



Testimony

of

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before the

New York City Council Committee on Health, the Committee on Mental Health, Developmental Disabilities, Alcoholism, Drug Abuse, and Disability Services and the Committee on Aging

concerning

Emergency Preparedness and the Response at the City's Healthcare Facilities

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Good morning Chairpersons Arroyo, Lappin, Koppell, and members of the Committees. I am Tom Farley, Commissioner of the New York City Department of Health and Mental Hygiene. Thank you for inviting me here today to discuss emergency preparedness and response at the City's healthcare facilities during Hurricane Sandy. And I want to thank each of you on the Council for your leadership as we all continue to help the City recover from this disaster.

The Department is responsible for protecting and promoting the physical and mental health of all New Yorkers. We have and continue to devote significant resources to helping the City recover from this devastating storm. Today, I want to discuss with you our responsibilities during Sandy, and specifically, the Department's role regarding evacuation and support of healthcare facilities.

Healthcare facilities house some of our City's most vulnerable residents, and managing their safety during an emergency is a significant responsibility. That responsibility is shared between the City, which oversees the safety of all residents in an impacted area, and the New York State Department of Health, which has regulatory authority over health care facilities.

HEALTHCARE FACILITIES IN VUNERABLE AREAS

There are 6 acute-care hospitals, 1 psychiatric hospital, 22 nursing homes and 18 adult care facilities in Zone A. For the purposes of this testimony, Zone A includes all of the Rockaways, City Island and Hamilton Beach.

People in hospitals, nursing homes, and adult care facilities require round-the-clock care for their illnesses, and transporting them to other facilities is inherently risky. People in hospitals can die from an interruption in care during transport. Elderly, frail people in nursing homes can

also suffer serious complications from transportation and relocation to an unfamiliar environment. Even people who live in adult homes for serious mental illness can start a downward spiral if there is an interruption of their medications or they are separated from their regular caregivers who know their needs well. In fact, studies have shown that mortality rates rise in nursing homes evacuated in advance of hurricanes simply from the evacuation itself, and experts who have conducted these studies have cautioned that a strategy to always evacuate these facilities before an impending storm is a mistake. Therefore, in determining the best course of action before a tropical storm hits the area, City and State officials have to weigh the risks of evacuating these health facilities against the risks of not evacuating.

As you know, in recent years the City has developed a Coastal Storm Plan to mitigate the impact of hurricanes on New York City. All health care facilities are required by the State Health Department to have evacuation plans. In addition, the City and the State Departments of Health have developed the Healthcare Evacuation Center to provide guidance to healthcare facilities about possible evacuation during an emergency and to provide back-up assistance if they are unable to execute their evacuation plans on their own. The Healthcare Evacuation Center was activated for the first time to prepare for Hurricane Irene in 2011. Irene was initially projected to hit New York City as a Category 1 hurricane – that is, with sustained winds of 74-95 miles per hour, or even possibly a Category 2 hurricane, with sustained winds above 95 miles per hour. In advance of Irene, all of the hospitals and most of the chronic care facilities in Zone A were evacuated, as instructed by myself and the State Health Commissioner. In total, at least 7,000 people were evacuated from these facilities. While these evacuations were conducted safely, it was clear from our conversations with facility operators that they believed the evacuations put their patients at risk. As you know, Hurricane Irene proved to be much less severe than was projected, and in retrospect these evacuations were unnecessary.

In preparation for the 2012 storm season, the two health departments worked closely to evaluate the lessons from Hurricane Irene. Several improvements were made, including formalizing facility evacuation decision-making processes and strengthening the Healthcare Evacuation Center and more clearly outlining its role and structure.

HURRICANE SANDY PREPARATIONS

The City's Office of Emergency Management began tracking what would become Hurricane Sandy on Saturday, October 20th. On October 24th, only one of the 20 storm models the City was tracking indicated that the storm would hit the East Coast.

