Ambulatory Emergency Preparedness

Lessons Learned and Implemented Post-Sandy

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Senior Vice President & Executive Director
Ambulatory Services

Nick Stefanizzi
Director, Management Services
Ambulatory Services

North Shore **LIJ**

Agenda

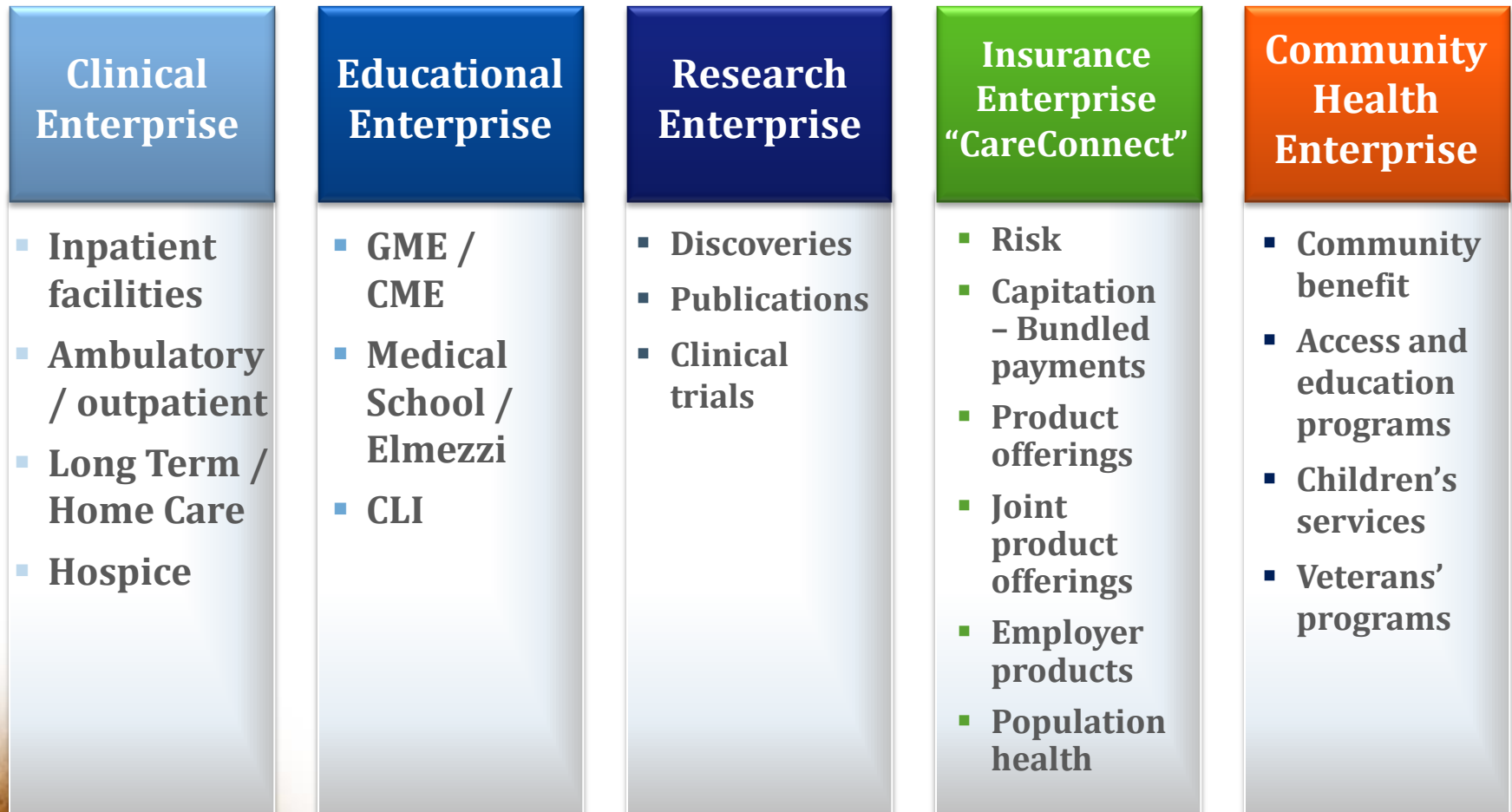| Topic	Presenter
1) Introduction: Our Health System	Joseph Moscola
2) Super-Storm Sandy: Our Experience	Nicholas Stefanizzi
3) Ambulatory vs Inpatient Preparedness	Nicholas Stefanizzi
4) Lessons Learned and Implemented	Nicholas Stefanizzi
5) Facilitated Discussion	Joseph Moscola

North Shore-LIJ Health System Today: *At A Glance*

Cleveland Clinic (Strategic Alliance)

Ohio

Montefiore (Strategic Alliance)

Hackensack (Strategic Alliance)

H **Glen Cove**

H **Huntington**

H **Syosset**

North Shore University

H **Lenox Hill**
* MEETH
● Center for Comprehensive Care (under construction)

Zucker Hillside

F **The Feinstein**

H **Plainview**

H **Long Island Jewish**

Forest Hills

Cohen Children's

Hofstra North Shore-LIJ School of Medicine

H **Nassau University** (Affiliate)

Southside

H **Franklin**

South Oaks

16 hospitals
H 5 tertiary hospitals
H 7 community hospitals
H 3 specialty care hospitals
H 1 affiliate hospital
* Manhattan Eye, Ear & Throat Hospital

Nearly 400 ambulatory physician practices

H **Staten Island University (North)**

H **Staten Island University (South)**

2012 Key Facts

- 16 hospitals (More than 6,000 hospital and long-term care beds)*
  - 5 tertiary • 7 community
  - 3 specialty • 1 affiliate
- 3 skilled nursing facilities
- Nearly 400 ambulatory physician practices
- 34 nursing home/senior living affiliates
- The Feinstein Institute for Medical Research
- Comprehensive continuum of care
- Strategic alliances
  - Cleveland Clinic
  - Hackensack University Medical Center
  - Montefiore Medical Center

- 7 million people served
- 4 million patient contacts
- 133,400 ambulatory surgeries
- 283,700 hospital discharges
- 25,600 births
- 640,000 emergency visits
- 503,700 home care visits
- 91,400 ambulance transports
- More than $6.7 billion in revenue
- 3rd largest non-profit, secular healthcare system in the U.S.

- More than 44,000 employees
  - More than 10,000 nurses
  - More than 9,440 physicians
  - More than 1,500 medical residents and fellows
- More than $646 million (11.9 percent of operating expenses) contributed in community benefit by offering 2,053 programs serving 1.6 million people and 23,000 health professionals
- Recipient of the National Quality Forum's 2010 National Quality Healthcare Award
- Hofstra North Shore-LIJ School of Medicine

*Does not include affiliate organizations

The System Today

Clinical Enterprise	Educational Enterprise	Research Enterprise	Insurance Enterprise "CareConnect"	Community Health Enterprise
- Inpatient facilities - Ambulatory / outpatient - Long Term / Home Care - Hospice	- GME / CME - Medical School / Elmezzi - CLI	- Discoveries - Publications - Clinical trials	- Risk - Capitation – Bundled payments - Product offerings - Joint product offerings - Employer products - Population health	- Community benefit - Access and education programs - Children's services - Veterans' programs

Partnerships

Our Ambulatory Network

- Nation's sixth-largest physician group practice with more than 2,500 physicians
- $1.4 billion annual operating budget
- 400 points of access (CVS minute clinics, physician offices, multidisciplinary medical home practice sites, health centers, large ambulatory complexes, and free standing emergency departments)
- Over 5,000 employees (over 200 practice managers)

