

Lessons Learned in Long Term Care Irene vs. Sandy

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“All Hazards Preparedness”





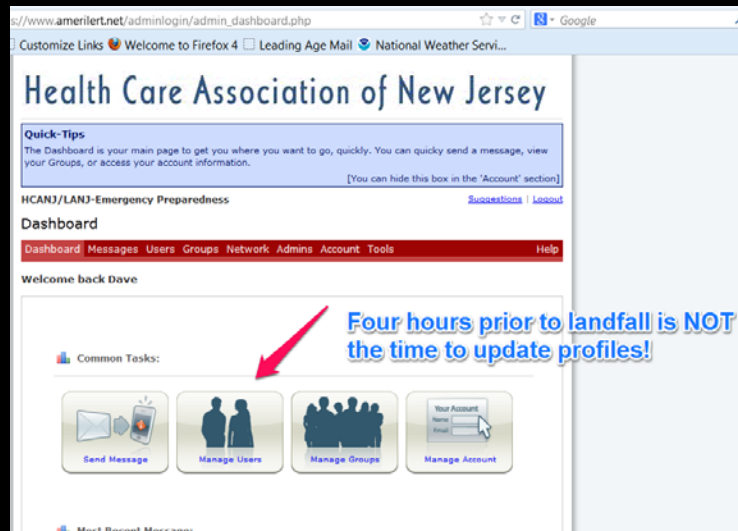
COMPLACENCY

APATHY COMES BEFORE CALAMITY. LOOK IT UP.

How do we do things better?

Ten Things From Irene

- ✓ HCANJ's Amerilert System should include Social Media (Facebook, Twitter) and website integration
- ✓ Amerilert accounts require routine updates
- ✓ Alternative emergency operations center site needed
- ✓ Director needs redundant email



Ten Things From Irene

- ✓ Response personnel require R&R
- ✓ LTCs require additional ICS training
- ✓ Rumor control is important

Ten Things From Irene

- ✓ Communications processing is critical, but is a challenge
- ✓ Help us – Help you! - Provide all facility information when providing situational awareness!

TXT MESSAGE: “Hi Dave – We have no power”

- ✓ Bed availability information is invaluable

Irene vs. Sandy

Impact on NJ Health Care Continuum

Irene

Power loss

- 11 Acute Care Hospitals
- 1 FQHC
- 2 Pediatric Day Care Facilities
- **58 Long Term Care Facilities!**

Evacuations (Full & Partial)

- 4 Acute Care Facilities
- 1 FQHC

Sandy

Power loss

- 36 Acute Care Hospitals
- 1 Rehabilitation Hospital
- **200 Long Term Care Facilities!**
 - **137 SNF**
 - **63 AL**

Evacuations (Full & Partial)

- 2 Acute Care Facilities

SOME PERSPECTIVE



- **820 Miles** - Sandy's size in miles, more than double the landfall size of Hurricanes Issac and Irene combined.



We Do Have a history!

The hurricane isn't coming anywhere near here but I say we evacuate anyway.

somee_cards



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INDECISION

THE MARK OF THE LEADER IS THE ABILITY TO MAKE DECISIONS.
THE MARK OF THE SURVIVOR IS KNOWING WHEN NOT TO.

Decisional Space

What is it?