It takes 48-72 hours to evacuate health care facilities. Because of that, decisions about evacuations need to be made 2-3 days before what is known as "zero hour" – the time in which winds become high enough that transportation itself becomes risky. On Friday, October 26th, as Sandy appeared more likely to hit the East Coast, we opened the Healthcare Evacuation Center. At that time, Sandy was located north of the Bahamas and travelling northeast. Predictions from the National Weather Service showed the storm hitting near southern New Jersey by 2 a.m. on Tuesday. "Zero hour" was projected to be very early Monday morning, and forecasters predicted that Sandy would likely be a Tropical Storm or perhaps just a Category 1 hurricane when making landfall. Sandy's storm's surge – how high the water would rise over its expected tide – was predicted to be less than 4 feet at the Battery. In comparison, during Hurricane Irene, the City experienced a surge of four to five feet. Based on this information, State Health Commissioner Shah and I both believed that the risk of evacuating health care facilities was greater than the risk of them sheltering in place, so we made the decision to not order a mandatory evacuation of health care facilities at that time. Health care facilities could have decided on their own to evacuate.

On Saturday, October 27th, the weather forecast evolved somewhat. The prediction, both at 1 p.m. and at 7 p.m. that day, was that the storm surge would be four to eight feet, which was higher than previously forecast but determined still to be a manageable storm surge for facilities in Zone A. Nonetheless, that afternoon Dr. Shah and I contacted facilities to take steps to prepare for the storm. Dr. Shah instructed facilities to cancel elective admissions, discharge all patients who did not need to remain within the facility, and cancel elective surgeries. Dr. Shah also ordered long-term care facilities to evacuate ventilator-dependent patients, test their emergency generators and raise staffing levels to 150 percent of normal by 5 p.m. Sunday in order to ensure necessary staffing before, during and after the storm.

On that day we were told that Con Edison was likely to shut down the power to Lower Manhattan in advance of the storm to protect a critical piece of infrastructure. This power outage would affect the New York Downtown Hospital, even though it was outside of Zone A. Because we felt it was not wise for a hospital to enter a storm without grid power, even if it had an emergency generator, Dr. Shah ordered the evacuation of this hospital on Sunday.

The weather forecasts changed substantially for the worse on Sunday October 28th, as storm surge predictions rose to 6-11 ft. This worsening forecast prompted the City to issue an Evacuation Order for residents of Zone A. At that time, Dr. Shah and I felt that it was safer for the health care facilities to shelter in place than to try to accomplish an evacuation of a large number of facilities in the short time before the Zero Hour. We took the additional precautions of contacting every chronic care facility and instructing them to move all patients and staff from the first to the second floors. To ensure that they followed these instructions, we sent staff physically on site to all chronic care facilities. We also established regular telephone calls with facility staff every four hours so we could respond to problems quickly should they occur.

STORM EFFECTS AND REPOSE

As it turned out, Sandy was the worst storm that this City had seen in several decades, and the storm surge was substantially worse than even the worst predictions. Parts of the City ultimately experienced storm surges of up to 14 feet. Flooding went beyond Zone A into Zone B. As you know, NYU Hospital sustained damage to its electrical systems and its emergency generators. Coney Island Hospital also was flooded on its first floor but maintained power through an emergency generator. Bellevue Hospital, which is next to NYU but actually in Zone B, also sustained significant damage to its electrical systems but was able to maintain electricity with an emergency generator. These facilities ultimately evacuated after the storm passed. Other acute care hospitals – Staten Island University Hospitals (North and South) and St. John’s Episcopal Hospital -- were able to maintain services without evacuating.

Sixty-five nursing homes and adult care facilities lost power, and six reported flooding or other water damage. Through the regular calls with health care facilities, the Healthcare Evacuation Center identified those facilities that needed supplies, generators, or fuel or that needed evacuation, and met their needs. When it was determined that a facility required evacuation because of loss of power, heat, water or significant flooding or facility damage, the Healthcare Evacuation Center worked to find beds for patients and residents that needed to be evacuated and worked with the Fire Department of New York and voluntary ambulance services to arrange transportation.

