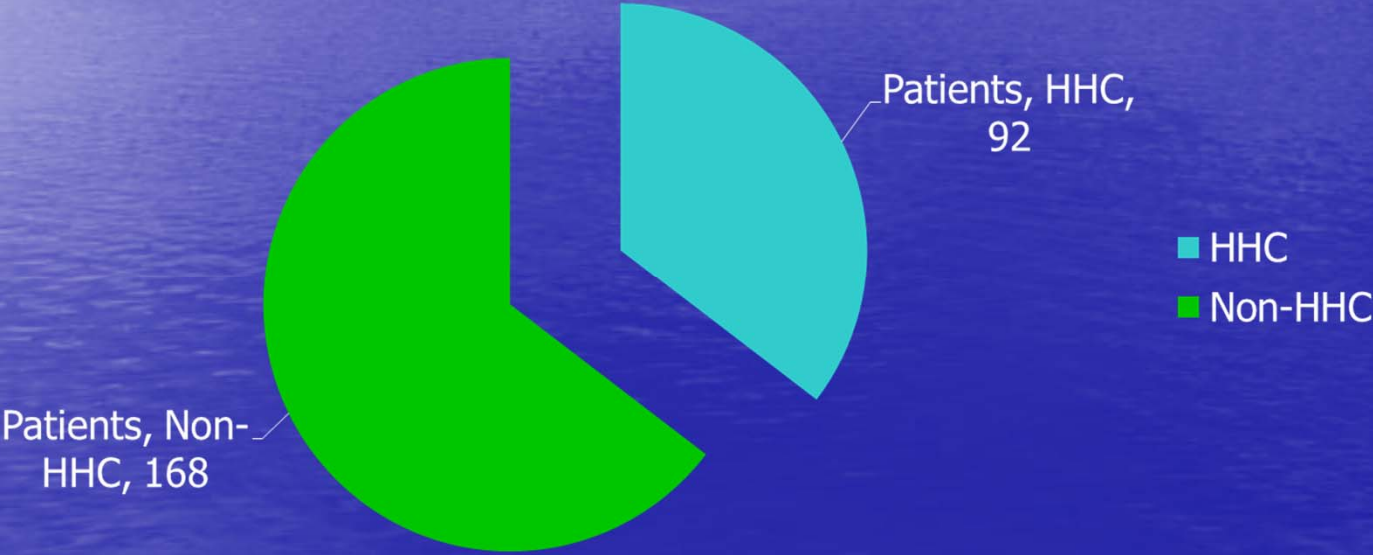
Sandy Pre Event Planning

- Inpatient Census 378
- Pre Planning
- Pre Event Rapid Patient Discharge Process
- 67 Inpatients Discharged
- 36 ICU Patients Transferred
- 31 Ventilator Patients

Sandy Evacuation Day

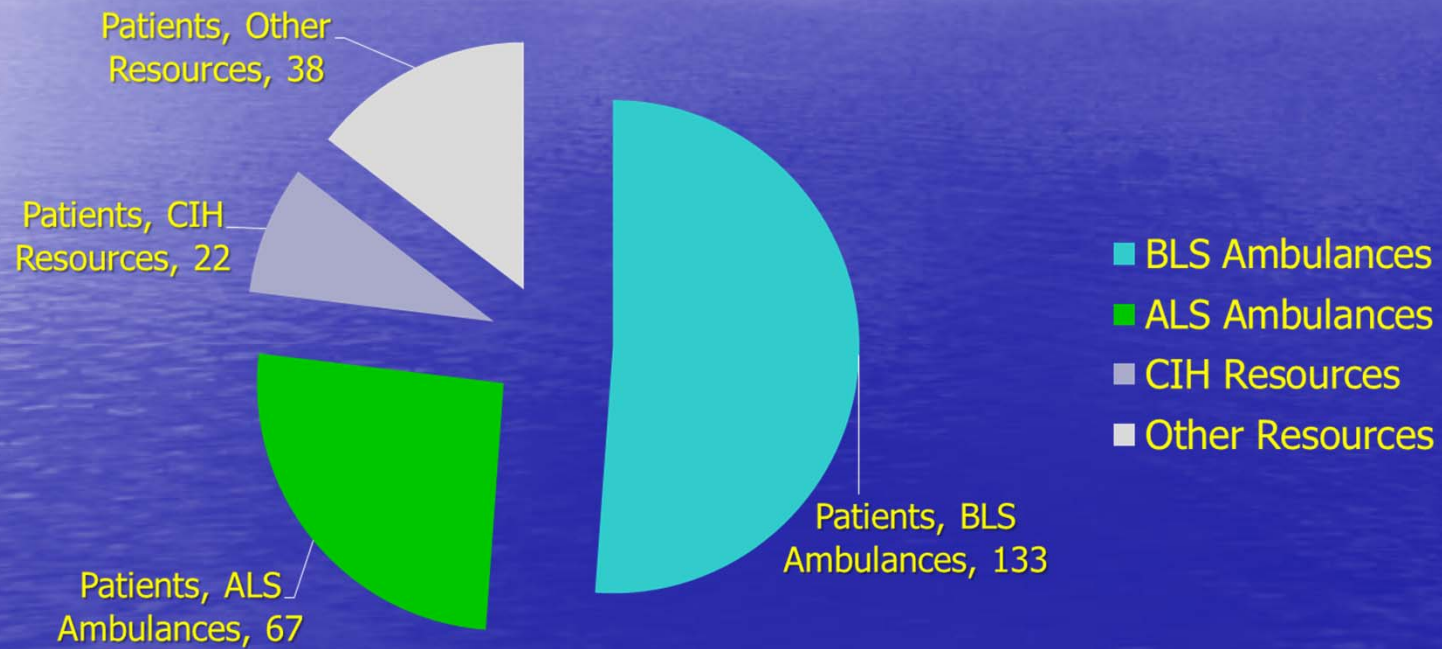
- Rapid Patient Discharge Process
- 51 Inpatients Discharged
- Evacuated 260 Patients in Ten Hours
- Transferred 198 Inpatients
- 2 ICU Patients
- 5 Ventilator Patients
- Patients Transferred to
 - 9 Receiving Hospitals
 - 2 Nursing Homes

