PROMISING PRACTICES IN STATE SURVEY AGENCIES

Emergency Preparedness Practices

Provider Association Affiliates – New Jersey

Summary

To strengthen emergency preparedness and response for the long-term care (LTC) community and across the health care continuum, the New Jersey Association of Homes and Services for the Aging (NJAHSA) and the Health Care Association of New Jersey (HCANJ) are involved in a number of efforts designed to increase collaboration and communication among public health entities, health care providers, and emergency management services throughout New Jersey. The two provider associations participate in the New Jersey Healthcare Associations Emergency Preparedness Alliance (NJHAEPA), a group viewed to be uniquely effective at facilitating discussion among multiple provider associations regarding emergency preparedness programs and methods and promoting communication with the New Jersey Department of Health and Senior Services (DHSS). NJAHSA and HCANJ, along with other health care, public health, and emergency management representatives, also participate in simulated disaster trainings and emergency planning meetings sponsored by regional Medical Coordination Centers (MCCs) and the Healthcare Associations Coordination Center (HACC) established by the DHSS. Additional NJAHSA and HCANJ efforts are aimed at heightening awareness of the LTC community among emergency management services through trainings, meetings, and participation in conferences. NJAHSA and HCANJ also have used DHSS grant funds to develop templates for provider-level emergency preparedness plans to assist providers with updating and refining their plans.

Introduction

This report describes key efforts of two provider association affiliates in New Jersey to strengthen emergency preparedness and response for the LTC community and other health care providers, largely through collaborative efforts involving emergency management services, public health, and health care providers throughout the state. The efforts of the provider associations, the impact of these efforts, and lessons learned are discussed. The information presented is based on interviews with a director and emergency preparedness coordinators from the provider association affiliates (referred to as association "staff" in this report) and review of selected supporting materials.

Background

The September 11 attacks in neighboring New York City in 2001 sparked greater awareness throughout New Jersey of the critical need for effective emergency preparedness and response systems. As part of the New Jersey DHSS' strengthened efforts in this area, the DHSS established regional MCCs and the HACC to coordinate emergency preparedness and response among public health, health care delivery, and emergency management[1] entities. The DHSS also provided grant funds to HCANJ and NJAHSA and other health care provider associations to improve emergency preparedness and response for vulnerable populations.

With the heightened focus on emergency preparedness following the September 11 attacks, HCANJ and NJAHSA found that emergency management representatives tended to refer to acute care hospitals when discussing emergency preparedness for the health care community, with minimal discussion of the needs of LTC providers and other parts of the health care continuum. Needs assessments conducted in NJAHSA member communities (which include

[1] In this report, emergency management services refer to first responders such as fire, police, and EMS services, as well as governmental entities such as state and county Offices of Emergency Management.

skilled nursing, assisted living, continuing care retirement communities, affordable senior housing, and home and community-based services) and interviews with Office of Emergency Management (OEM) coordinators and first responders supported the conclusion that many in the emergency management community had limited awareness of the diverse LTC population and its needs.

To ensure that LTC community needs are considered under emergency preparedness and response planning, HCANJ and NJAHSA dedicate substantial time to representing LTC in the collaborative efforts coordinated through the NJHAEPA, MCCs, and HACC, and to promoting greater awareness and a stronger sense of responsibility for the LTC community among emergency management services. In addition, to help individual LTC providers strengthen their own preparedness, HCANJ and NJAHSA used DHSS funds to develop templates for provider-level emergency preparedness plans.

Intervention

HCANJ and NJAHSA participate in multiple efforts to facilitate ongoing communication and collaboration among public health entities, health care providers, and emergency management services throughout New Jersey to strengthen emergency preparedness and response.