Our Ambulatory Network
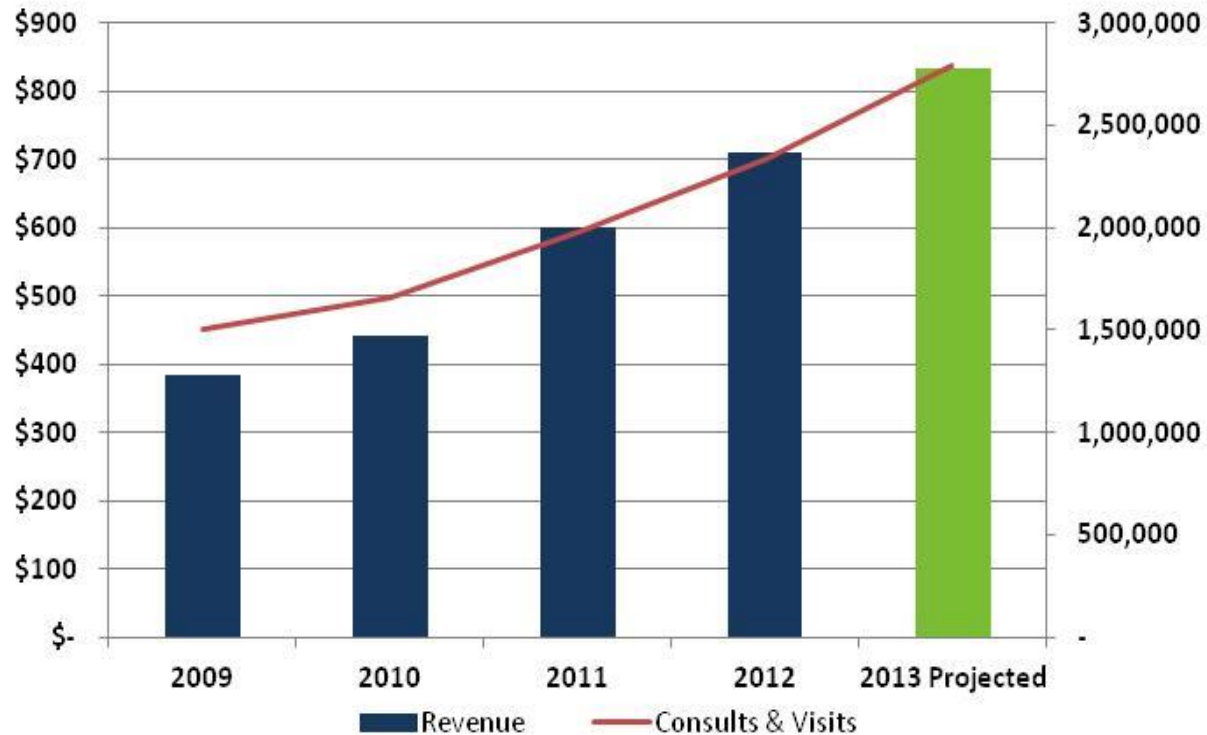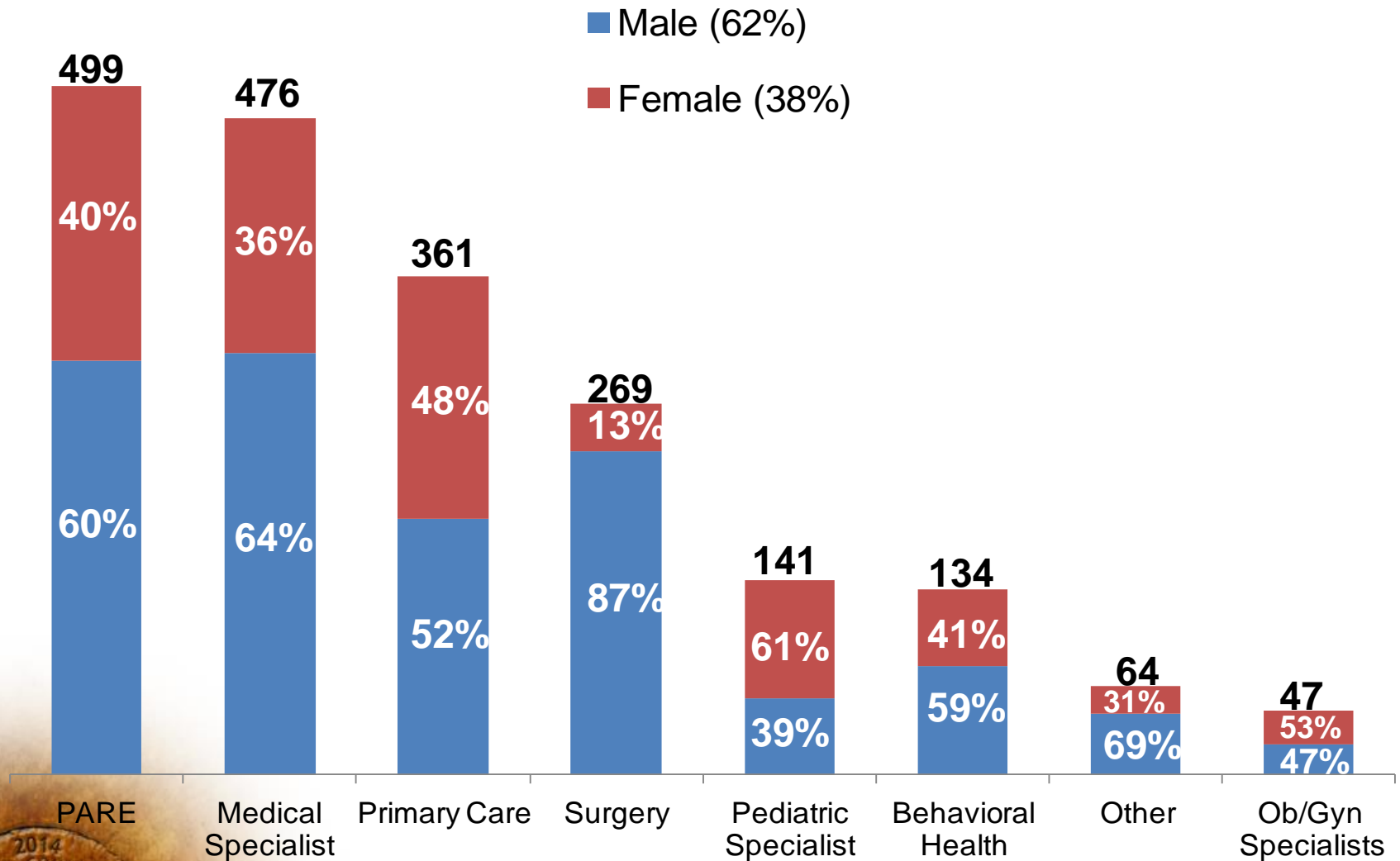
Our Physicians

Our Physicians
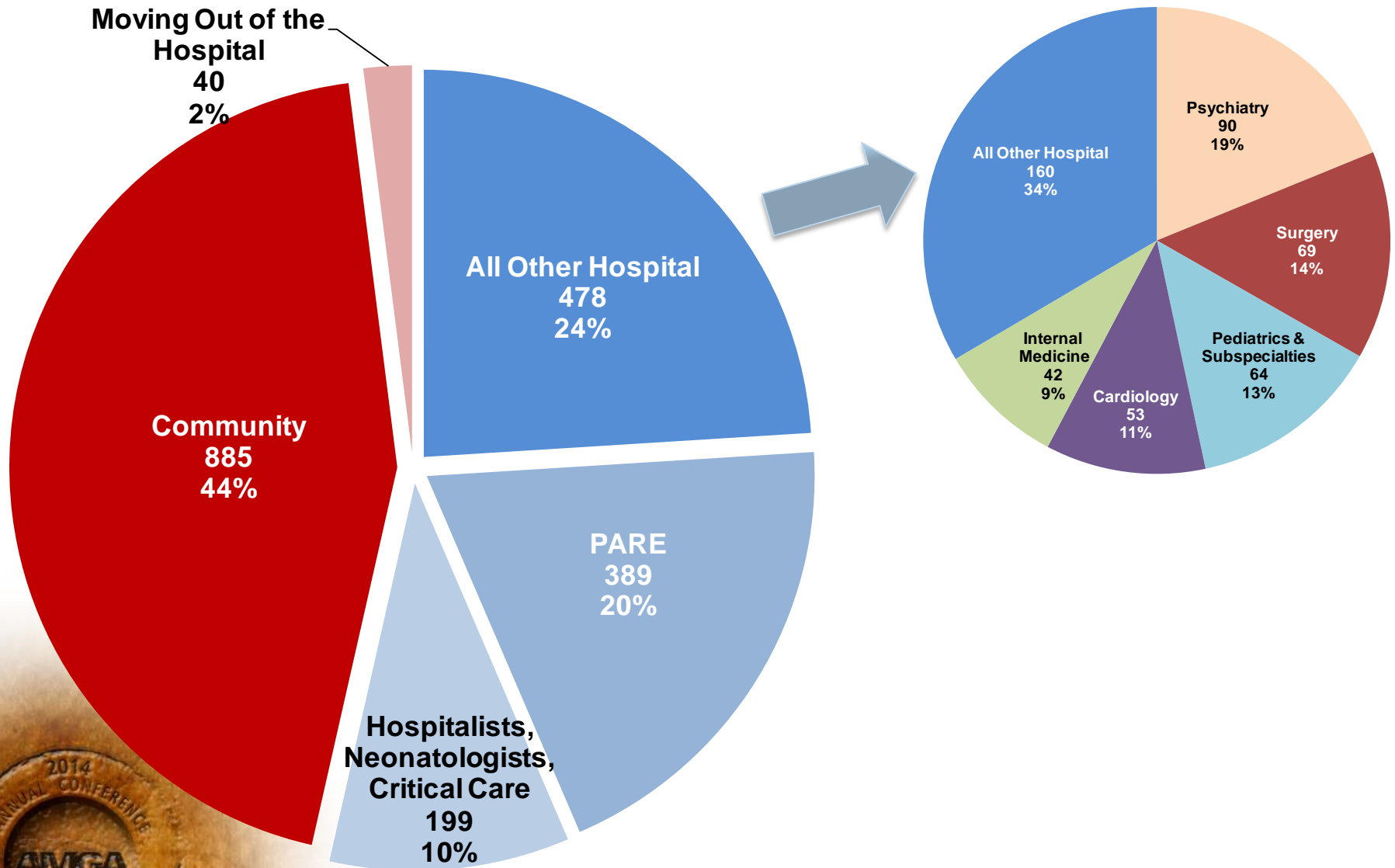
Managing The Ambulatory Network