Patients Evacuated from Coney Island Hospital to other Facilities



Evacuation Transportation Resources

Patients





Thoughts To Consider

Process

Assessing Internal Operations / Conditions

- Physical plant
- Patient clinical and support activities
- Resources and assets
- Security and safety
- Utilities
- Staffing
- Communications

Assessing External Operations / Conditions

- Evacuation urgency
- Duration
- External logistics
- Evacuation difficulties

Assessing Evacuation Considerations

- Send Receive Arrangements
- Destination(s)
 - Outside of Evacuation Zones
- Staff availability
- Transportation logistics
 - Transportation Assistance Levels TALS
 - Van, bus, ambulette

Activation and Coordination

- Activation of Incident Command Center
 - Establish Transportation Resource Center
- Review Policies and Procedures
- Follow pre identified Algorithms
- Deploy Evacuation Tool Kits and Radios
- Ensure Continuity of Operations until full closure.

Preparations

- Review evacuation plan
- Assess and tag patients for transportation assistance level (TAL)
- Establish facility census by TAL 1-3
- Communicate with stakeholders
- Identify potential destinations
- Identify transportation resources
- Basic assumption of 1/3 of census will have to be transferred.

Objectives

- Discontinue admissions
- Initiate discharges
- Prioritize patients for evacuation
- Mobilize transportation resources
- Determine destinations
- Coordinate with stakeholders
- Depart
- Initiate facility shutdown and Stay Team activities
- Consider recovery activities

Major Strengths

- Hospital Evacuation Drills
- Pre Planning
- Staff Working Together
- Coordination of Hospital & Transportation Resources
- Seamless Timely & Efficient Evacuation
- Completed Evacuation of all Patients Safely **Within 10 Hours**
- Follow Up of All Discharged and Evacuated Patients.

Areas for Improvement

- Clarification of receiving hospitals bed availability.
- Review and Update Multi State Compacts.
- Include in the regional plan a suggested process for patient hand off at receiving facilities, including pre-communication needs and drop off location information for EMS.
- Send evacuating hospital staff members to receiving hospitals to act as point of contact for both facilities.



Thank you



Facility Profile Application 2.0 and New HERDS Modules

eFINDS Refresher Overview



OHEP Coastal Storm Related Planning & Response Activities

Shannon Ethier, MSW
Deputy Director,
Office of Health Emergency Preparedness

Planning Tools

- Critical Assets Survey (CAS)
- HERDS
- Facility Evacuation Planning Application (FEPA)
- Healthcare Facility Evacuation Center (HEC)
- eFINDS

Critical Assets Survey

Critical Assets Survey

- Baseline Information
 - Special Attributes: Labs, Services, Mortuary, Sharps Disposal
 - Communications: Satellite Phones, Radios, Videoconference
 - Specialized Equipment: ventilators, Cardiac Monitors, Oxygen Concentrators, AED
 - Pharmaceutical Supply: Cipro, Doxy, Tamiflu, Relenza
 - Infrastructure & Utilities: Structural Info, Cooling Towers, Generators

****Feeds the Facility Evacuation Planning Application**

Critical Assets Survey

- Resilience & Interrupted Supply Chain Info
 - ** Based on availability of resources in-house
 - Patient relocation to common areas
 - Range of hours of operation: Water (hand hygiene, cooking, sanitation), food, fuel, medical supplies, oxygen, linens, pharmacy supplies

Critical Assets Survey

- Non-Traditional Surge Space Info
 - **Any space not currently used for patient/resident care
 - Surge locations: capacity, generator, humidity control, bathrooms
 - Supplies needed to operationalize: beds, pumps, personnel

Health Emergency Response Data System (HERDS)

HERDS Surveys

- Facility Status & resources assessments
- Coastal Storm Surveys
 - 96 Hour Survey (SF-1)
 - Total Census
 - TALs
 - 72 Hour Survey
 - Total Census or Availability information by bed types