New Jersey Healthcare Associations Emergency Preparedness Alliance

NJHAEPA, established in 2003, is a volunteer workgroup consisting of the emergency preparedness and response leads from the New Jersey Hospital Association, New Jersey Primary Care Association, NJAHSA, HCANJ, and Home Care Association of New Jersey. Each of the member associations run emergency preparedness initiatives partially supported through DHSS grants. NJHAEPA meets monthly, with DHSS representatives attending quarterly and as needed to facilitate coordination and communication with the associations. NJHAEPA was established to facilitate the exchange of information among the five provider associations regarding their and their members' emergency preparedness programs and methods, and their collaborative efforts with OEMs, health departments, first responders, and volunteer organizations active in disasters. The associations also share information from state meetings on emergency preparedness and response and from communications with their counterpart associations in other states and nationally. Guests occasionally attend the NJHAEPA meetings to promote understanding of critical functions of emergency preparedness or enhance planning efforts. NJHAEPA monitors the spectrum of preparedness activity, including that of local first responders, county agencies and organizations, and State and Federal agencies to identify and share best practices, determine unnecessary duplication and counterproductive policy and programs, define education and training requirements for the future, and provide recommendations to strengthen preparedness and response efforts.

Medical Coordination Centers and Healthcare Associations Coordination Center

Starting in 2003, the New Jersey DHSS established one or more MCCs in each of the state's five public health regions to lead regional emergency preparedness and response planning for medical facilities, emphasizing an integrated response involving public health, health care delivery, and emergency management sectors. Each MCC is housed in an acute care hospital in a build-out equipped with state-of-the-art communication technology and large-scale conference and training facilities. The MCCs provide hands-on training through disaster simulation and other exercises involving regional representatives from each of the three sectors. The MCC also directs collaborative efforts to update each region's emergency preparedness standard operating procedures (SOPs), ensuring that they meet state requirements and address region-specific needs. MCC activities promote in-person communication and interaction among the key individuals from multiple entities who will lead assistance efforts in emergency situations.

In 2004, DHSS established the HACC, which is housed at the New Jersey Hospital Association in Princeton, to serve as a command center for coordinating communications and activities of the healthcare continuum during a public health

emergency or widespread disaster. The HACC would be staffed primarily by NJHAEPA members and is equipped with interactive audio and video capabilities, power back-up, and other features central to an effective command center.

Promoting Awareness of LTC Community among Emergency Management Services

In addition to representing LTC in the multi-party trainings and meetings coordinated through NJHAEPA, MCCs, and HACC, HCANJ and NJAHSA work independently to promote stronger awareness and encourage a greater sense of responsibility for the LTC community among emergency management services. The associations provide training and informational materials to enhance the emergency management community's understanding of the LTC population and to promote emergency response methods suited to the nature and needs of LTC residents. For example, the associations address concrete, practical aspects such as managing the physical lifting, transfer, and transport of LTC residents and planning evacuation approaches specific to facilities housing LTC residents, rather than relying on methods used with the general population.

Association efforts primarily target the state-level OEM and the 21 county-level OEM coordinators in the state, with the intent that information and a greater sense of awareness will filter out to the approximately 560 local OEM coordinators in New Jersey. HCANJ and NJAHSA representatives participate in the statewide OEM coordinator annual meeting and county-level OEM coordinator meetings across the state, often running exhibit booths and actively networking. To further increase visibility, eliminate barriers, and promote a friendly as well as an official exchange of information, HCANJ and NJAHSA also involve the OEM and DHSS in the annual conferences for their associations, where these governmental entities may run exhibit booths, make presentations, and network. HCANJ and NJAHSA also encourage their provider members to establish and maintain communication with their local OEM coordinators and first responders to discuss plans for managing emergency situations.

NJAHSA and HCANJ, both independently and through participation in NJHAEPA efforts, dedicate substantial time to working with the New Jersey OEM, which is considered to be the nucleus of emergency preparedness and response efforts in New Jersey, to increase their awareness of LTC provider needs in a catastrophic situation. The associations have worked to heighten awareness of LTC providers as not only takers of services but also as givers of services because of the physical plant, staffing, and other attributes they can provide. For example, skilled nursing facilities can offer a safe location for less acutely ill hospital patients to be transferred on a short-term basis, given the facilities' round-the-clock staffing, mass feeding capability, and trained medical staff, as acute care hospitals in a mass casualty situation would be rapidly overwhelmed.