Ambulatory Services	Service Lines / Chairs	Medical Group

Develop & Implement Ambulatory Strategy

Drive strategy across the continuum of care

Coordination across the Medical Group

- Joint Ventures
- Large Ambulatory Complexes
- Operational Support

- Assume accountability for quality, service and efficiency

- Develop a common culture
- Foster multidisciplinary practice referrals

Our Service Lines

Service Line	SVP, Executive Director	Administrator	Sites	Revenue
Neurosciences	Raj Narayan, MD	Susan Browning	15	$47M
Head & Neck Institute	Peter Costantino, MD		14	$27M
Cardiovascular	Stanly Katz, MD, Alan Hartman, MD	William O'Connell, RN	48	$178M
Emergency Medicine	John D'Angelo, MD	Carleigh Gustafson, RN	4	$113M
Cancer Institute	Louis Potters, MD, Daniel Budman, MD	Meredith Feinberg	13	$120M
Medicine	Thomas McGinn, MD	Lisa Alvarenga	70	$162M
Obstetrics & Gynecology	Adiel Fleischer, MD	Elizabeth Sellman	30	$98M
Pediatrics	Charles Schleien		38	$96M
Surgery	Eugene Coppa	Emily Kao	37	$84M
Behavioral Health	John Kane, MD	Joseph Schulman	35	$38M
Imaging	Jason Naidich, MD	Cindy Kubala	18	$73M
Orthopedic Surgery	Nicholas Sgaglione, MD	Nina DePaola	19	$34M

6' Tall 7th Grader

Overview of NSLIJ Emergency Preparedness

- 1997: Integrated system-wide emergency preparedness efforts

- In the same year, directive given to make emergency preparedness training part of leadership core competency

- Expanded system emergency management to include expert assistance and subject matter experts

- Currently provide training in Health Care Emergency Management, Incident Command, and Crisis Intervention as a designated Learning Center for the Center of Domestic Preparedness

- NSLIJ Emergency Management and Business Continuity Plans were a key component of the National Quality Forum Award for Quality and was recognized as best practice by the Joint Commission

Major Health System Emergency Events

- 1999 – Y2K; Hurricane Floyd

- 2000 – Weapons of Mass Destruction Conference

- 2001 – September 11th; Anthrax cases

- 2003 – Northeast Blackout

- 2003 – SARS Outbreak

- 2005 – NYC Transit Strike

- 2009 – Pandemic H1N1 Outbreak

- 2010 – Christmas Blizzards

- 2011 – Hurricane Irene

- 2012 – Hurricane Sandy

Impact of Superstorm Sandy

Power outages at peak: Over 8.5m   **0** Reported deaths

- **Over 1 million without power**
- **100,000 to 1 million**
- **10,000 to 100,000**

QUEBEC

NEW BRUNS.

NEW YORK 2.1m — 23% *of state total*

CANADA

Ottawa

UNITED STATES

ONTARIO **145,000** *1%*

MI

ME

Toronto **1** ◉

VT

29

1 NH **142,000** *19%*

OH **2** **267,300** *4%*

PA **1.3m** *19%*

3 MA **298,000** *7%*

RI **117,000** *23%*

CT **626,500** *31%*

New York City ◉

6

NJ **2.6m** *65%*

WV **5** **271,700** *27%*

VA **2** **182,800** *4%*

2 **2** DE

MD **311,000** *9%*

Washington D.C.

NC **2**

100km
62 miles
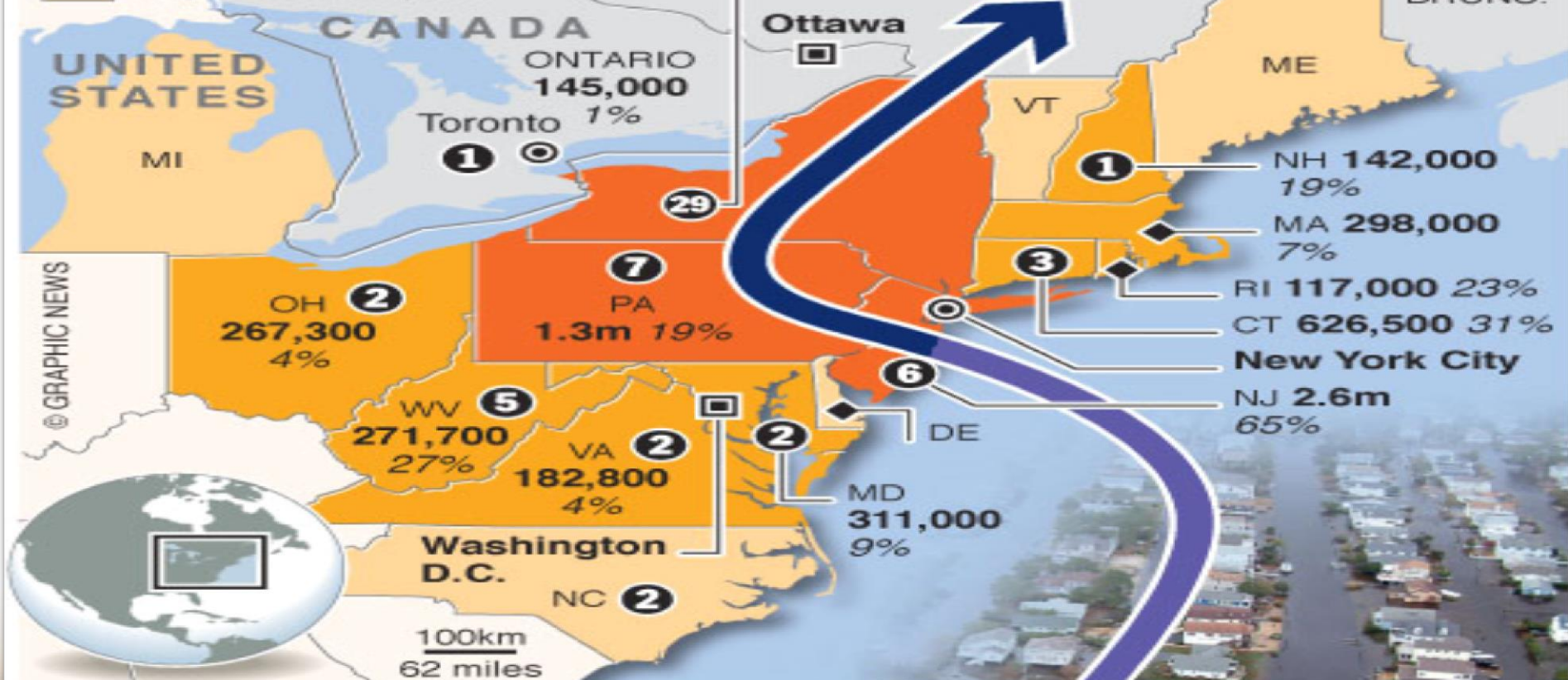
- Max. size of storm: **1,600km across**
- Highest surge: **4.23m, New York**
- Most rainfall: **31.88cm, Easton, Maryland**
- Most snow: **71cm, Redhouse, Maryland**
- Evacuation zone: **640km of coastline**
- Flights cancelled: **Over 18,100**
- Damage: **Est. $20 billion**

