Coastal Storm Planning, the Healthcare Facility Evacuation Center (HEC), and Patient Tracking

Nikhil Natarajan
Deputy Director
NYSDOH Office of Health Emergency Preparedness

Remember; when disaster strikes,
the time to prepare has passed.

-- Steven Cyros

Coastal Storm Planning

- Where it was
- Where it is
- Where it’s going

Introduction

The Healthcare Facility Evacuation Center (HEC) is a NYSDOH-run entity that coordinates the evacuation, shelter-in-place (as needed), and repatriation of healthcare facilities during a regional multi-facility evacuation scenario with the assistance of multi-agency partners that are specific to the region that the HEC is operating in. These agencies include local health departments, offices of emergency management, and healthcare facility associations among others.

History of the HEC

- NYC Coastal Storm Plan
  - Coastal Storm Activation Playbook
  - Evacuation Plan
  - Recovery and Restoration Plan
  - Sheltering Plan
  - Logistics Plan
  - Public Information Plan
  - Debris Management Plan
  - **Healthcare Facility Evacuation Plan**

Healthcare Facility Evacuation Plan

- Healthcare Facility Evacuation Center (HEC)
  - Finds beds for evacuating facilities
  - Arranges transportation between facilities
  - Provides guidance to receiving facilities
  - Provides shelter-in-place guidance
  - Troubleshoots evacuation issues
  - Assists with repatriation

HEC

- Facility Communication
  - Hospitals
  - Nursing Homes
  - Adult Care Facilities
- Regional Coordination
  - Nassau
  - Suffolk
  - Westchester
- Transportation
  - Ambulances
  - Ambulettes
  - Buses
- Field Operations
  - Coordination specialist

The Players

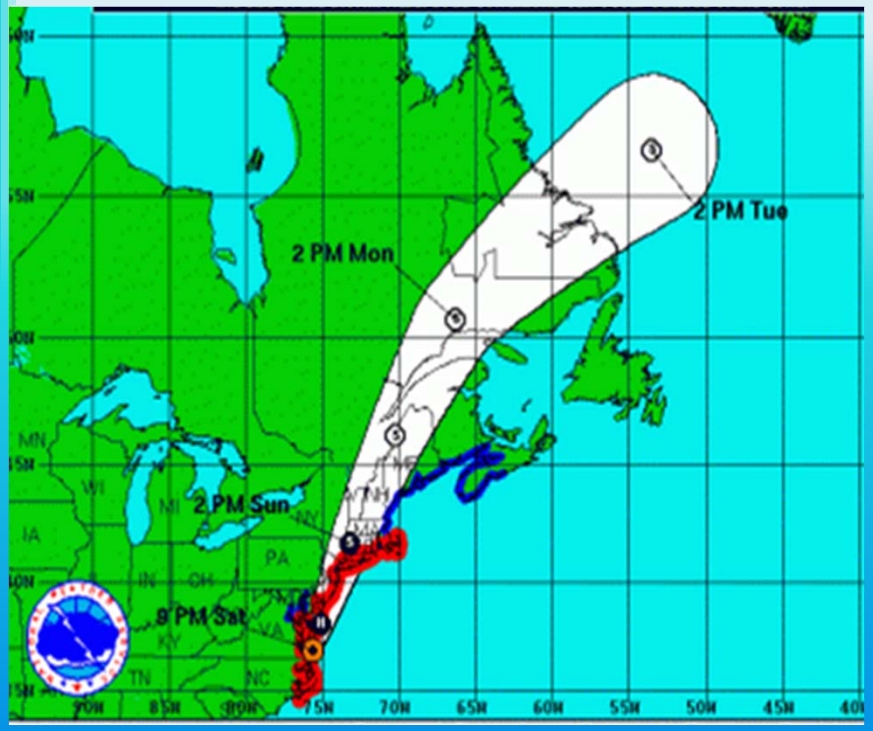
- New York State Department of Health (NYSDOH)
- New York City Office of Emergency Management (NYC OEM)
- Greater NY Hospital Association (GNYHA)
- Health & Hospitals Corporation (HHC)
- NYC Department of Health and Mental Hygiene (DOHMH)
- Veterans Administration (VA)
- NYS Office of Mental Health (OMH)
- Multiple nursing home associations