OPTIONS

**DECISION MAKING CAPABILITY
AND AVAILABLE OPTIONS**

TIME



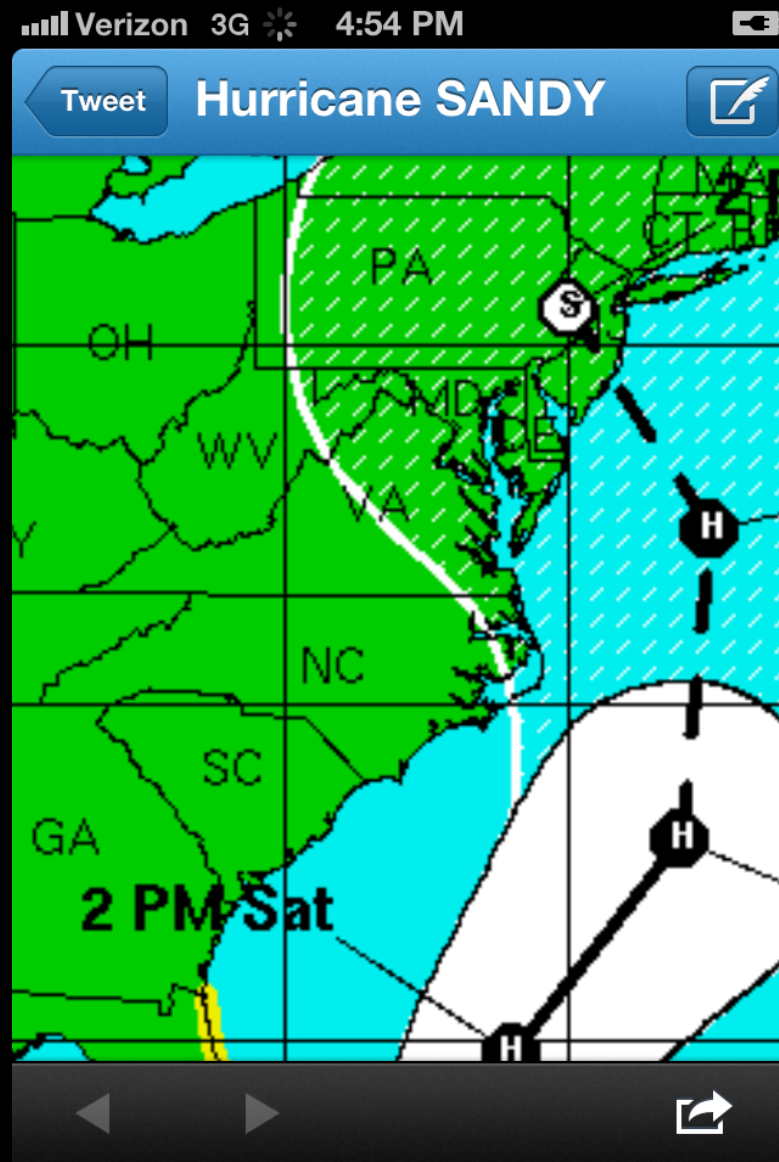


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INSIGHT

WHEN THE GOING GETS TOUGH, THE TOUGH GET GOING.
THE SMART LEFT A LONG TIME AGO.

Thursday's NWS Call - Really?



Evacuations

Irene

Sandy

27

11

2,000

1,746

Effect of Evacuation

- “Relative to the two years before the storm, there was a 2.8 percent increase in death at 30 days and a 3.9 percent increase in death at 90 days for residents with severe dementia who evacuated for Hurricane Gustav, controlling for resident demographics and acuity.”

Why Did We Evacuate?

1. Emergency management advised LTCs to evacuate
 - During Irene – Entire counties were under mandatory evacuation orders
2. LTC administrators recognized storm surge potential or had a previous history of flooding
 - (NWS predicted >12 inches of rain)
3. Generator failure

HCANJ Communications

Irene

- 890 Emails
- 48 Amerilert messages

Sandy

- 3,000 Emails on two separate email accounts
- 126 Amerilert messages
- 25 emergency messages via Constant Contact
- 47 Twitter messages
- Unknown quantity of TXT messages
- Direct integration with HCANJ website and Facebook
- Monitoring of Ham Radio

Pre-Land Fall Operations

- Distribution of NWS Weather briefings
- Compiled pre-storm LTC bed availability
- Evacuation and decompression
- Distributed internet resources for travel, power company info, weather, and generator rental companies
- New accounts into our Amerilert system?
- Personal preparedness

HURRICANE CENTRAL

SANDY POWER OUTAGES



Sandy's Landfall

- First priority afterwards – Conduct HCANJ Headquarters and personnel property damage assessment – Is everyone OK?
- Electricity! Power sources are critical for office equipment, but useless without internet!
- How does HCANJ's emergency management operations continue to support our members?
- What capabilities do we currently have? How do we sustain them? iPhones, iPads, office battery backup used for iPhone charges



- Over 8.1 million power outages
- Storm surge – 4-9 feet – Monmouth/Middlesex Counties
- Rainfall – 5-11 inches
- 820 Miles covered with tropical-force winds
- > \$50 Billion in damages
- 147 Deaths (Atlantic Basin/72 in mid-Atlantic and Northeastern US.