Facility Evacuation Planning Application (FEPA)

FEPA

- Planning tool to assess and maintain facility specific information, including arrangements as part of pre-event evacuation planning
- Based on capacity to place patients/residents in non-traditional surge spaces
- Expanded in 2019 to identify additional receive capacity by bed type based on rapid decompression estimates

FEPA Requirements

due 3/31/19

Activity:	Required of:
1. <i>Assign staff</i> - to the Facility Evacuation Planning Coordinator Role in Health Commerce System (HCS) Communications Directory <i>(done by a facility HCS Coordinator)</i>	ALL NYC HCFs
2. <i>Review/update and submit</i> – all data in the Critical Asset Survey in the HERDS application on the HCS	ALL NYC HCFs
3. <i>Review/update and submit</i> - all data on the Population to Evacuate (PTE) Screen in the FEPA	ALL NYC HCFs
4. <i>Review/update and submit</i> - all previously documented or newly arranged, Send-Receive Arrangements in the FEPA	ALL NYC HCFs
5. <i>Review/update and submit</i> - the Request for SiP Screen in the FEPA <u>ONLY if requesting to SiP</u> - review/update and submit all data on the Request for SiP Screen in the FEPA	FACILITIES IN DESIGNATED NYC EVACUATION ZONES, <u>ONLY</u>
6. <i>Review and submit</i> – the 2019 FEPA Coastal Storm Planning Attestation	ALL NYC HCFs

Application Updates and Improvements

- Stepwise progression of activities
- Facilities can track their progress
- Receiving capacity updates
- All hazards- both send and receive arrangements can be documented
- Arrangement documentation may be exported for facility records and use
- Ability to attest and print compliance documentation for facility records

Bed Shortfall Numbers 2018

TOTAL SHORTFALL AVERAGE CENSUS P/N	Totals
Hospital	2217
NH	8292
ACF	951
	11460
TOTAL SHORTFALL P/N STAFFED BEDS	Totals
Hospital	4105
NH	9690
ACF	1356
	15151

Total Shortfall Average Census P/N Minus Remaining NYC Receive Capacity	9518
Total Shortfall Staffed Beds P/N Minus Remaining NYC Receive Capacity:	13209



Facility Evacuation Planning Application



- Home
- PTE
- Arrangement
- Facility With Available Capacity
- PT SiP
- Attestation
- Reports

Bellevue Hospital Center - 1438

Critical Asset Survey Data

Certified Bed Capacity:	912
Non Traditional Surge Capacity:	33

Most Recent CAS Submitted: William Newton **Date:** 03/08/2018 15:02:26
Initial CAS Submission Date: 03/08/2018 15:02:26

Population to Evacuate

Staffed Beds:	147
Census:	103
24 hour Rapid Discharge:	19
Population to Evacuate:	84
Staffed/Operational Beds Receiving Capacity:	63

Most Recent PTE Submitted: William S Newton **Date:** 12/28/2018 14:31:11
Initial PTE Submission Date: 12/28/2018 14:31:07

Arrangements

Sending

Primary	105
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- Home
- PTE
- Arrangement
- Facility With Available Capacity
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'Draft' data is considered to be a work in progress and is not used for Compliance reporting. When the data is complete, it should be submitted (Submit button) to NYSDOH for Compliance review.

Draft Data Submitted Data

Bed Types	Staffed or Operational Beds	Average (Daily) <small>For each bed type, enter the value based on your facility's average daily census</small>	24 hours Estimated	Population to Evacuate	Staffed/Operational Beds Receiving Capacity
Adult Med / Surg	19	2	2	0	19
Peds Med / Surg	0	0	0	0	0
Adult ICU	22	5	3	2	20
Peds ICU	0	0	0	0	0
Adult Acute Rehab	22	22	2	20	2
Peds Acute Rehab	0	0	0	0	0
TBI Acute Care	0	0	0	0	0
Coma Recovery	25	22	2	20	5
Ventilator Access	1	1	0	1	0
Bariatric	22	22	2	20	2
AIIR Room	23	22	2	20	3
Adult Psych	5	5	5	0	5
Peds Psych	0	0	0	0	0

Totals	147	103	19	84	63
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Total Receiving Capacity (Staffed/Operational Beds Receiving Capacity + Non Traditional Surge Capacity): 96

Sending Arrangements (Active Primary & Network): 115

PAR ⓘ: 136.9%

Last Saved as Draft by William S Newton 12/28/2018 14:31:11

Last Submitted by William S Newton 12/28/2018 14:31:11



- Home
- PTE
- Arrangement
- Facility With Available Capacity
- PT SIP
- Attestation
- Reports

Bellevue Hospital Center - 1438

Evacuation Zone New York City Evacuation Zone 1
Certified Bed Capacity 912
Non-Traditional Surge Capacity 33
PTE 84
Staffed/Operational Beds Receiving Capacity 63

<u>Sending (Active)</u>		<u>Receiving (Active)</u>	
Primary	105	Primary	0
Network	10	Network	0
Total	115	Total	0