The Players (Transportation)

- NYSDOH
- NYC OEM
- NYC Fire Department (FDNY)
- Regional EMS Council (REMSCO)
- Metropolitan Transportation Authority (MTA)
- Taxi & Limousine Commission (TLC)
- NYC Department of Education (DOE)

A Tale of Two Hurricanes

Irene (and Lee)



Sandy

Healthcare Evacuation Center (HEC)

Challenges

- Transportation resources
- Bed availability
- Communications
- Ensuring adequate staffing with mission expansion
- Feeding the beast (sitreps, dashboards, reports, etc.)

Between Hurricanes

- Healthcare Evacuation Plan Update
  - ~10 months
  - 12 workgroups
  - ~85 deliverables
  - >25 planning partners (with consensus)
- Focus
  - SiP, Data systems, regionalization, structure, command/control, HEC facility, sending/receiving arrangements, etc etc etc etc

Between Hurricanes

- Healthcare Evacuation Plan Update
  - ~10 months
  - 12 workgroups
  - ~85 deliverables
  - >25 planning partners (with consensus)
- Focus
  - SiP, Data systems, regionalization, structure, command/control, HEC facility, sending/receiving arrangements, etc etc etc etc

Plenty of time!!!

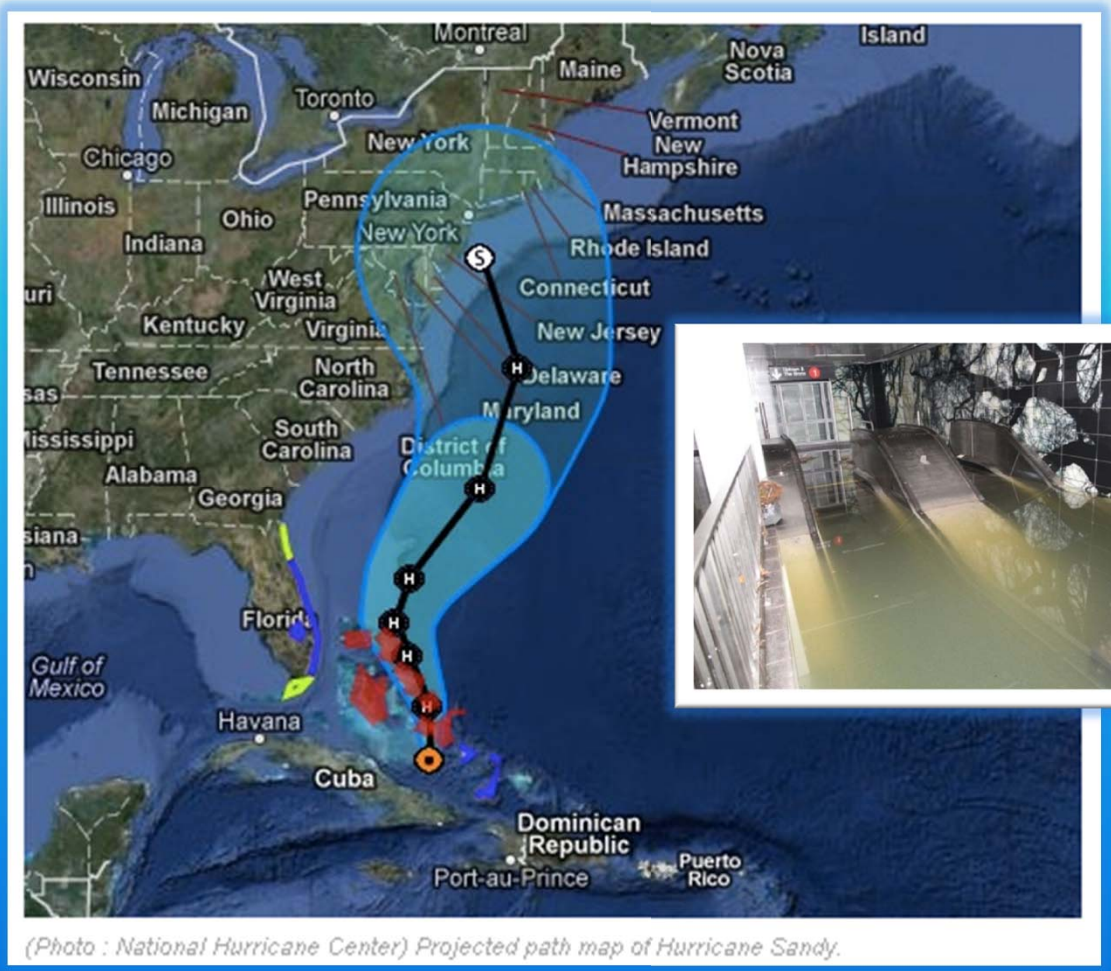
What was accomplished

- Majority of Shelter-in-Place work
  - Send/receive arrangements, SiP surveys, Receiving surveys, data analysis, reports, etc.
- HEC Manual
  - JAS, floor plans, timelines, org chart, info flow, scripts, templates, etc.
- Command and Control
- Transportation

What wasn’t completed

- HEC Facility (partially completed – but backup plan was in place)
- Regional Coordination (partially completed)
- Finance (partially completed)
- Repatriation (partially completed)
- Data systems (partially completed)

Hurricane Sandy Oct. 29th 2012



(Photo : National Hurricane Center) Projected path map of Hurricane Sandy.

What Sandy really was

Healthcare Facility Evacuations

- Evacuations:
  - 6,001 Patients and residents were evacuated from NYC Healthcare Facilities
  - 51 Facilities evacuated in NYC, Nassau, Westchester and Suffolk Counties

