Lessons Learned from 2012 Superstorm Sandy

Preparing for the Worst and the Unexpected: A Hospital Preparedness Program for Hospital Leaders
South Carolina Hospital Association
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Storm Hits in the Afternoon of October 29, 2012

Rising bay near Good Samaritan Hospital Medical Center on Long Island
Reflections on the "Monster" Storm
Readiness is Reality

• **Hospitals Mobilize Evacuations**
  - Long Beach Medical Center fully evacuated hospital and nursing home (about 250 patients)
  - Good Samaritan Hospital Medical Center evacuated 85 med/surg patients
  - Eastern Long Island Hospital all patients evacuated
  - Southside Hospital – 32 patients evacuated

• **Hospitals Activate Disaster Plans; Command Centers**
  - Assess staffing needs to ensure capacity to manage during and post storm
  - Inventory and stockpile medical supplies, equipment, cots for staff; top off fuel
  - Check engineering systems; back up generators
  - Redundant communications tested
  - Hospitals decompressed prior to storm, reducing burden on resources, but also led to loss of business
Human and Financial Toll

• 13 deaths on Long Island attributed to storm; 44 deaths in NYC
  – One victim’s body only discovered in April 2013 in Rockaway Beach, Queens
• Thousands displaced and homeless, including health care workers
• Even today, many still not returned to homes
“Sandy’s barometric pressure at landfall was 946 millibars, tying the Great Long Island Express Hurricane of 1938 as the most powerful storm ever to hit the Northeast U.S. north of Cape Hatteras, N.C.”

Jeff Master, Director of Meteorology, Weather Underground
Unexpected Challenges

• Power disruption
• Supply chain disruption
• NYC hospital evacuations
• Fuel shortage
Gas Tank Empty
Lack of Fuel: Separate Crisis

• Local county health department not aware of gas needs of health care workers
  – Compromised ability of hospital employees to get to work
  – Some informal police presence at some gas stations – but spotty
  – Some hospitals secured dedicated direct access with local gas stations

• SEVERE GAS SHORTAGE – went to odd/even distribution two weeks after storm – should have happened much sooner

• FEMA tankers finally arrived– stationed at two LI hospitals, but limited benefit as gas had to be manually pumped

• Gas issue now addressed at local and state level
June 2013 New York approves strongest “Backup Power Law” in nation

State investing up to $17 million in federal funds to assist gas stations install transfer switches/purchase generators

After storm, AAA estimated only 35% of LI gas stations operational

First deadline – 4/1/15

Second deadline – 8/1/15
Hospital Association Key Role

- Provided vital information about what was happening outside the hospital; frequent interaction/coordination with:
  - County emergency command centers
  - State emergency management office and state health office
  - Local utilities
- EP rep served as individual voice in command center for hospitals
- “Situational Awareness” reports shared with CEOs, administrators
  - Freed departmental staff from having to gather and summarize info
  - Provided for uniform message among all parties
Cost to Long Island Hospitals: Tens of Millions

- Structural damage
- Surge capacity costs related to transfers (staffing, supplies)
- Staff overtime and temporary staffing
- Lost revenue from periods of closure and decompressing prior to the storm
- Pre-storm preparation costs and post-storm costs related to infrastructure upgrades and other proactive storm mitigation tactics
- Sheltering and feeding staff, especially those who lost homes
- Custodial care for displaced elderly/frail
- Social admits and worried well; hospitals became safe havens
FEMA declared 13 NY counties major disaster areas on Oct. 30
  – Allowed these counties to participate in FEMA’s Public Assistance Program
Congress authorized (January 2013) $60.4 billion emergency aid – New York’s share $30 billion
Scope of legislation far reaching from funds to repair flood-damaged transit systems to assisting individuals and families
Federal assistance distributed through a variety of grants and other funding mechanisms
FEMA Claims Process: The Current Crisis