Source –
(http://www.nhc.noaa.gov/data/tcr/AL182012_Sandy.pdf)

LTC Impact



Waterview Nursing Home – Cedar Grove

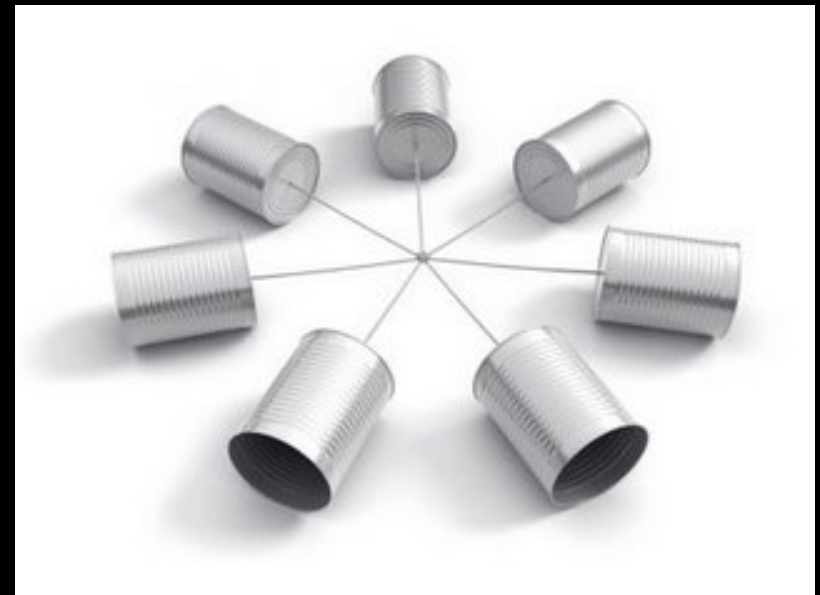
HCANJ Office Impact

- HCANJ Headquarters sustained damage from falling tree
- HCANJ Headquarters lost office power **13** times impacting both cable and internet services
- Majority of HCANJ staff lost power, cable/internet services



Communications

- Catastrophic loss of redundant communications including landlines, cell phones, fax, email, and internet
- What did this mean for HCANJ?
 - LTCs either could NOT report impacts
 - OR
 - LTCs reported impact
 - BUT
 - HCANJ could NOT receive or send emails due to cable outage



Redundancy

(What was the work around?)

- The skies darkened outside of my house
- My house lost power
- Emails piled up in my “outbox”

BUT

- I could still use my iPhone to access the internet and Amerilert!
- I used Amerilert to notify our members of Email server issue
- Immediate conversion to Gmail
- Ability to advise OEM and HCC restored
- I still needed a means to charge my phone – (my truck office)
- Use of office battery power back ups for charging at night

Problems

- I still had 75 emails to convert – causing notification delays
- All of my contacts were not readily available in Gmail
- OEM and HCC partners didn't have my Gmail address
- Emergency management and LTC stakeholders continued to send information to Dave@hcanj.org
- When HCANJ's email server was restored – my inbox became flooded with emails that had to be cross referenced

AND

- The emails in my outbox were then “sent” causing confusion for situational awareness with response partners
- Emergency management and LTC stakeholders also had their email servers compromised – when they got back on line – additional confusion of situational awareness occurred.
- Facilities reverted to TXT messaging without providing identifiers in their message – “Who are you!?”