	NYC	Nassau	Westchester	Suffolk
Hospitals (H)	6 (w/VA and OMH)	1	0	3 (partial – voluntary pre-storm)
Nursing Homes (NH)	17	5	1	2
Adult Care Facilities (ACF)	14	3	2	3
Totals:	37	9	3	8

What the HEC was supposed to do

- Healthcare Facility Evacuation Center (HEC)
  - Finds beds for evacuating facilities
  - Arranges transportation between facilities
  - Provides guidance to receiving facilities
  - Provides shelter-in-place guidance
  - Troubleshoots evacuation issues
  - Repatriation

What the HEC did (Mission creep)

- All of the above and some…
  - Dialysis facilities (ESRDs)
  - Fueling for vehicles and generators
  - Generator and pump deployment/sustainment
  - HHS Liaison (coordinating DMAT's, FMS, etc.)
  - Wellness checks
  - Interim housing/facility procurement/placement
  - Home care staff/agency problem resolution
  - Logistics support to HCFs (meals, equipment, etc.)
  - Patient tracking and family assistance (until system in place)
  - Miscellaneous duties as assigned

Irene vs. Sandy

	Irene	Sandy
Evac	~10,000 pre-storm	~6,000 with ~7,600 movements
HEC	6 days w/ repatriation complete	25 days w/repatriation still ongoing
HEC Staff	~18	~40

So now what…

- Regionalization
- Data systems
- SiP, sending/receiving arrangements, receiving surveys
- HEC Facility
- Repatriation
- Billing and reimbursement
- Training and exercises

Future of the HEC

- Statewide applicability
  - Statewide implementation 2013-2014
- Scalable
- Non-hurricane scenarios
  - Power outages
  - Natural disasters
  - Target patient populations (burn surge, etc.)
  - Others

The 2013 HEC

- Changes to the operations
- Changes to the staffing
- Changes to the structure
- Changes to the players

Evacuation Decisions

- Facility level
  - You are ultimately responsible for the safety and security of your patients or residents
  - What factors play into the decision?
- Local chief elected official
  - Statutorily identified as the person responsible for issuing a mandatory evacuation
  - What factors play into the decision?