Sources: NOAA, U.S. Department of Energy

© GRAPHIC NEWS
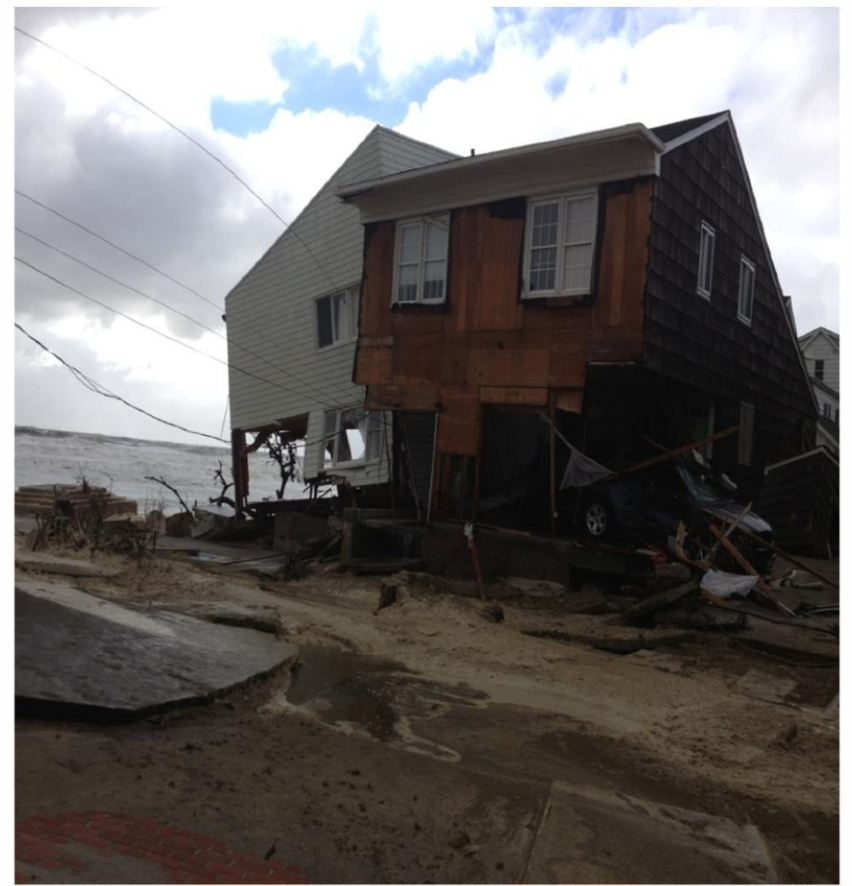
Rockaway, Queens

Rockaway, Queens
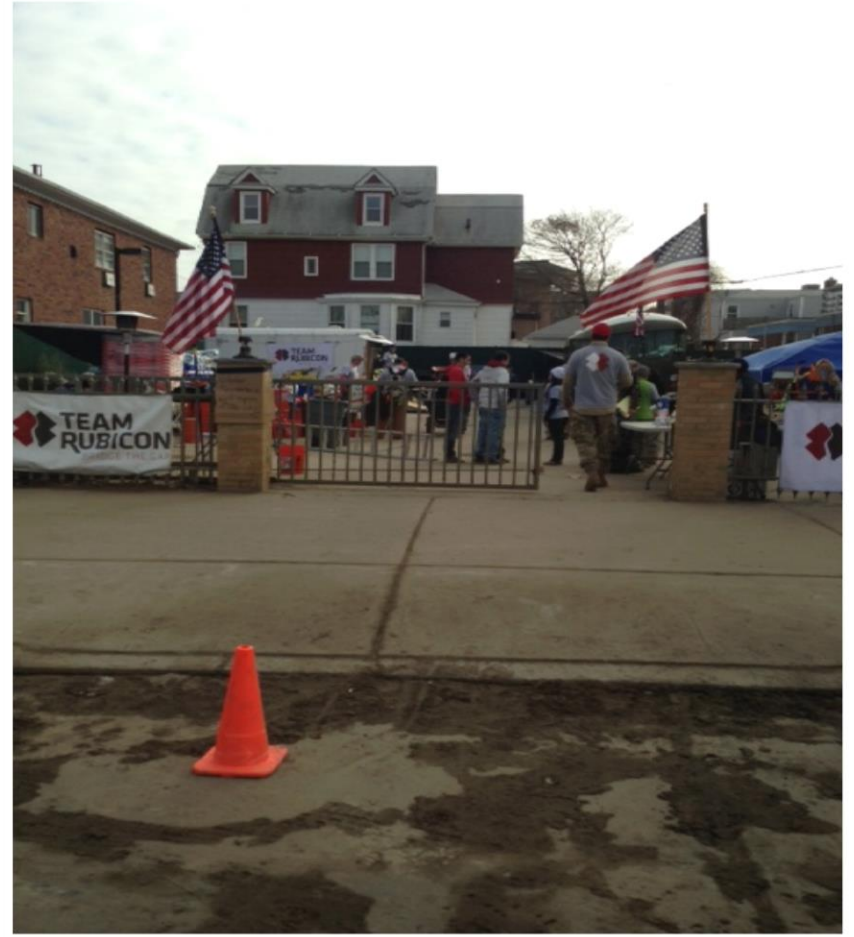
Long Beach, NY

Ambulatory Network - 10/30/12
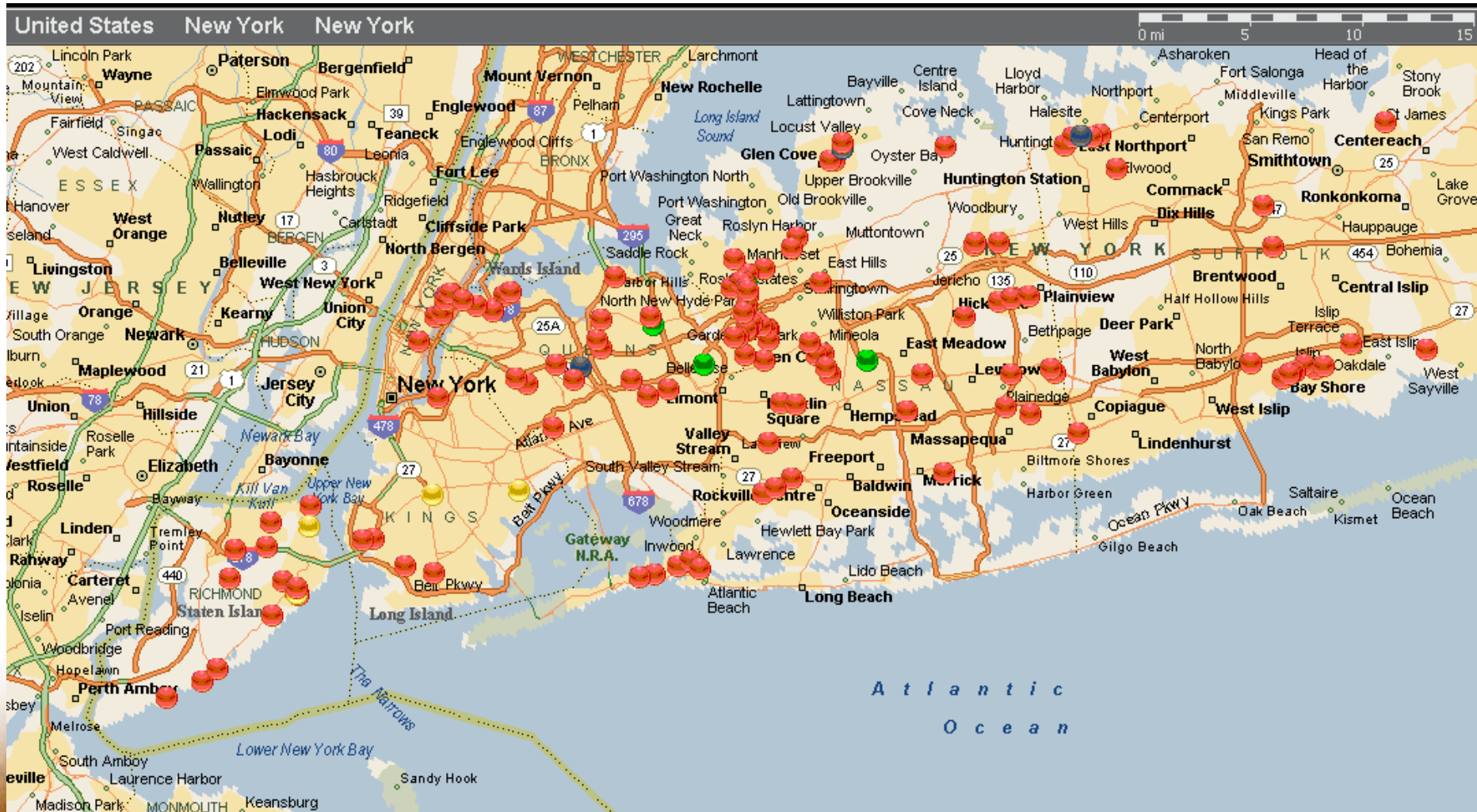
Ambulatory Network - 11/6/12

Practice Recovery Timeline

Practices 30 OCT 2012 - 6 NOV 2012
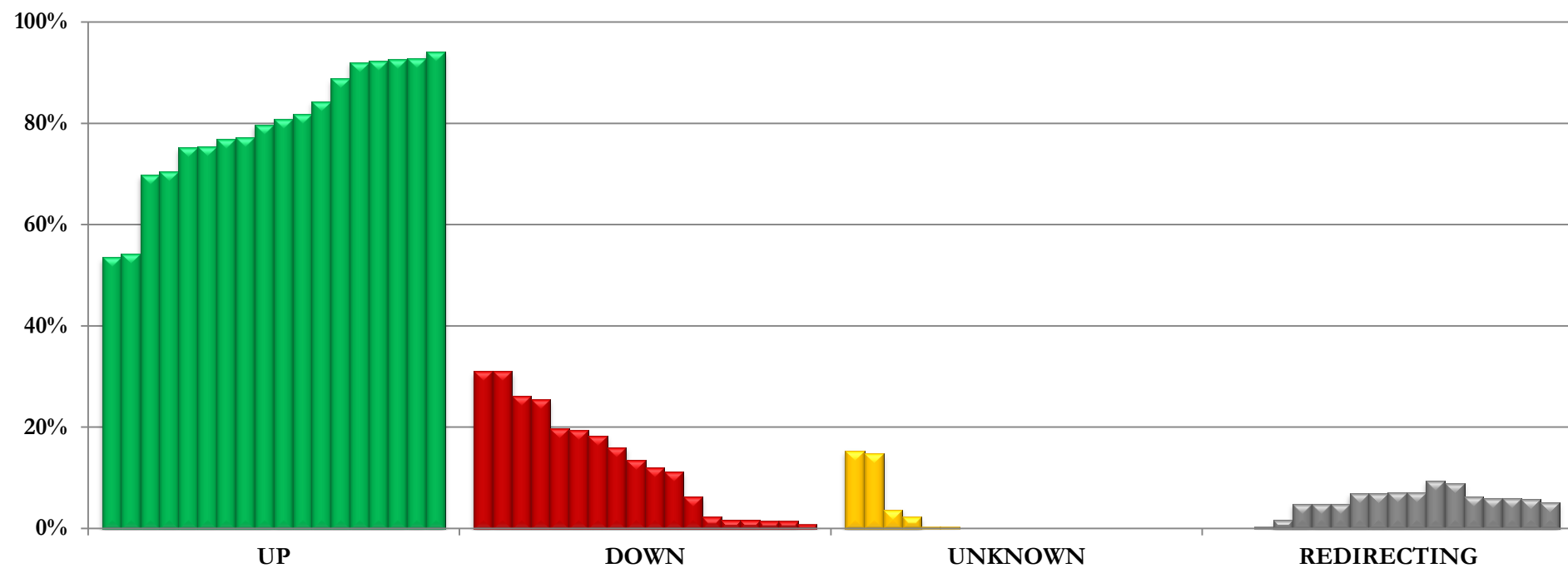
Over 99% of practices either operational or providing services at alternate locations