It is important to note, however, that nursing homes and adult care facilities in New York City are routinely at or near 100% capacity. When possible, residents from evacuated facilities were transported to available beds at other nursing homes or adult care facilities. When the Healthcare Evacuation Center found a critical need for evacuation of residents but receiving facilities were unavailable, those residents were transported to Special Medical Needs Shelters run by the City. In total, City and State officials helped safely evacuate approximately 6,300

patients from 37 different healthcare facilities without a single death. This represents a tremendous accomplishment, and I want to acknowledge the heroic efforts of the facility staff and the Healthcare Evacuation Center staff from multiple agencies, as well as the outstanding work of the FDNY transportation services.

As healthcare facilities evacuated, we recognized the need to track patients so their families could locate them. As a result, our Department conceived, designed, built and implemented the Long-Term Care Patient Tracking Project. This initiative allowed us to monitor healthcare facility patients entering and leaving the eight Special Medical Needs Shelters. The Department posted staff at each Special Medical Needs Shelter 24 hours a day and worked closely with long-term care facilities to obtain and enter up-to-date information on which patients were located in which shelters or alternative facilities. This information was then provided to the Health Department Call Center, which was then able to provide critical information to families trying to locate their loved ones.

Approximately 1,800 residents of chronic care facilities were temporarily housed at Special Medical Needs Shelters. The Health and Hospitals Corporation took responsibility for the medical needs for residents at these shelters, and succeeded despite the staffing needs it had in its own facilities. They were assisted by federal Disaster Medical Assistance Teams, which were 25-person interdisciplinary teams of doctors, nurses, mental health professionals and clinical personnel. The work was also aided by the City's Medical Reserve Corps. The Medical Reserve Corp is a group of medical professional volunteers, organized and managed by our Department. During the Sandy response they provided medical and mental health support in shelters and assisted the Department in our efforts to track patients who were evacuated from chronic care facilities; in all, some 1,200 volunteers worked over 1,500 shifts, serving over 18,000 hours.

MENTAL HEALTH SERVICES

Although the Health and Hospitals Corporation had responsibility for managing the medical services in the Special Medical Needs Shelters, our Department provided critical mental health staff to each shelter. In particular, a minimum of two mental health professionals were placed in each shelter, and some high-volume locations, like the Park Slope Armory, had five medical professionals. Throughout the operation of these Special Medical Needs Shelters, State and City officials made sure that mental health issues were part of staffing considerations; high-priority sites, as determined by internal data and call center requests, were staffed by City mental health professionals day and night. I want to also thank Speaker Quinn and her staff for helping to get social workers to volunteer at these shelters to help address patients' mental health and care coordination needs.

In addition to the work performed in Special Medical Needs Shelters to address mental health needs, our Department also reached out to the agencies we contract with for mental health services, and encouraged them to conduct outreach to clients in affected areas. We wanted to make sure mental health providers were giving vulnerable clients information and assistance, and my staff followed up with these providers to ensure that their patients were receiving the care they needed.

Under the direction of our Bureau of Mental Health, public health inspectors also visited 30 supportive housing programs in Far Rockaway, Staten Island, Coney Island, Red Hook and Lower Manhattan to meet face-to-face with these providers in the first few days after the storm. We found that most of these providers needed blankets, batteries and in some cases food. We worked with community partners to address these needs, often by sharing space and using personal cars to transport supplies. A few weeks after the storm, the Department began offering individual and group crisis counseling to people affected by Sandy through a FEMA-funded program called Project Hope. Crisis counseling services are available in several languages and

at a variety of locations, including schools, day care centers, faith-based organizations, community centers, places of work, and in private homes.

CONCLUSION

Sandy hit New York City with an unpredicted power and caused unprecedented damage. We are in the process now of taking lessons from our preparations and response to this historic storm. But I can say now that our team from the City – in coordination with state officials – worked tirelessly to protect our city’s most vulnerable populations. And I can say that, while there was tragic loss of life from Hurricane Sandy, due to the heroic efforts of many people, no one lost their lives in health care facilities because of the storm. Thank you again for the opportunity to testify. I’ll now turn this over to my colleague, Dr. Alan Aviles, the president of the Health and Hospitals Corporation.