NJDOH - HCC



HCANJ's HCC Mission

- Serve as direct LTC liaison to NJDOH
- Serve as direct LTC liaison to NJOHSP
- Assist with resource requests
- Prevent potential LTC evacuations
- Troubleshooting for healthcare continuum
- Garner and distribute bed availability
- Continued distribution of situational awareness

What was needed?

Who needed it?

Where do you get it?

When do you really need it?

- Power
- Fuel – gasoline and diesel
- Transportation
- Beds
- Linens
- Water – (due to boil water advisories)
- Basic Situational Awareness – Planning purposes
- Oxygen
- Generators
- Healthcare workers (ER nurses)
- Pharmaceuticals (Shelters)
- Just a place to “plug in”

Staffing

- Needed gasoline for transportation
- LTC Healthcare workers were NOT eligible for prioritization of fuel at depot stations as hospital doctors and nurses were
- Healthcare workers are still (in our home rule state) not always recognized as “essential personnel” by law enforcement (although there was not a statewide travel ban)

LTC Generators

- Most LTCs have them (Average - 287KW) but, are they sufficient to safely shelter in place?
 - Answer – “Yes”
- Not really designed to function for extended periods of time – many breakdowns!
- Decreased availability
- Fueling issues

Beds

- What is the definition of “bed”?
 - Licensed? Surge?
- Bed availability to support decompression and potential surge
- What are the expectations? Staff, supplies, food, water etc...
- How is bed availability best communicated?
- What are the problems? Reimbursement?

LTC Critical Response Issues and Areas for Improvement

- LTCs did not anticipate power loss for extended period of time COUPLED with shortage of fuel supplies
- There is no “priority” restoration of electricity – unrealistic expectations
- Lack of fuel for employee vehicles and LTC staff were not provided fueling priority
- LTC workers not always recognized as “essential personnel” by OEM

LTC Critical Response Issues and Areas for Improvement (cont'd)

- LTCs did not anticipate a catastrophic loss of communications – many lacked redundant means of communication
- TXT message identifiers and reporting protocols were not followed
- Failure to provide information when reporting issues via email slowed response system efforts

LTC Critical Response Issues and Areas for Improvement (cont'd)

- LTCs did not maintain their Amerilert account information up-to-date
- Some critical LTC staff were not familiar with facility emergency plans
- NJDOH regulatory reporting hotline did not function at all times

Other Areas for Improvement

- Three deep personnel do not have intimate knowledge of healthcare/public health emergency management protocols
- HCANJ headquarters are not provided with an emergency generator
- HCANJ server indicates when power is out, but not when cable service is out (redundant cable provider to be procured)
- HCANJ Outlook contacts are not readily accessible in Gmail

Other Areas for Improvement

(cont'd)

- Amerilert system limited to only 3 facility email addresses – (since expanded to 6)
- Extended operational periods create stress on personnel
- Initial confusion on reporting of healthcare issues via NJDOH Medical Coordination Center facilities

Other Areas for Improvement

(cont'd)

- NJDOH data analysis and collection hindered effective troubleshooting and response with the HCC – Unclear operational period objectives
- Inconsistent use of Incident Command System
- HCANJ's Emergency Management Plan was "approved" internally, but had never been formally reviewed and commented upon by NJDOH (plan indicated need to utilize space within the Health Command Center for response operations in support of members)

My Message to LTCs

- Don't wait till the 11th hour
- Pre-event relationships
- Recognize the importance of LTCs with coalitions
- LTCs need to speak the language of ICS
- Educate/train
- Exercise
- Develop event AAR/IP and follow up
- Redundancy is key
- Maintain and communicate situational awareness

References

Brown, L., Dosa, D., Thomas, K., Hyer, K., Feng, Z., & Mor, V. (2012). The effects of evacuation on nursing home residents with dementia. *American Journal of Alzheimer's Disease and Other Dementias*, 12(406), Retrieved from <http://aja.sagepub.com/content/27/6/406>

Thank You!

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Let's hang out sometime
during the brief period
between apocalyptic
death storms.



som^{ee}cards