Practice Recovery Process

Stage	Steps:	Action:
1 **Evaluate Facility** *(Safe to Occupancy?)*	Complete '*PAANS Post Disaster Recovery Checklist*' →	**Send completed report to PAANS EOC** ***IF SAFE TO OCCUPY, APPROVAL TO PROCEED TO STAGE 2*** *IF NOT* *WILL BE MOVED TO STAGE 3**
2 **Evaluate Staff** *(Available to Work?)*	Confirm Available MDs → Confirm Available Staff →	**Inform PAANS EOC of Status** ***IF STAFFING IS ADEQUATE APPROVAL WILL BE GRANTED TO OPEN PRACTICE,*** *IF NOT WILL BE MOVED TO STAGE 3**
3 **Establish Contingency** *(If needed)*	Issue: Power/Safety (Facility) Issue: Staffing Issue: Equipment Issue: IT / Telecommunications	**Short Term** 1-Delayed Opening 2-Communication with patients, physicians, & staff 3-Monitor and reassess / **Long Term** 1-Extended Delay vs Alternative location 2-Communication with patients, physicians, & staff 3 - Charts/Meds/Equip 4- Monitor and reassess
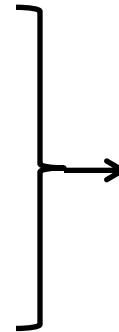
PAANS EOC to Coordinate the ETA For Restoration Considering Clinical Urgency & Alternatives

OK, So You Did Pretty Good…But…

What Did You Learn?

Lessons Learned During Sandy

Internal

- Need a comprehensive database of practices and operational information
  – In process

- Need to clearly define and articulate Service Line operational responsibilities in emergency response

- Need to memorialize contingency plans (i.e. temporary relocation) established for practices

- Communication with Chairs should begin earlier in the process

- Communication with all stakeholder groups requires formal processes.

External

- Establish regular reporting intervals to Health System Command Center

- Need to refine and centralize (to the extent possible) patient communication strategy based on Hurricane Sandy experience
  – Televox
  – Phones
  – Answering services
  – Health System/Medical Group Websites
  – Social Media

OK, So You Learned Something…But…

What Have You Done?
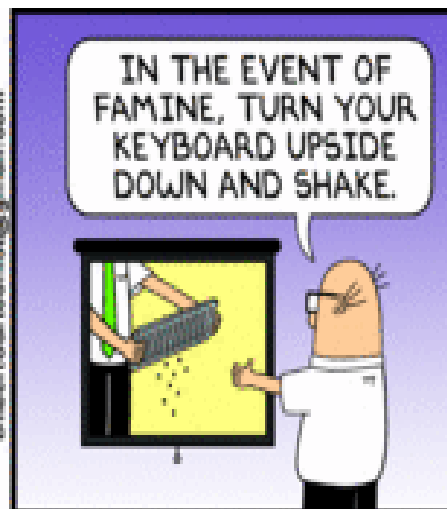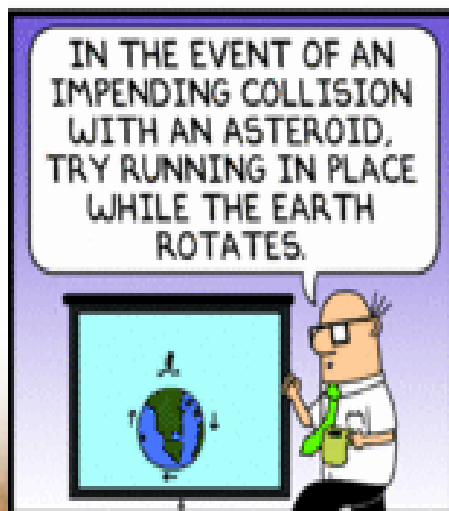
Emergency Preparedness Strategy
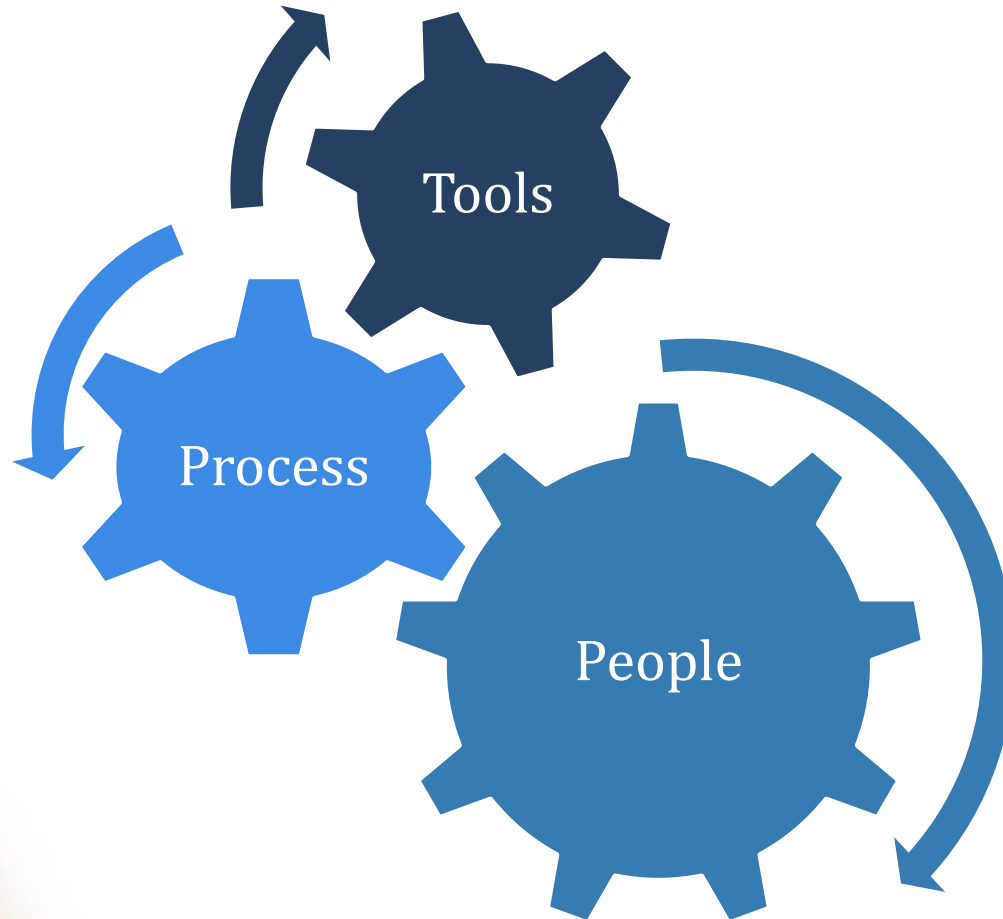
Ambulatory Stakeholder Groups

Overall Emergency Response Framework

Service Line Engagement
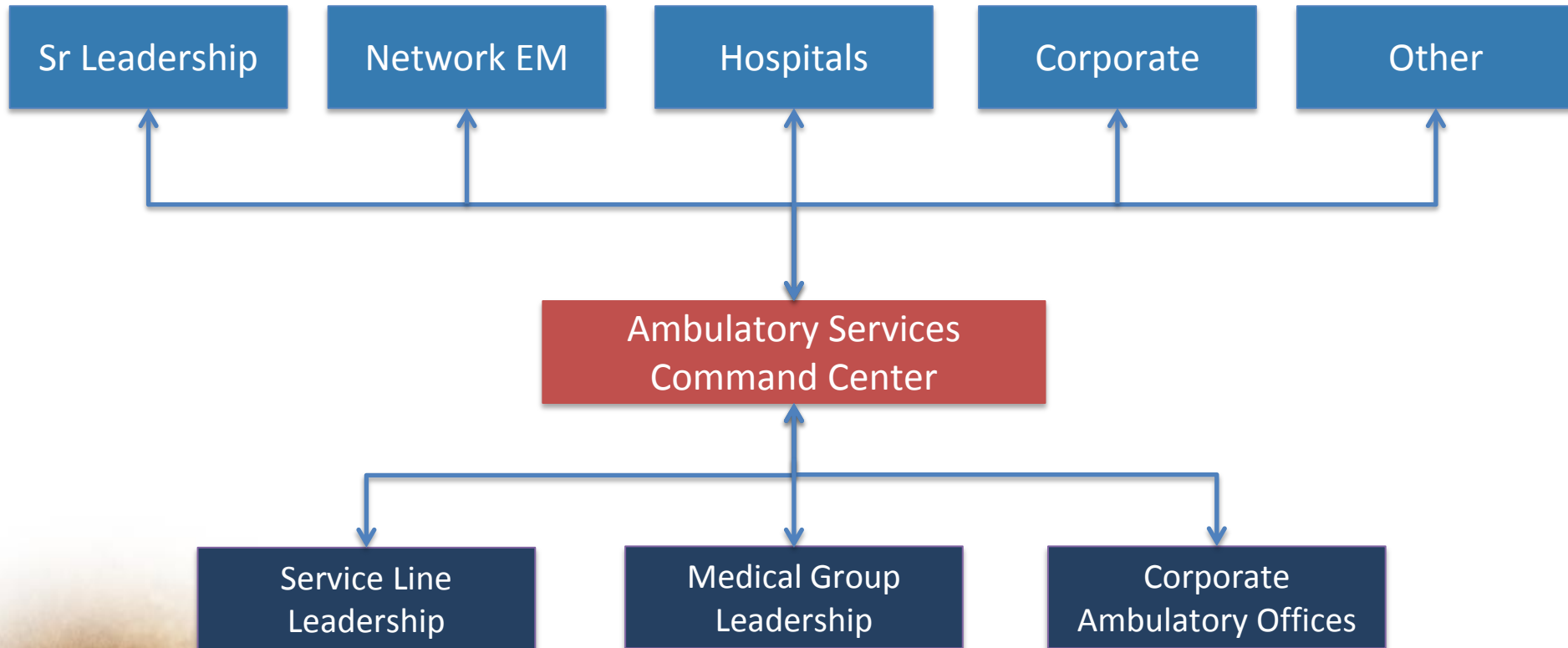
Ambulatory Services Command Center