When to use the HEC

- Pre-HEC Activation
  - All HCFs continue to use their partnerships and resources in their evacuation decision-making and operations
- HEC Activation
  - Once HEC is activated, the HEC must be notified of all patient movements to provide better situational awareness and COP

When to use the HEC

- Mandatory Evacuation Order (NYC specific)
  - If a mandatory evacuation order is issued by the local chief elected official, all transportation resources will be coordinated through the HEC
    - Exception: If a system is moving patients within their system and using their own resources, they just need to notify the HEC of those movements

HEC Communications

- Two-way
  - Increased information sharing between HEC and other planning partners
  - New and unified sitrep format
- POC Information
  - NYSDOH Health Commerce System Communications Directory
  - Updated information obtained at the beginning of the response

How to use the HEC

- All HCFs and planning partners will be notified in advance, when the HEC is going to be activated and how to contact the HEC

HEC Staffing

- Same agencies as last year
  - NYSDOH, NYCDOHMH, NYC OEM, GNYHA, SNY, etc.
  - Increased presence of NYSDOH staff
- Increased training for identified HEC staff

New players

- Regionalization
  - Nassau
  - Suffolk
  - Westchester Counties
  - Coordinated through NYSDOH reps in each county EOC
- Two-way information flow

What the HEC is used for

- Bed matching
- Transportation resources
- Shelter-in-Place issues

What local ESF-8 is used for

- Everything else
  - Generators
  - Fuel
  - Placards
  - ESRD issues
  - Etc
  - Etc

How to contact the HEC

- A single phone number will be broadcast to all HCFs and response partners when they are notified about the HEC opening
- Items that are not HEC related will be routed to the respective ESF-8 for further handling
- Contacting your local ESF-8
- Contact numbers will be shared

Bed Matching

- What is entails
- How is it done within the HEC
- HEC responsibilities versus facility responsibilities

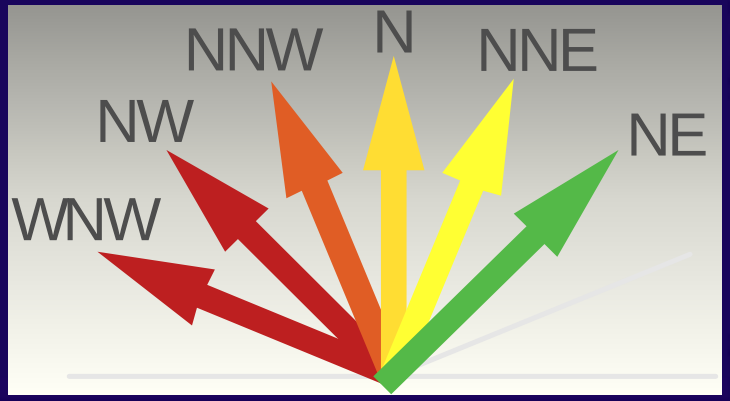
Evacuation Zones

- New York City
  - Zones have expanded from A, B, C to 1-6
- Suffolk County
  - No change
- Nassau County
  - No change
- Westchester County
  - No change