New Sending Arrangement

Arrangements into coastal storm evacuation zones ⓘ Other

Global Filter



Needs Review



	Type	Facility	Evacuation Zone	Total	Priority	Status	Sender Review	Receiver Review
View	Sending To	00 Test Hospital - (HSPT0)		12	Primary	PENDING	12/31/2018 10:29:28	
View	Sending To	A Albany Test Hospital - (9876)		11	Primary	PENDING	12/28/2018 14:38:18	
View	Sending To	Albany Memorial Hospital - (0004)	-	11	Primary	ACTIVE	12/13/2018 14:11:37	12/13/2018 14:21:45
View	Sending To	Bronx-Lebanon Hospital Center - Concourse Division - (1178)	-	200	Primary	PENDING		
View	Sending To	Brooklyn Hospital Center - Downtown Campus - (1288)	-	45	Contingency	PENDING		



- Home
- PTE
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- Facility With Available Capacity
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Bellevue Hospital Center - 1438

Receiver

00 Test Hospital - HSPT0
 875 Central Ave
 Albany 12206

POC Name

Phone 518-999-9999

Email

Receiver Capacity ⓘ

Total Available Receiving Capacity	63
Current Capacity to Receive	0

Priority Primary **Status** PENDING

Arrangement Total 12

By Patient/Resident Type


Arrangement Materials Staff Equipment and Supplies Transportation Resources None

Arrangement Updated 12/31/2018 10:29:28

Arrangement has been reviewed - no changes are needed

Arrangement Reviewed by **Arrangement Reviewed Date**

Submit Delete Cancel



Home

PTE

Arrangement

Facility With Available Capacity

PT SiP

Attestation

Reports

Facility Evacuation Planning Application

Bellevue Hospital Center - 1438

For the purpose of NYSDOH evacuation planning and incident management, potential to Shelter in Place (SiP) is defined as:

A pre-season acknowledgement by the NYSDOH that a NYSDOH regulated health care facility (HCF) (hospital, nursing home, ACF, etc.) has the resources and physical plant capacity to safely retain, for at least 96 hours, a selected, small number of patients/residents, deemed by the facility's professional or clinical criteria, to be at too high a risk for a negative health or psychological outcome if moved, while the remainder of the facility is evacuated **in accordance with a mandatory evacuation order by a local chief elected official that allows an option to SiP.**

Request to be considered for SiP

HCFs that request to be considered for SiP must complete the Population to SiP table, which identifies, based on an average daily census, the type and number of patients/residents identified to SiP and acknowledgement that the SiP stay team is adequately staffed to provide all essential services required for those patients/residents during the SiP period. Successful completion of this screen **does NOT obligate or authorize your facility to SiP**

To be considered for SiP, requesting facilities should ensure the following targets are met in the FEPA.

- All required elements of compliance in the FEPA have been met for the current calendar year
- Active Primary and/or Network Arrangements have been made and reported for 100% of the identified PTE in the FEPA (PAR = 100%).
- The identified Population to SiP does not exceed the ceiling of 15% of the identified PTE of the facility.

PT SiP Table

The PT SiP table is designed to assist in developing planning estimates of your facility's identified Population to Shelter in Place. This table should be completed in consultation with your facility's emergency management and bed discharge planners as it includes consideration of the **facility's established bed discharge planning and decision making for the retention of patients and staff to SiP.**

You will need:

- Planned number of patients/residents to SiP by Bed Type (based on Average Daily Census)

I wish to proceed to the PT SiP form I do not wish to Request to SiP

- Home
- PTE
- Arrangement
- Facility With Available Capacity
- PT SIP**
- Attestation
- Reports

Facility Evacuation Planning Application

Any questions in the interim can be directed to nseppny@health.ny.gov.

Important Note: At the time of an event, NYSDOH will evaluate requests to SIP based on the pre-storm season SIP consideration approved list. Based on the characteristics of each specific storm event, Incident-specific SIP eligibility will be determined, assuming the local chief-elected official is authorizing SIP for that event.

Bed Types	Staffed or Operational Beds	Average (Daily) Census	24 hours Estimated Rapid Discharge	Population to Evacuate (PTE)	Population to SIP	SIP Population to Evacuate
Adult Med / Surg	19	2	2	0	0	0
Peds Med / Surg	0	0	0	0	0	0
Adult ICU	22	5	3	2	2	0
Peds ICU	0	0	0	0	0	0
Adult Acute Rehab	22	22	2	20	19	1
Peds Acute Rehab	0	0	0	0	0	0
TBI Acute Care	0	0	0	0	0	0
Coma Recovery	25	22	2	20	18	2
Ventilator Access						
Bariatric						
AIIR Room						
Adult Psych						
Peds Psych						
Infant / Cribs						
Healthy Newborn Is						
NICU						
L & D						
Post Delivery						
Other						
Totals	147	103	103	19	84	77

Supplemental Totals	PTE	Population to Shelter in Place (PT SIP)	SIP Population to Evacuate (SIP PTE):	SIP
	84	77	7	1,100.0%






The identified Population to SIP exceeds the ceiling of 15% of the identified PTE of the facility.