Ambulatory Services Provides:
- **Situational Awareness**
- **Recommended Response**
- **Coordination and Escalation**

Service Lines Provide:
- **Practice Specific Status Updates**
- **Patient and Physician Communication**
- **Resource Needs**

Cardiology
- Practice
- Practice
- Practice
- Practice

Imaging
- Practice
- Practice
- Practice
- Practice

Medicine
- Practice
- Practice
- Practice
- Practice

OB/GYN & Pediatrics
- Practice
- Practice
- Practice
- Practice

Surgery
- Practice
- Practice
- Practice
- Practice

Neuro
- Practice
- Practice
- Practice
- Practice

Head & Neck
- Practice
- Practice
- Practice
- Practice

Emergency Medicine
- Practice
- Practice
- Practice
- Practice

Cancer
- Practice
- Practice
- Practice
- Practice

Ortho
- Practice
- Practice
- Practice
- Practice

Traditional HICS Model

Severity →

4 — Major

3 — Moderate

2 — Minor Impact

1 — Alert/Awareness

Ambulatory Activation Levels

Severity

5 Severe Enterprise Wide Impact

4 Enterprise Wide Impact

3 Regional/Geographic Impact

2 Practice/Building Impact

1 Alert/Awareness

Each level has defined actions and considerations for Ambulatory, Service Lines, and Practices

Emergency Response Prioritization

Critical Services
Tier 1

- **Dialysis**
- **Cancer Services**
- **Urgent Care**
- **Rheumatology**
- **Imaging Services**

Strategic Assets
Tier 2

- **Medical Office Buildings**
- **Regional Relocation Hubs**
- **Centralized Call Center**

Clinical Priorities
Tier 3

- **Pediatrics**
- **OB/GYN and Reproductive Health**
- **Geriatrics**
- **Physical Medicine and Rehabilitation Services**
- **General Practice Physician Offices**

Stakeholder Communication

Type of Notification	All Users	Ambulatory Executives	Physicians	Non-Physician Users	Service Line Leadership	Administrators & Managers
Planned Outages	xx	xx	xx		xx	xx
Unplanned Outages	xx	xx	xx		xx	xx
Upgrades	xx	xx	xx	xx	xx	xx
Timeline for Updates	Immediate	As Needed	4-6 Hrs	4-6 Hrs	2-4 Hrs	1-2 Hrs
Persons Responsible for Updates	Boukas	Boukas	Adler	Boukas	Boukas	Boukas
How Updates are Sent	Email MIR 3	Executive Summary	Executive Summary	Executive Summary	Executive Summary	Email MIR 3

Practice Relocation Strategy

Medication Relocation Strategy
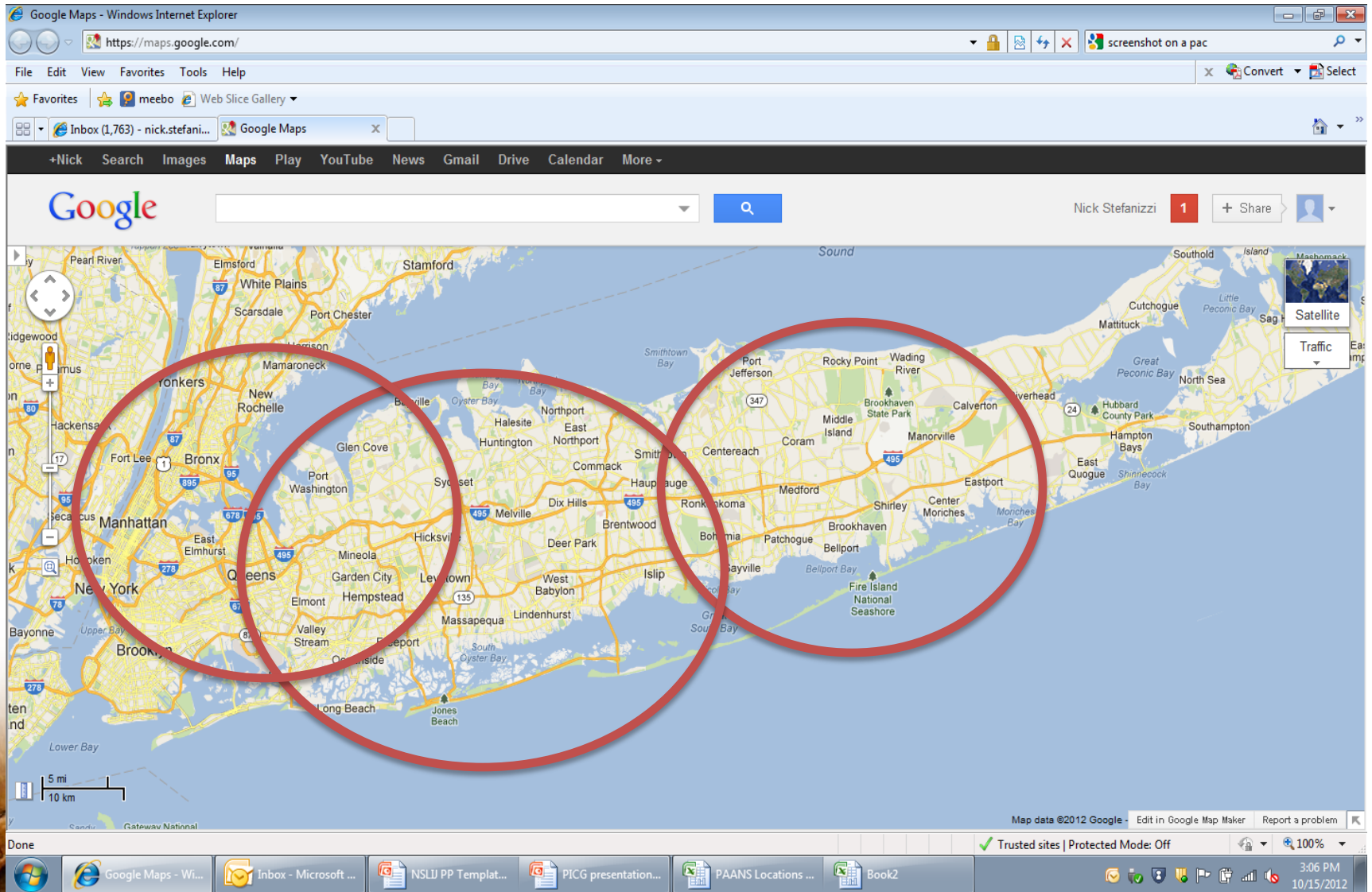
Evolving Support Needs

Hospital → Practice → Community

Community Based Support Model

Medical Van Deployment

- **Humanitarian effort**

- **No insurance requested**

- **No billing**

- **Simple paper records**

- **Sites based on need**

Community Based Support Model

209 Cross Bay Blvd Broad Channel

150 West Bay Dr. Long Beach

24 Days, 524 Patients

Employee Engagement in Preparedness

Training and Education

- Developed Ambulatory Specific Preparedness Curriculum
- Trained over 100 Practice Managers and Administrators and 2013

Drills, Exercises, and Evaluations

- Conducted first joint inpatient and ambulatory exercise in history of health system in 2013
- Two drills/exercises to be completed annually
- Employee participation in annual HVA process

Employee Forums

- Emergency Management Steering Committee Launched
- Monthly Administrator Meeting – Regular Updates
- Monthly Practice Manager Forum – Regular Updates

Practice Database

Practice Database

Service Specific Modules

Data Field Example

Practice Level Entry Point

1554 Northern Blvd	5th Floor	OBGYN	Ann and Jules Goittlieb Comprehensive Women's HC

Landing Page

Executive Summary Statistics:

- **Number of Practices**
- **Number of Locations**
- **Number of Service Lines**
- **Help/Hotline Numbers**

Practice Level Entry Point

1554 Northern Blvd	3rd Floor	Physical Medicine	Transitions of LI

Practice Level Entry Point

1554 Northern Blvd	1st Floor	Urology	The Smith Institute for Urology Waldbaum Center

| #	Module	Data Field Example
1	Practice Profile	*Phone #, Hours of Operation*
2	Emergency Management	*Practice Status Report*
3	Property Management	*Snow Removal Vendor*
4	IT	*EHR, IDX vs. Non-IDX*
5	Operations	*Site Visits*
6	Clinical Operations	*Scope of Practice*
7	Human Resources	*Number of Employees*