Maximum Surge Heights by Storm Bearing

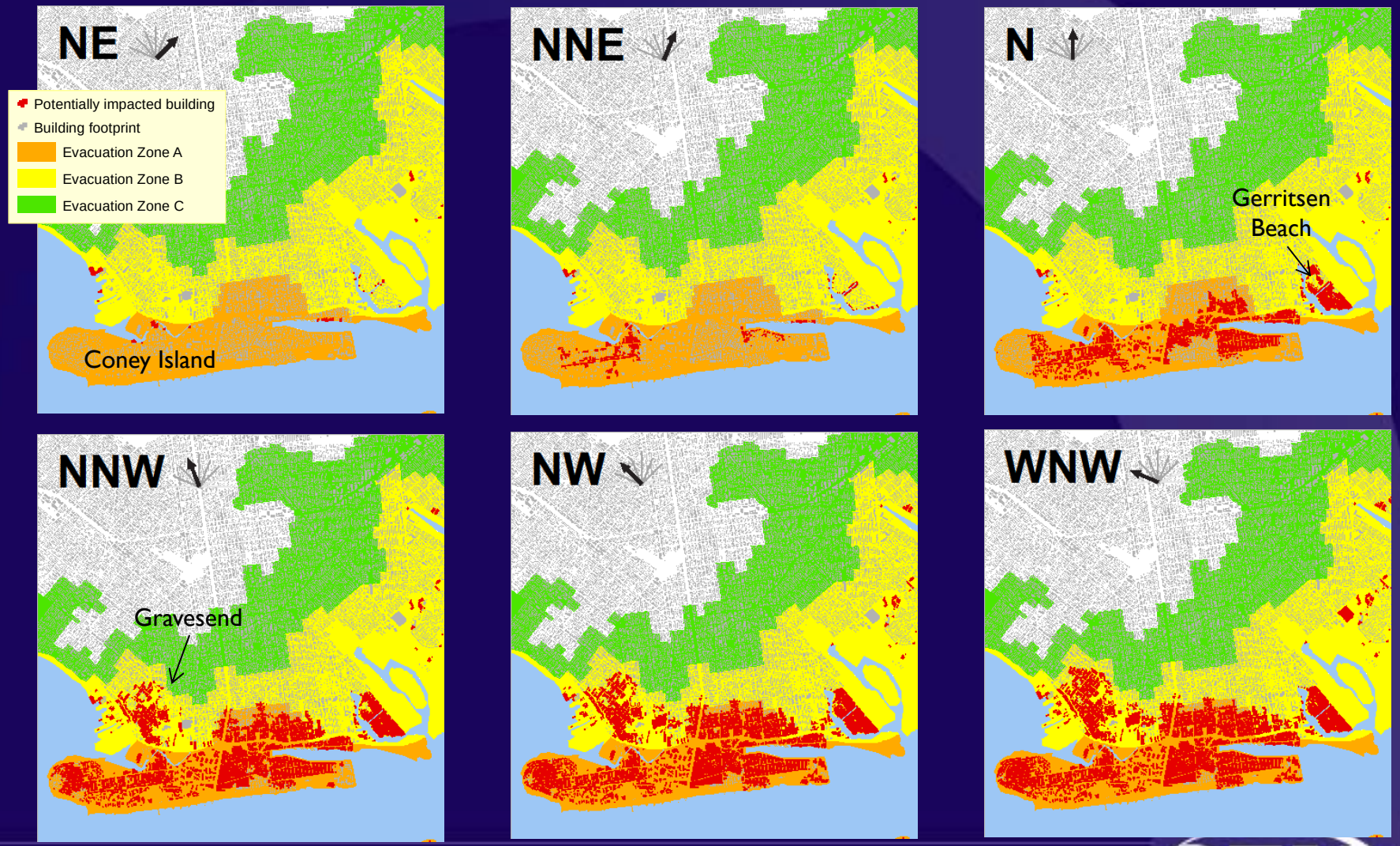
	WNW	NW	NNW	N	NNE	NE
Category 1	12.6	12.1	10.7	8.8	6.6	5
Category 2	20.9	20	20.1	16.5	11.4	8.1
Category 3	26.6	27.6	27.4	23.4	17	11.3
Category 4	32.4	33.9	33.9	30.6	21.7	14.6

Storm bearings



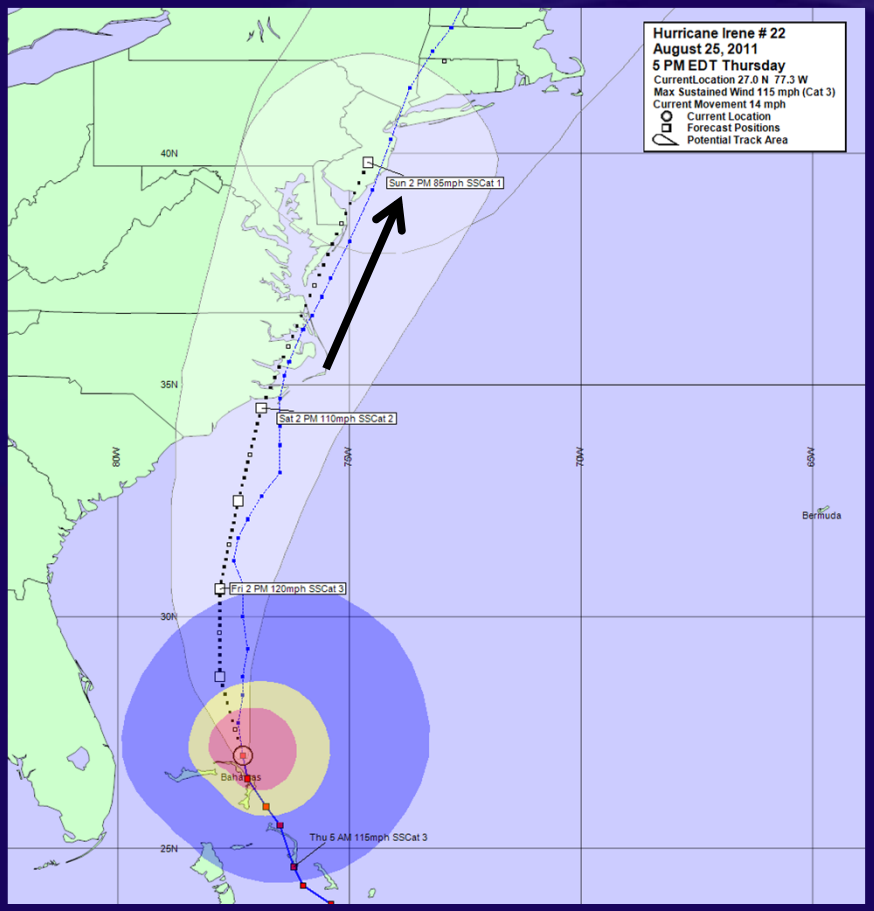
Potential Building Impacts: Cat 1 Hurricanes

