Superstorm Sandy: Lessons Learned in Emergency Management

Presented by:
Mary J. Pradilla, BSN,BA,MS
Maryanne L. Popovich, RN, MPH

Overview

The session will:

- describe the essential components of an emergency operations plan (EOP)
- describe the experience of a home health and hospice agency before, during and after Superstorm Sandy
- Outline a method to evaluate an EOP’s effectiveness
Definitions

**Emergency** – an unexpected or sudden event that significantly disrupts the organization’s ability to provide care, treatment, or services or that results in a sudden, significantly changed or increased demand for the organization’s services.

**Emergency Operations Plan (EOP)** – An organization’s written document that describes the process it would implement for managing the consequences of emergencies, including natural and human-made disasters.

Planning the Plan

**Before writing the plan, think about the plan!**

- Potential emergencies based on experience and probability
  - External (weather, police actions)
  - Internal (fire, blackouts, strikes)
  - Patient Surges (precipitous hospital discharges, capacity to admit and service)

- Consider role in community
  - Agency’s first responders
Phases of Emergency Management

- Mitigation
- Preparedness
- Response
- Recovery

Mitigation and Preparedness activities usually occur before the event.
Response occurs during.
Recovery occurs after.

Mitigation

Those activities an organization undertakes in attempting to reduce the severity and impact of a potential emergency.

Examples:
- Office structure – fire alarms, smoke detectors, sprinkler systems, escape drills, computer/phone back-up, alternate site identification
- Patient classification system/Staff identification
- Patient and Staff education
- Developing an EOP
- Evaluation following a drill or actual emergency
Preparedness

Activities an organization undertakes to build capacity and identify resources that may be used if an emergency occurs.

Examples:
- Identify Information Needs/Where to Obtain – nature of emergency, staff, system and community activities
- Patient and Staff communication
- Identification of Tangible Needs – food, water, telephones, computers, staff, vehicles, care supplies
- Decision to Activate the EOP

Response

Actions taken and procedures implemented by the organization when an emergency occurs.

- Process to initiate the EOP
- Manage patient care activities (notification, Hospice – evacuation)
- Manage staff activities (notification, identification, roles, reporting, back-up)
- Manage business continuity (intake, billing)
- Process to terminate the EOP
Recovery

Strategies, actions, and individual responsibilities necessary to restore the organization’s services after an emergency.

- Patient Communication
- Staff Communication
- Business Partners
- Evaluation of the Emergency /EOP

Atlantic Home Care and Hospice
Morristown, NJ

Superstorm Sandy
Agency Facts

- Certified Homecare and Hospice Medicare Agency
- Service Area: 6 counties in Northern NJ and 1 county in Pike PA
- Urban to rural areas
- Average daily census of 1,400 home care and 130 hospice patients
- 400+ employees
- All disciplines
- All payors

Agency Facts (continued)
Pre-Storm Planning for Agency

- Instructions to staff on personal emergency planning
- Communication implementation plan
- Assessing technology needs – phones and computers, car chargers
- Mobilizing operations
- List of essential staff
- Gathering data – phone lists and reports concerning staff and patients
- Assessing patient acuity
- Communication with larger health system

Pre-Storm Planning for Patients

- Instructions to patients/families
- Scheduling pre-storm visits to help prepare patients and caregivers
- Communication with agency
- Patient emergency planning
- Alternate location information
- Safety considerations
Response

- Daily update with Managers
- Assessing current situations at the beginning and end of each day
- Assessing staff mobility and any limitations
- Daily messages to staff with updates, instructions and encouragement
- Deployment of staff each day to meet patient needs (other assignments in system)
- Ongoing assessment of patient needs
- Pooling of resources

Response (continued)

- Mobilizing office operations - billing, payroll
- Trying to reach physicians and other supportive providers
- IT needs
- Resources
Hospice Considerations

- Imminently dying patients
- Medication needs
- Location of patients
- Assisting with placement
- Symptom management and communication

Post-Storm

- Evaluating patient status
- Reestablish office operations
- Evaluate gaps (such as ordering supplies)
- Refrigerated medications
- Building and office safety
- Post event evaluation (planning, communication, operations, referrals and miscellaneous)
Lessons Learned

- Communicate, communicate, communicate
- Focus on patient and staff safety
- Create and maintain team spirit
- Find gasoline for all
- Better preparation and instructions
- Assigning staff - consider the different roles
- We did it!

Evaluation of the EOP

When

- Following any activation of the EOP
- At least annually (actual event or drill)
- Consider different points in time (immediately after recovery, a month later, six months later)
Evaluation of the EOP (continued)

What
- Detail the event
- Communication (staff, patients)
- Resources and Assets
- Physical Plant (utilities)
- Key Operational Systems (computers, telephone)

Questions that should be answered
- Were any staff injured/adversely affected?
- Were any patients injured/adversely affected?
- Were all patients notified?
- Were all staff notified?
- How was capacity for service affected?
- What business processes were adversely affected?
- Was the EOP followed?
- What were the areas in EOP not followed, not addressed, why?
Evaluation of the EOP (continued)

- Identify the Deficiencies
- Plan the Modifications
- Action Plan to Implement the Modifications/Changes (Review date)
- Revise the EOP
- Review the Changes
- Modify the EOP if needed

QUESTIONS?