Smartphone App - Overview
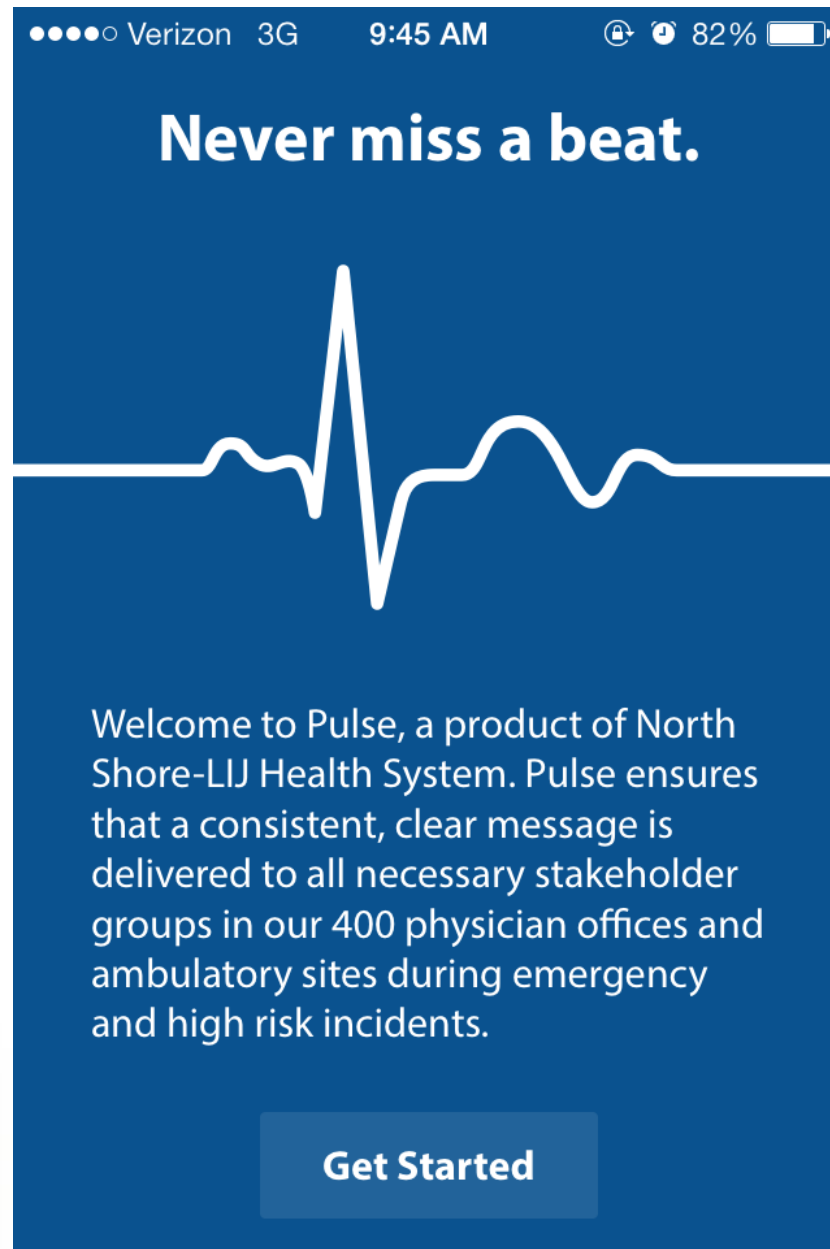
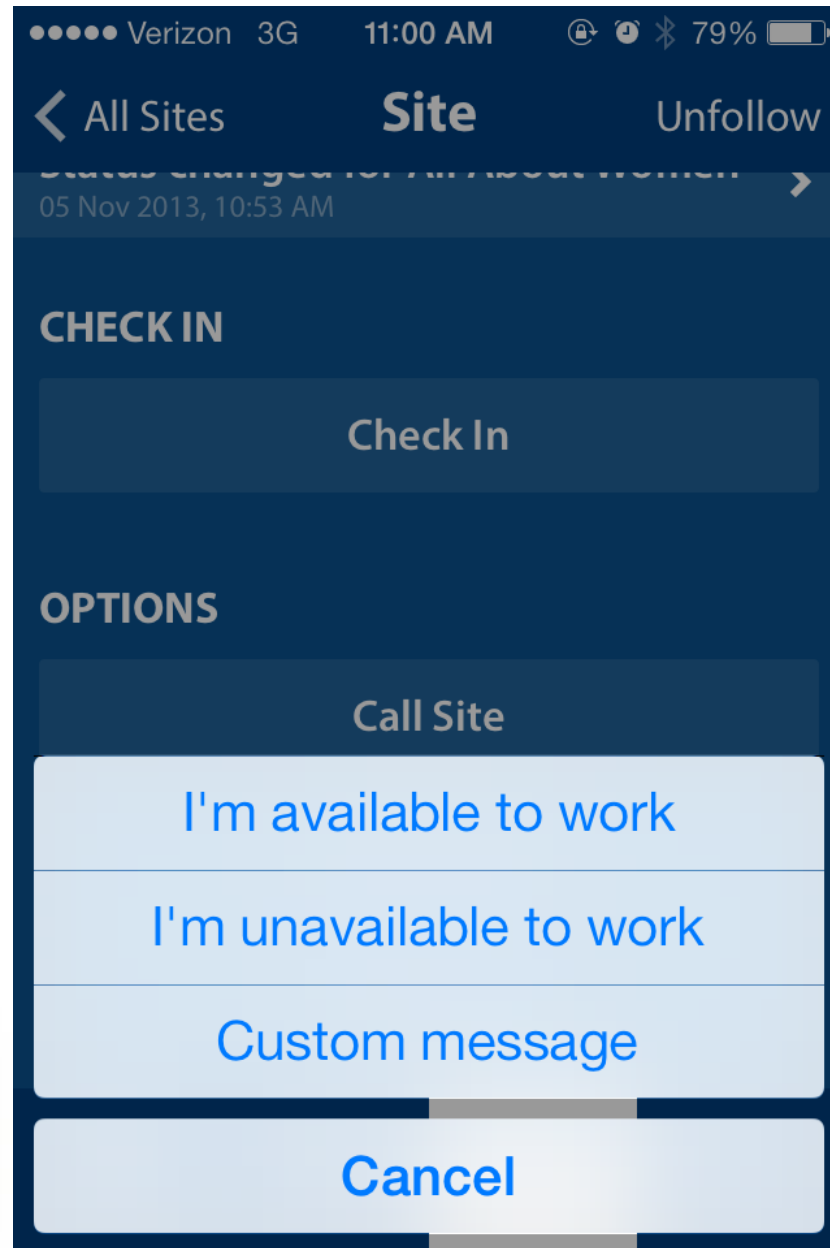# Smartphone App – Site Listing
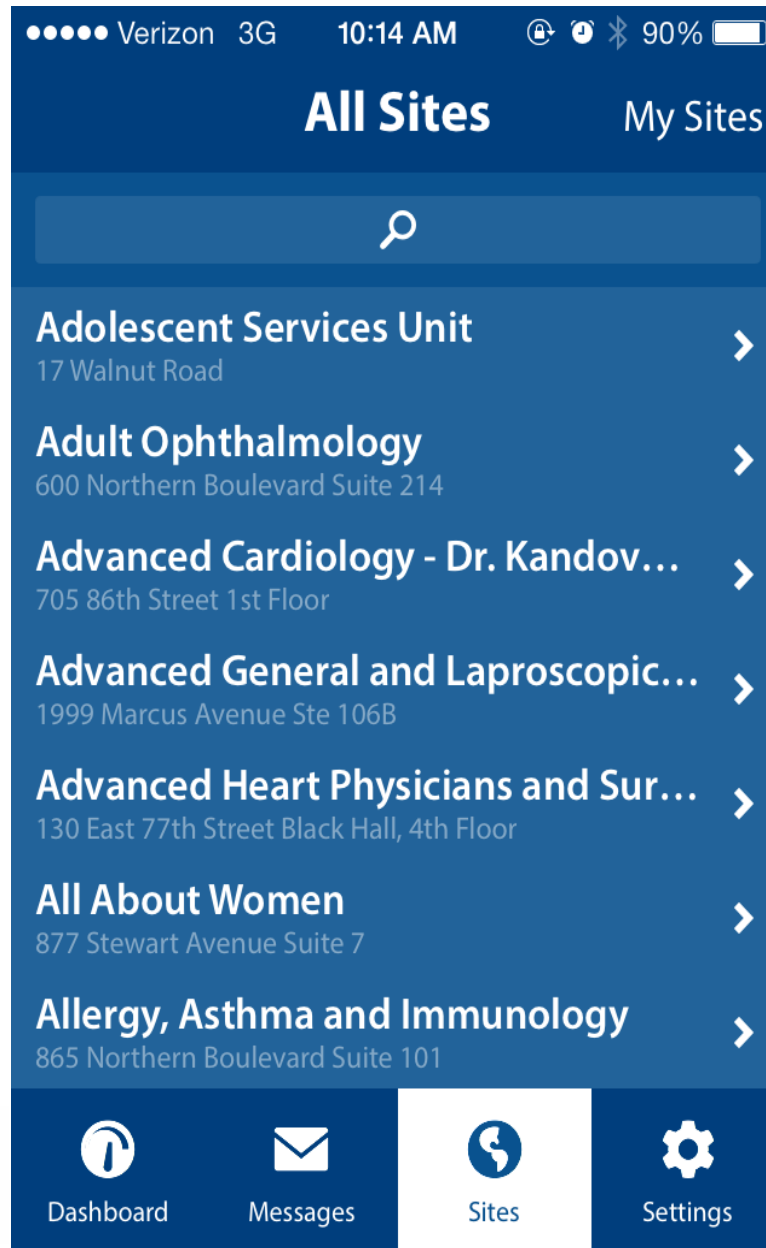
Smartphone App – Site Pages
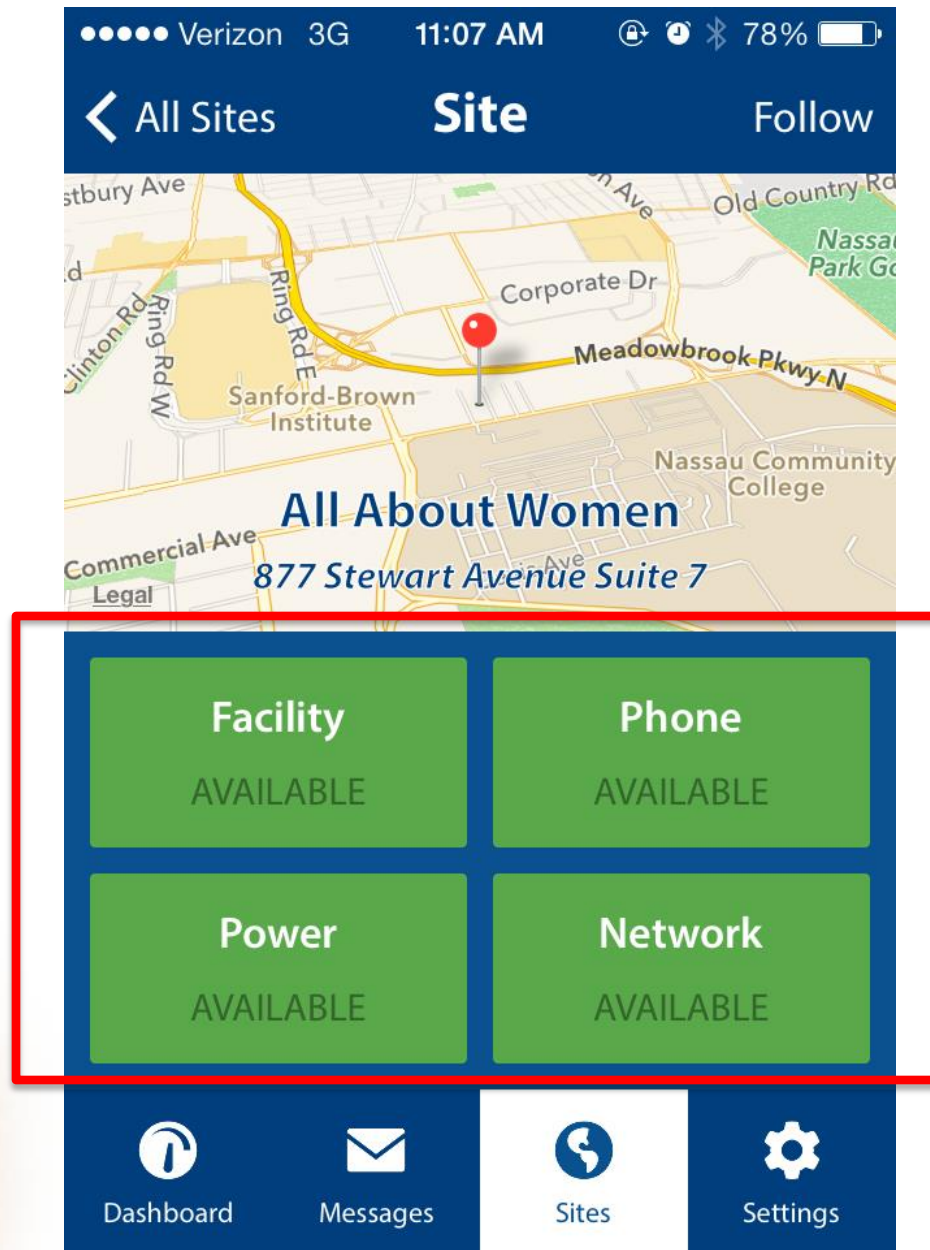
Smartphone App – Check In