I have reviewed the information presented on this screen for **Bellevue Hospital Center - 1438**. The information is correct and the facility has sufficient numbers of stay team personnel available with expertise to provide:

- ALL the clinical support to patients/residents,
- Safeguard the safety and security of patients/residents, staff and infrastructure, and
- Manage the facility (i.e., engineers, plant managers, electricians, housekeeping) for the duration of the Shelter in Place incident.

Shelter in Place requested by: Hosp Test2 **Date:** 12/31/2018 12:48:28

- PT SIP**
- Attestation
- Reports

  Facility Evacuation Planning Application  Home  My Content  Search

-  Home
-  PTE
-  Arrangement
-  Facility With Available Capacity
-  PT SiP
-  **Attestation**
-  Reports

Attestation

On behalf of
Bellevue Hospital Center

I attest that the data reflected in the Facility Evacuation Planning Application is accurate for the 2019 compliance period.

Submit

Healthcare Facility Evacuation Center (HEC)

Healthcare Facility Evacuation Center (HEC)

Mission of the HEC

- Finds beds for evacuating facilities (Hospitals, ACFs, NHs)
- Arranges transportation between facilities
- Provides guidance to receiving facilities
- Provides shelter-in-place guidance
- Troubleshoots evacuation issues
- Assists with repatriation

***HEC Application is fed by HERDS Surveys**

HEC Activities

- -96 to -84 Hours to Zero Hour (sustained tropical winds of 39 mph)
 - Information gathering
 - Activation and notification
- -84 to -72 Hours
 - Recommendation to NYC Local Chief Elected Official regarding evacuation/SiP
 - Notification to facilities about use of eFINDS
- -24 Hours
 - HCF evacuation complete

Pre-HEC Activation: All HCFs continue to use their partnerships and resources in their evacuation decision-making and operations

How will HCFs know the HEC is Active?

- All HCFs and planning partners will be notified in advance, when the HEC is going to be activated and how to contact the HEC
 - Notification via NYSDOH Health Commerce System Integrated Health Alert Notification System (IHANS) Alert
 - Notification through associations
 - Notification through LHD and/or local OEM

How do HCFs contact the HEC?

- A single phone number will be broadcast to all HCFs and response partners when they are notified about the HEC opening (via IHANS alert)
- Items that are not HEC-related will be routed to the respective ESF-8 Desk for further handling

What information is needed to support bed matching?

- Census/Availability information HERDS surveys on Facility Status
- Estimate of number of patients/residents to be evacuated with assistance
- Patient/Resident Transportation Assistance Level (TAL)
- Estimate of resource support needs
- Available staff and equipment to accompany patients/residents (if any)
- Contact information for facility

Evacuation of Facilities in Disasters (eFINDS)

eFINDS Use

- Creating an Operation
 - Who at your facility is in an eFINDS role?
 - Create an operation for your facility
 - NYSDOH creates an operation for a multi facility event
- Knowing location of scanner and wristbands
 - Ability to generate your own barcodes
 - Request additional wristbands
- Spreadsheet capability

eFINDS Use

- Tracking Patient Status
 - Registered
 - Evacuated
 - Received
 - Repatriated
 - SiP
- Add specific information to record
- Reports available for your facility


IMPORTANT: Your current version of eFINDS needs to be 3.1 or higher. You may need to visit your device's application store to obtain the latest update.

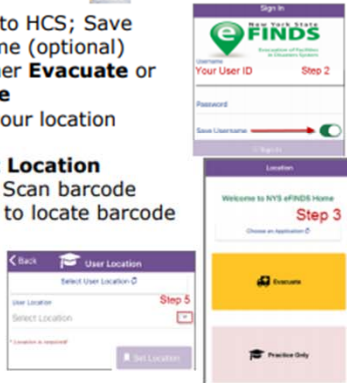
Access to Mobile

Anyone can install the eFINDS Mobile application, but only an HCS user with an **eFINDS role** can use it.

You can verify your role assignment by logging into the HCS <https://commerce.health.state.ny.us> > Click **My Content** on the HCS menu bar > Click **See what roles I hold** to verify your User ID is properly linked to an eFINDS role. If you do not see an eFINDS role listed, then please contact your facility's HCS Coordinator > **Click Look up my coordinators.**



Get Started with eFINDS Mobile

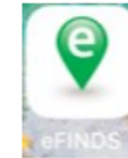
1. Tap eFINDS app  to start
2. Sign In to HCS; Save Username (optional)
3. Tap either **Evacuate** or **Practice**
4. Select your location
5. Tap **OK**
6. Tap **Set Location**
7. Type or Scan barcode number to locate barcode record.



See more instructions and status definitions on next page.

Install eFINDS Mobile on Your Device

1. Tap Google Play Store  OR App Store 
2. Search for efinds
3. Select eFINDS
4. Tap Install, Download or Get for free app
5. If necessary, enter your Apple ID and password
6. Tap Open.

