New York City Invests Hospital Preparedness Program Funds to Protect Residents in Long-Term Care Facilities

Following Hurricane Sandy, the New York City Department of Health and Mental Hygiene (NYC DOHMH) developed three programs to strengthen emergency management capabilities in long-term care facilities.

In October 2012, New York City evacuated 4,506 vulnerable residents living in 17 nursing homes and 14 adult care facilities located within Hurricane Sandy’s path.\(^1\) The city’s after-action report identified challenges that occurred during the response and pinpointed healthcare facility evacuations as a key area for improvement. The report also included recommendations calling for comprehensive evacuation plans, a patient tracking system for evacuees, and alternate power-independent communications equipment.\(^2\) Similarly, the HHS Office of Inspector General published a report in 2012 titled, “Gaps Continue to Exist in Nursing Home Emergency Preparedness and Response During Disasters: 2007-2010,”\(^3\) and concluded that nursing homes nationwide lack vetted emergency plans, adequate staff trainings, and relationships with state and local emergency entities.

Starting in 2013, NYC DOHMH’s Office of Emergency Preparedness and Response addressed these gaps by investing funds received from the Office of the Assistant Secretary for Preparedness and Response’s Hospital Preparedness Program (ASPR HPP) cooperative agreement. These funds helped build three, seven-month training programs to improve long-term care (LTC) facilities’ emergency response capabilities, offered at no cost to the facilities. These programs are described below:

- **The Long-Term Care Emergency Management Program (LTCEMP)** increases LTC facilities’ knowledge of emergency management concepts and accessibility to emergency management tools and resources so they can better respond to all-hazard events. These goals are achieved via in-person educational learning sessions, onsite facilitated coaching sessions, and participation in a tabletop exercise.

- **The Long-Term Care Exercise Program (LTCExP)** helps facility teams design, develop, conduct, and evaluate meaningful exercises that identify the facility's strengths and opportunities for improvement in emergency response under simulated conditions.

- **The Long-Term Care Continuity Planning Program (LTCCPP)** is developed to build resiliency and sustainability for LTC facilities in the areas of continuity of care for residents during a disaster, continuity of operations for the facility, and continuity and sustainability of the emergency management program at both the facility level and across the city. These goals are achieved via in-person learning sessions, four monthly onsite mentoring sessions, and shadowing of a functional exercise.

**Steps Taken:**

- NYC DOHMH created an advisory board comprised of representatives from NYC DOHMH, the New York State Department of Health (NYS DOH), NYC Emergency Management, Local 1199.
Service Employees International Union, three NYC Nursing Home Associations, and four state adult care facility associations to provide input and recommendations on program development.

• NYC DOHMH contracted an external entity with emergency management experience to conduct assessments and provide LTC facilities with one-on-one coaching.
• NYC DOHMH recruited and established relationships with LTC facilities with support from several of the city’s long-term care associations who are part of the NYC Healthcare Coalition.
• NYC DOHMH purchased 700 MHz radios for LTC facilities to maintain redundant communications with NYC Emergency Management during disasters, as well as offered in-person and online trainings on NYS DOH’s patient tracking system.

Results:

• From 2013-16, 118 of New York City’s 170 nursing homes completed the programs. Eighteen additional nursing homes and two adult care facilities participated in the programs in 2017-18.
• NYC DOHMH measures readiness levels in participating LTC facilities through pre- and post-implementation assessments of the LTCEMP program. The assessment tool determines if a facility's emergency management plan covers 10 core concepts – emergency management fundamentals, risk analysis, command and control, logistics management, communications, continuity of operations, community engagement, training and exercises, infectious disease management, and evacuation.
  o In 2017-18, 65 percent of participating LTC facilities had minimal components in their emergency management plans. After participating in the program, all participating facilities saw an increase in their preparedness levels and enhanced their all-hazards emergency management plans.
  o Due to the participation of individual facilities, the city’s five boroughs are better equipped to handle an all-hazards event:
    ▪ The Bronx’s scores rose from 60 to 91 percent. Facilities without developed plans before enrollment achieved comprehensive all-hazards emergency management plans upon program completion.
    ▪ Although no new sites in Staten Island participated in 2017-18, facilities that participated in 2016-17 increased their scores from 49 to 86 percent. Facilities that started with minimal emergency plans before enrollment achieved comprehensive all-hazards emergency management plans upon program completion.
    ▪ Queens and Brooklyn’s score rose from 44 to 79 percent, and 44 to 78 percent, respectively. Facilities that started with minimal emergency plans achieved developed and event-specific plans and procedures.
    ▪ Manhattan’s score rose from 36 to 50 percent. Participating facilities still have minimal emergency plans but are on their way to achieving the next step in incorporating most of the critical components in an emergency plan to eventually create comprehensive all-hazards emergency management plans.
  o Overall, New York City’s readiness rose from 46 to 80 percent, from having minimal emergency plans to developed and event-specific plans and procedures in 2017-18.
• Participating LTC facilities are now knowledgeable on preparedness fundamentals, such as the National Incident Management System and the Incident Command System.
Lessons Learned:

- Although getting facilities to volunteer and commit seven to nine months for each program can be challenging, the programs were successful due to support from the LTC facilities’ administration and the program’s advisory board, and the staff’s dedication to complete the programs.
- LTC facilities found the individualized trainings and designated coaching sessions most valuable.
- Recognizing funding reductions for preparedness programs, NYC DOHMH will be exploring the development of a train-the-trainer option to make the LTCEMP, LTCExP, and LTCCPP programs sustainable.
- Since NYC DOHMH developed the LTCEMP, LTCExP, and LTCCPP as scalable and multifaceted programs, other healthcare sectors, such as dialysis and pediatric centers, are also able to implement these programs.

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