Templates for Emergency Preparedness Plans

HCANJ and NJAHSA used part of their DHHS emergency preparedness grant funds to develop templates for provider-level emergency preparedness plans, in response to the extensive variation in emergency preparedness plans across providers, the need to expand plans to encompass such potential hazards as terrorist attacks and anthrax, and greater surveyor scrutiny of plans during routine surveys. The associations independently developed standard all-hazard emergency preparedness plan templates suited to the needs of their provider members, while collaborating with one another and NJHAEPA to promote a baseline of consistency within regions and across the state. HCANJ and NJAHSA have shared their templates with association affiliates across the country via presentations and training, as well as posting on the Web.

Impact

HCANJ and NJAHSA staff believe that NJHAEPA is a key component contributing to New Jersey's progress in integrated emergency preparedness and response. In addition to promoting consistent and effective collaboration and coordination among the five provider associations representing the health care continuum, NJHAEPA provides a single platform for efficient, ongoing communication between

DHHS and the multiple participating associations.

The association staff believe that the MCC and HACC activities have strengthened preparedness, enhanced visibility of all segments of the health care continuum, and provided opportunities for health care representatives to develop positive, friendly relationships with first responders, OEM coordinators, and public health representatives. It is noted that these activities have resulted in significantly improved communications among the participating entities. The association staff comment that MCC-coordinated collaborative efforts to update regional emergency preparedness SOPs, in particular to reflect region-specific considerations (e.g., proximity to New York), also have improved preparedness across the entire health care continuum.

Association staff believe that their outside efforts to increase awareness of the LTC community among emergency management services, in combination with heightened visibility resulting from participation in MCC and HACC activities, have resulted in measurable success. They report that discussion at state- and county-level OEM meetings and DHSS meetings now typically references the "health care continuum" and often LTC specifically, rather than the past emphasis on acute care hospitals. The association staff note that many local first responders also demonstrate a greater sense of awareness and responsibility for LTC providers by recognizing local LTC facilities in their community emergency preparedness planning.

Finally, the association staff indicate that many AHCA and AAHSA affiliates across the country utilize their organizations' model templates for provider-level emergency preparedness plans, adopting key elements and format features while tailoring the plans to meet their own state regulatory requirements.

Lessons Learned

HCANJ and NJAHSA staff emphasize the critical lesson of assuming nothing. It is vital to gauge the awareness and knowledge of the emergency management community with regard to their role in assisting LTC providers during emergency situations. Association staff also caution against assuming that individuals are knowledgeable or prepared simply because they have attended a training session; it is important that trainers encourage individuals to devote careful attention to a training exercise, and in some cases, to repeat the exercise until thorough understanding is attained. Training and information dissemination efforts should be designed to equip individuals and organizations to be able to handle 90 percent of an emergency situation out of habit, allowing them to focus energies on addressing the 10 percent unexpected. It is valuable for LTC providers to establish open lines of communication with their local OEM and first responders, while also ensuring that they are as self-sufficient as possible, as it is difficult to predict issues and obstacles that may arise during an emergency situation. HCANJ and NJAHSA staff comment that their organizations' efforts to share expertise and ideas, while still advocating for their own members' interests, is beneficial to both organizations' efforts and their shared goal of helping the LTC population.

Contact Information

For more information, please contact Gary Schnerr, Director of Emergency Preparedness, at Gary@hcanj.org or 609/890-8700 at HCANJ or Ed Peloquin, Domestic Preparedness Coordinator, at epeloquin@njahsa.org or 609/452-1161 at NJAHSA.

This document is part of an issue brief on emergency preparedness practices in State Survey Agencies and long-term care provider associations. The issue brief is one of a series by the Division of Health Care Policy and Research, University of Colorado Health Sciences Center, for the U.S. Centers for Medicare & Medicaid Services (CMS) highlighting promising practices in State Survey Agencies. The entire series is available online at CMS' Web site, http://www.cms.hhs.gov/SurvCertPromPractProj/. The issue briefs are intended to share information about practices used in State Survey Agencies and other organizations and are not an endorsement of any practice.