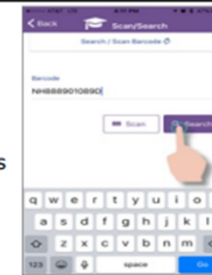


Set your apps to automatically update or visit the app store to manually update eFINDS Mobile.

My Device Does Not Have A Camera

You DO NOT need a camera to use eFINDS Mobile. If you cannot use your camera for any reason, type the barcode number into eFINDS Mobile and tap **Search** to locate the eFINDS record.


Scanning or Typing in barcode will return the same results. **Note:** Barcodes begin with letters, e.g., HO for hospital.



eFINDS Mobile is a supplement to the Web application, because it does not have all of the features that the Web application has.

TIPS

To use the scanner: Center the red line over the eFINDS wristband or barcode. Make sure that the entire barcode is within the square.

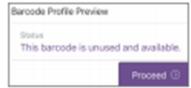
- Click  to brighten area for camera, if barcode is not scanning or room is too dark.
- Try to have a steady hand and flatten wristband/barcode area if possible.
- If wrong status was selected, then action can be canceled.
- eFINDS Mobile is designed to work with a single person at a time, therefore go to Web application on your computer to update multiple evacuees.
- More instructions for Registering, Receiving, Initiating Repatriation, and Repatriating (Repat) can be found on the Web application's eFINDS menu under Mobile Download.

Registering A Person For Evacuation

1. Tap the **eFINDS** mobile icon.
2. Login with your Health Commerce System (HCS) user ID and password.
3. Select **Evacuate** or **Practice Only**.
4. Select Location > tap **OK** and tap **Set Location**.
5. Tap **Scan** and center red line over the eFINDS barcode OR Type barcode number and tap **Search**. If scanning, entire barcode must be in the frame.



5. Verify Status is "barcode is unused and available", tap **Proceed** to begin the registration process.
6. Enter **First Name, Last Name, DOB (mm/dd/yyyy), Gender** and **Operation** (reason for evacuation) At minimum, Operation is only required field.
7. Select **Destination Org. Type** and **Destination**, if known.
8. Tap **Register** or **Evac**.

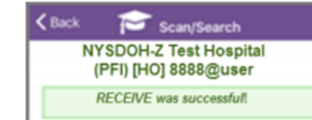
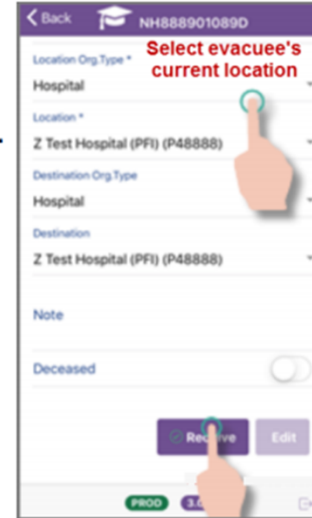


● Indicates Cancellation.

Registered status cannot be undone, but Evacuated status can be cancelled.

Receiving A Person At Your Facility

1. Tap the **eFINDS** mobile icon.
2. Login with your Health Commerce System (HCS) user ID and password.
3. Select **Evacuate** or **Practice**.
4. Select Location > tap **OK** and tap **Set Location**.
5. Tap **Scan** and center red line over the eFINDS barcode OR Type barcode number and tap **Search**. If scanning, entire barcode must be in the frame.
6. Review Barcode Profile for evacuee and tap **Proceed**.
7. Select your **Location Org. Type** and **Location Note**: This is the evacuees current physical location.
8. Tap **Receive**.
9. Verify Message stating "Receive was successful"



Evacuee Status

Definition

Registered	person to be evacuated is in eFINDS
Evacuated	person has left evacuating facility, and is enroute to intended destination
Received	arrived at intended destination/receiving facility and current location is updated
Repatriation Initiated	receiving facility returns evacuee to their original facility
Repatriated	evacuee arrives back to their original location/evacuated facility
Will Not Repatriate	evacuees will not be returning to their original facility (intended destination is blank)
SIP (Shelter in Place)	If the Chief Elected Official issues a mandatory evacuation order that includes a SIP option, evacuees can only remain in the defined evacuation zone with consent of NYSDOH.

For technical assistance send email informatics@health.ny.gov

Looking ahead...

- Reminders to facilities to complete/update/attest FEPA
- Training/Technical Assistance Opportunities in use of FEPA
 - Recorded version on LMS
- FEPA roll out beyond NYC
- HANYS Bed Definition Focus Group
- Updated Facility Guidance Document for Coastal Storms
- Updated HEC Manual for HEC staff
- Role specific recorded HEC training for HEC staff
- In-person role specific HEC training
- Review of FEPA data for 2019
- OPCHSM regulatory follow-up for FEPA non-compliance



Questions?

