






NYC Nursing Home Trade Associations

EXEMPLAR 2018-19 HPP PROGRAMMING

PRESENTED BY CCLC, GNYHCFA AND SYNA

MAY 30, 2019

Partner Trade Associations

Organization	Membership
<p data-bbox="147 422 1029 472">Continuing Care Leadership Coalition</p> 	<p data-bbox="1075 422 2489 586">Not-for-profit and public long term care providers in the New York metropolitan area. Ties to the Greater New York Hospital Association family.</p>
<p data-bbox="147 712 861 812">Greater New York Health Care Facilities Association</p> 	<p data-bbox="1075 712 2489 876">Approximately 80 nursing homes and rehabilitation centers in New York City, Long Island, Westchester, Rockland County and upstate New York.</p>
<p data-bbox="147 1026 861 1069">Southern New York Association</p> 	<p data-bbox="1075 1026 2463 1190">More than 70 skilled nursing facilities (voluntary, proprietary, and government owned) that operate in the southern New York regional area.</p>

Contents



- ▶ Nursing Home Pilot -- Surge Ex Functional Exercise
 - ▶ March 6, 2019
- ▶ Cybersecurity Tabletop Exercise – All Nursing Homes of New York City
 - ▶ May 22, 2019

SurgeEx Pilot – Context and Goals

- ▶ SurgeEx overall – designed to help Health Care Coalitions identify gaps in surge and response readiness through a low- to no-notice exercise.
- ▶ CCLC guided a parallel pilot exercise – the 2019 New York City Nursing Homes SurgeEx Pilot:
 - ▶ *Presumably unique nationally among ASPR funded jurisdictions.*
- ▶ A select group of ten nursing homes, representing all five boroughs and including both evacuating and receiving facilities, was recruited to act as the set of planners and players in the pilot exercise:
 - ▶ *Play transpired simultaneous to the principal surge ex involving hospitals and health systems.*

Outcomes and Next Steps

- ▶ Successes:
 - ▶ Active documentation and spirited play by all participants;
 - ▶ Base of knowledge to leverage for more formal inclusion of a larger cohort of NHs or even other healthcare sectors in future iterations of SurgeEx
- ▶ Recommendations:
 - ▶ Standardization of bed types as between the principal and nursing home pilot exercises (and greater attention to short- vs. long-term NH stays);
 - ▶ More information on evacuees through injects;
 - ▶ Incorporation of greater complexity (e.g., transportation) – which was pared down in the pilot to avoid competition for resources with principal SurgeEx;
 - ▶ Formal encouragement to hospitals and health systems to decant to nursing homes, and vice versa.

Annual Conference for Nursing Homes of New York City

- ▶ CCLC, GNYHCFA and SNYA traditionally host an emergency preparedness day-long symposium for the c. 170 nursing homes of New York City;
- ▶ Historically, content has included external guest speakers (e.g., Pulitzer Prize winning author, Sheri Fink) and it has grown in size;
- ▶ For the last three years, the full-day event has included a tabletop exercise;
- ▶ During the Spring 2017 and Spring 2018 conferences, the group convened on coastal storm preparedness; and
- ▶ The 2019 conference represented the group's initial foray into cybersecurity.

Cybersecurity Focus

- ▶ Four key speakers during the morning program
 - ▶ **Thomas Giorgianni**, Ph.D., Professor, Computer Science Department, State University of New York (SUNY) Orange;
 - ▶ **John Gomez**, Founder and CEO, Sensato, an organization established to address cybersecurity threats to critical infrastructure and healthcare;
 - ▶ **Francoise Pickart**, M.P.H., Office of Emergency Preparedness and Response, New York City Department of Health and Mental Hygiene;
 - ▶ **Alison Pingelski**, Deputy Health Information Officer, Office of Health Information Management, New York State Department of Health.

Afternoon Exercise Concerning Cybersecurity Threats

- ▶ The Federal **Department of Homeland Security** played key roles in exercise development and implementation:
 - ▶ Key contributions, as well, from nursing home leadership and other planning partners in developing exercise parameters;
- ▶ **Key learnings:**
 - ▶ Sophistication among nursing homes on cybersecurity must deepen, over time;
 - ▶ Interdependency with hospital and health system partners must be socialized; and
 - ▶ Confidence about internal and external resources (governmental, vendor, trade association, etc.,) can grow.

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