Smartphone App – Report an Issue

Smartphone App – Dashboard
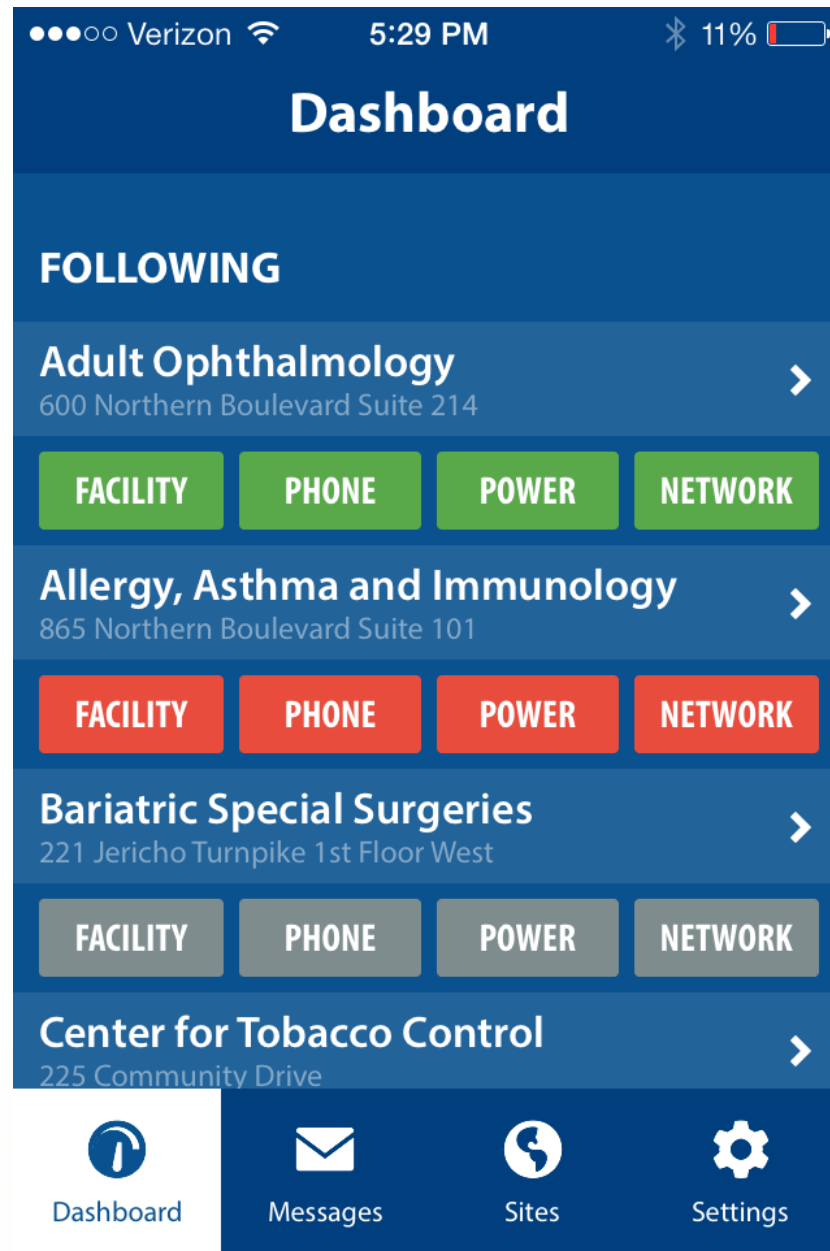
Mitigation

Business Continuity Planning

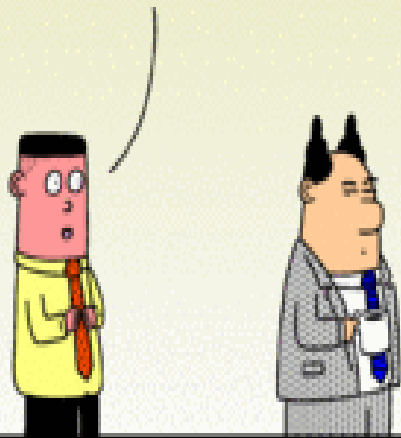| Scenario	Action Item
1 — Critical Systems Unavailable	Improve downtime readiness and each practice location
	Collaborate with IT to enhance downtime "view" capabilities
2 — Communications Unavailable	Prioritize and implement redundancy across network
	Develop strategy to leverage Central Call Center during outages
3 — Facility/Practice Unavailable	Inventory vacant real estate and develop procedures to operationalize
	Develop generator deployment strategy
4 — Key Supplies/Vendors Unavailable	Develop central inventory management strategy and stockpile
	Inventory equipment and develop redeployment strategy
5 — Personnel/Staff Unavailable	Explore regional and service line staffing models
	Develop comprehensive transportation strategy

Additional Areas of Focus

- **Upgrade of Mass Communication Capabilities**

- **Generator and Redundant Power Strategy**

- **Employee Transportation Strategy**

Questions?