**NYSDOH Office of
Health Emergency Preparedness**

518-474-2893

Shannon.Ethier@health.ny.gov





Networking Break



Transportation Resources for Surge and Evacuation Events

- Joseph M. Raneri, Emergency Preparedness Coordinator, NYC REMSCO
- Mary Ann Sallas, Executive Director, Administration, NYC REMSCO



Transportation Resourcing During Evacuations

PRESENTED BY

THE REGIONAL EMS COUNCIL
OF NEW YORK CITY



Presentation Purpose & Overview

Purpose: Equip hospital providers with the information necessary to make informed decisions about transportation during an evacuation event.

Topics Covered:

- 1. Overview of the EMS system in NYC
- 2. Alternative Transportation Resources
- 3. SurgeEx 2019 Exercise Play
- 4. Transportation Assistance Levels (TALs)

2018 SurgeEx After Action Report



Transportation Concerns Expressed:

1. Facilities were unsure how to best identify transportation resources for evacuating patients
2. Hospitals did not know how transportation resources were requested and coordinated
3. The Transportation Assistance Levels (TALs) did not match the needs of all patients and staff

NYC EMS System Overview



The 4 primary sectors of EMS in NYC:

1. Municipal:
 - FDNY-EMS/911 system
2. Hospital:
 - Primarily 911 System
 - Hospital Interfacility
3. Private:
 - Primarily Contracted Services
 - May also do 911
 - May have affiliated paratransit/ambulette service
4. Volunteer Sector:
 - Services their local communities

NYC EMS System Overview

Private Ambulance Sector



15 commercial ambulance services operate within the 5 Boroughs

- Collective ambulance units (approx.):
 - 400 BLS
 - 200 ALS
- **Services Provided:**
 - Interfacility & emergency transport with contracted Healthcare Facilities
 - 911 ambulances in partnership with a contracted hospital

These limited resources will bear the brunt of providing transportation during regional hospital evacuations

- Hospitals are required to have contracts with transportation vendors for facility evacuations
- Ambulance services have contracts with multiple healthcare facilities to provide resources
- Day to day services must still be provided: Rapid Discharges, Dialysis, Physical Therapy etc.
 - Agencies will attempt to reschedule any non-emergent services.
- Nursing homes may also be requesting resources

Other Transportation Services



Para-Transit Services

- Ambulatory & Wheelchair capable
- Up to 8 patients (Two TAL 2, six TAL 3)
- Access-A-Ride: Provided by contract w/MTA

Ambulette Services

- Ambulatory & Wheelchair capable
- Capacity dependent upon vehicle size/layout

School Buses

- Generally for ambulatory passengers
- Some wheelchair accessible

Charter Buses, Taxis, Ride Share, Private Cars

Cannot offer medical treatment!



SurgeEx 2019

Managing Scenario 3



- **No Notice** evacuation of multiple hospitals
- Hospitals utilize their in-network and contracted transportation vendors to provide resources
- Notional transport – no live patient evacuations
- No HEC or Transportation Branch



2019 Surge-Ex Transportation Play



Transportation Trusted Insiders

- Hospital Facilities will be provided with a list of “Trusted Insiders” at each private ambulance service and will be given a dedicated phone #
- The Trusted Insider will be “playing” in the exercise, and will provide the resources requested
- The Trusted Insider should be contacted to request transportation resources at the dedicated phone #

The Trusted Insider will request the following information:

- Facility Demographics: Facility Name, Contact Person, Contact Phone Number
- Evacuation Request: Number of patients to be transported by TAL, the name of the Receiving Facility.

You will be asked to confirm transportation request fulfillment

SurgeEx 2019

Transportation Play



Transportation InfoCell at DOHMH

- REMSCO
- 2-3 planning partners

InfoCell will log any unresourced transportation requests

- Requests will only be logged, not filled
- Not a stand-in for the HEC
- Will help identify gaps in transportation resourcing

The InfoCell will collect:

- Facility Demographics: Facility Name, Contact, Contact Phone
- Request Details: patients grouped by TAL, name of the Receiving Facility.
- Previously Contacted Vendors: Vendors you contacted prior to the InfoCell



Transportation Assistance Levels (TALs)

TALs identify the transportation needs of a patient and are **Not** based on bed-matching

TALs are based on patient's ambulatory ability and medical needs during transport

TAL 1 – Non-Ambulatory/Stretcher Bound: Must be transported in a stretcher

- TAL 1 – Vent: Requires portable ventilator during transport
- TAL 1 – ALS: Requires complex ALS level care during transport
- TAL 1 – BLS: Stretcher bound, but only minimal care during transport
- TAL 1 – Bariatric: Requires a specialized vehicle/stretcher in order to be transported

TAL 2 – Wheelchair: Unable to stand, must be transported in his/her wheelchair. No medical care required during transport.

TAL 3 – Ambulatory: Mobile enough to take non-specialized transport such as buses (with boarding help), taxis or seated paratransit. Does not require medical care during transport.