- FEMA’s National Flood Insurance Program relies on private companies to process/manage claims
- Allegations of fraudulent claims surfaced in 2014 – adjusters and engineers falsified claims to avoid payouts
- FEMA allowing 144,000 Sandy victims to reopen insurance claims – promises sweeping review
- Allegations have led to a state criminal probe and departure of two top FEMA officials
- New York State’s storm recovery program New York Rising grants could be affected by FEMA revised claims payouts
- Senator Schumer calling for FEMA to totally abandon use of private companies to assess, adjust, process claims
- FEMA covers 90,000 homes and businesses on LI
Regulatory Relief Part of Crisis Response

• State quickly filed a Section 1135 waiver to relax documentation, recordkeeping rules, administrative and billing requirements
  – Readmission penalties, VBP reporting or RAC audits not exempt

• CMS issued blanket waiver regarding inpatient and outpatient quality reporting programs
  – Hospitals continue to advocate that all federal quality reporting and payment programs include a fair, consistent waiver mechanism moving forward for when natural disasters strike

• After storm, worked with state hospital association on waiver resource guide for members
Charitable Assistance

• LI saw an outpouring of assistance
  – Local, state, national disaster agencies arrived
  – Civilian volunteers from as far away as California showed up in local towns
  – Communities banded together to form makeshift soup kitchens, warming centers, food pantries, and clothing distribution points

• Hospital industry stepped in immediately to care for its own
  • Many hospital and health care workers lost homes and property (vehicles)
  • HANYS, AHA and regional hospital associations (including NSHC and its sister organization NorMet) mobilized a relief effort – the Hurricane Sandy Health Care Employee Relief Fund
  • On LI, $139,934 was allocated to nine organizations representing 781 employees in need
Post Disaster: Readiness, Recovery, Recommendations (RRR)

- Hurricane Sandy After-Action “Hot Wash” held three months post storm; one in each county
  - At the table – NSHC, State DOH, county health departments, hospitals
  - Observations and recommendations offered

- Workforce
  - Ensure current contact lists (one in paper format) and multiple ways to reach staff
  - Anticipate staff needs – adequate sleep/awake shifts; child care issues; staff arriving with mandated evacuated family members
• Logistics
  – Staff Command Center with employees of varied skill sets
  – Consider a staffer from IT and Engineering in Command Center
  – Ensure vertical and clear line of reporting when called to Command Center
  – Consider alternate sites in community for refrigeration, housing staff, laundry needs, etc.
  – Must have regional plans. Health systems will transfer patients to their own facilities in other counties/jurisdictions – this affects capacity and staffing
    • Free standing dialysis centers need renal nurses to follow dialysis patients transferred to other facilities
More RRRs

– Re-visit shelter in place plans; emergency conditions could last days, weeks
– “Stress test” back up power
– Plan for increased security needs
– Ensure Command Center always has good situational awareness
– Carry out “Hot Wash” post event
More RRRs

• Resources
  – Develop relationships with local gas stations
  – Secure additional generators; assign engineering staffer to monitor generators throughout the event
  – More redundant communications tools
    • Texting more reliable – but need electricity to re-charge phones
  – Consider co-generation
More RRRs

– Plan for mental health needs of staff and community
– Ensure adequate special needs shelters (need not adequately met on LI)
– Reinforce with local utilities the prioritization of health care facilities for power restoration
– Always improve communication at and between all levels and with local, state agencies
– Keep careful records of all expenses incurred during emergency, including loss of business due to decompression of facility
Additional Fallout

• Reactive Policy
  – In June 2013 New York launched NYS e-FINDS (New York State Evacuation of Facilities in Disasters System)
  – Tracking system to locate patients during emergencies and evacuations
  – Uses barcoded wristbands tracked via handheld scanners, mobile apps, or paper tracking (when phones/electricity out)
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(A member of the Suburban Hospital Alliance of New York State, LLC, the regional advocacy association that represents hospitals located in two densely-populated suburban regions)

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