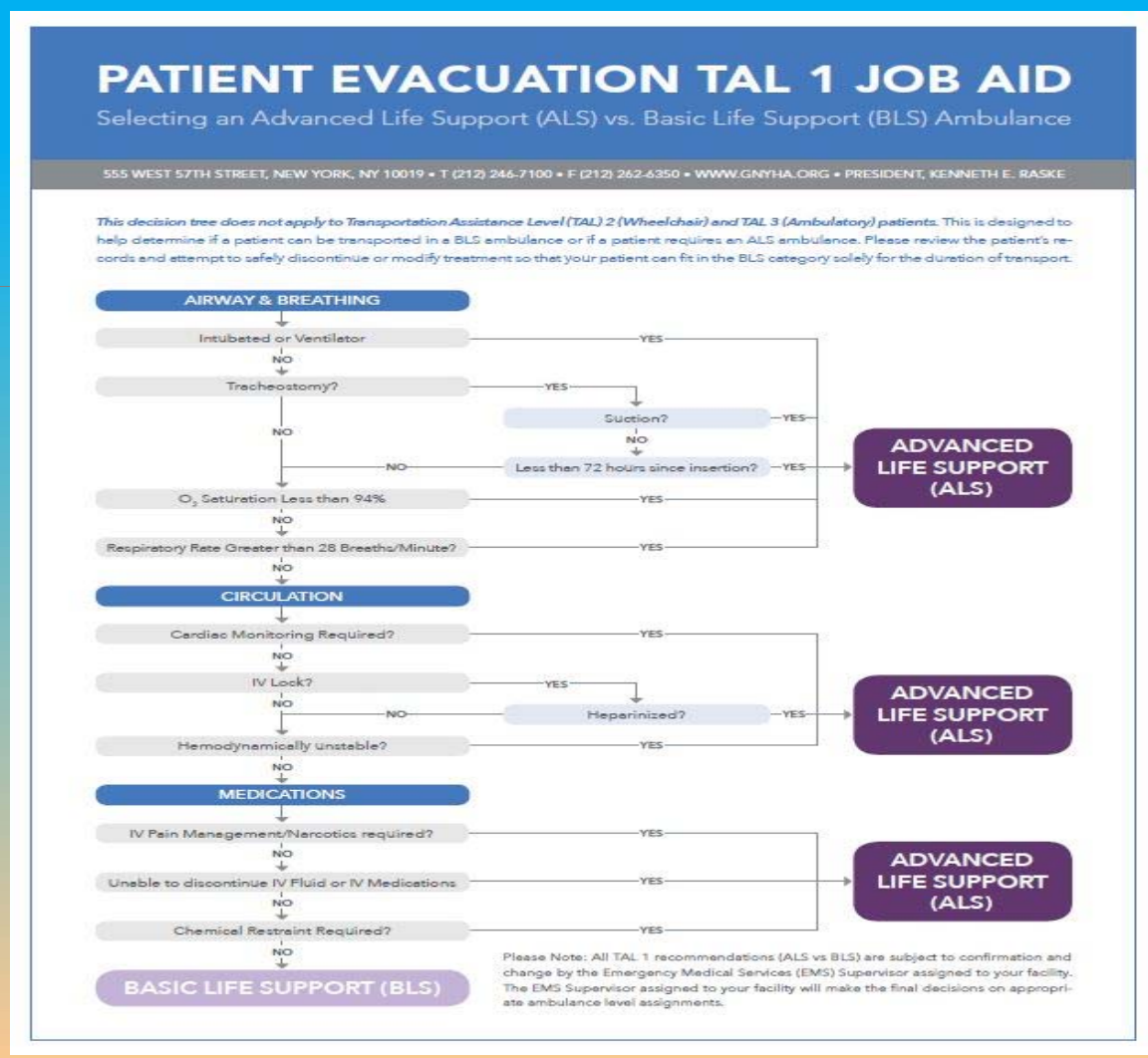
TAL 1 Job Aid

General Rules:

1. Categorize patients into the lowest TAL possible
2. Patients should be prepped for minimal care during transport
3. Specialty patients may require staff to accompany them

Source:

GNYHA Patient Evacuation Toolkit





TAL Exercise

EXAMPLE PATIENT

- 42y/o Male, 5'10, 327lbs
- Presenting complaint: Nausea, palpitations and cough with white/brown sputum for past week.
 - Unable to concentrate and 'feeling rough & dizzy'. Brought in by 911 EMS.
- Past Medical History: COPD, Type 2 diabetes, Hypertension, Amputated Left Leg Below Knee.
- Diagnosis: Lower respiratory tract infection (LRTI). Agranulocytosis.
- Status: Admitted 12 hours ago to Med/Surg. BP Monitoring. Blood Work.
- Vitals: HR – 108, RR – 16, BP – 168/102, SpO2 – 96% (On O2), Temp – 99.6, Blood Sugar – 287, ECG - Unremarkable
- Current Treatments/Meds:
 - Lisinopril tablets PO 5mg on admission, 10mg x1/day Oral during stay
 - Prednisolone tablets 30mg on admission
 - Salbutamol MDI IH 2 puffs on admission
 - 1 nebulized Salbutamol treatment scheduled in 2 hrs.

What TAL level should this patient be placed in?



Questions?



Meeting Adjourned



Networking Lunch