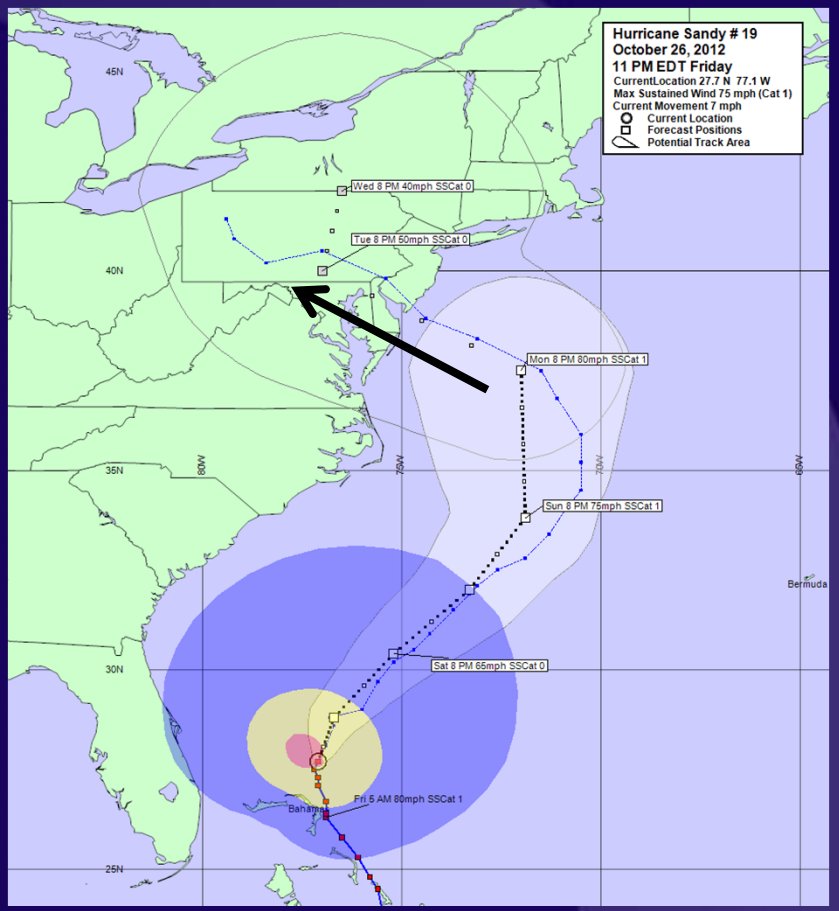
Buildings potentially impacted by worst-case surge based on hurricane bearing



Irene – NNE bearing

Sandy – WNW bearing
(NW at landfall)





Predicted storm tracks for both storms 70 hours before landfall

Bearing Based Proposal

- Bearing has significant effect of storm surge
- Allows for more flexibility in evacuation (less likely to over- or under- evacuate)
- Storm track predictions are more accurate than predictions of intensity

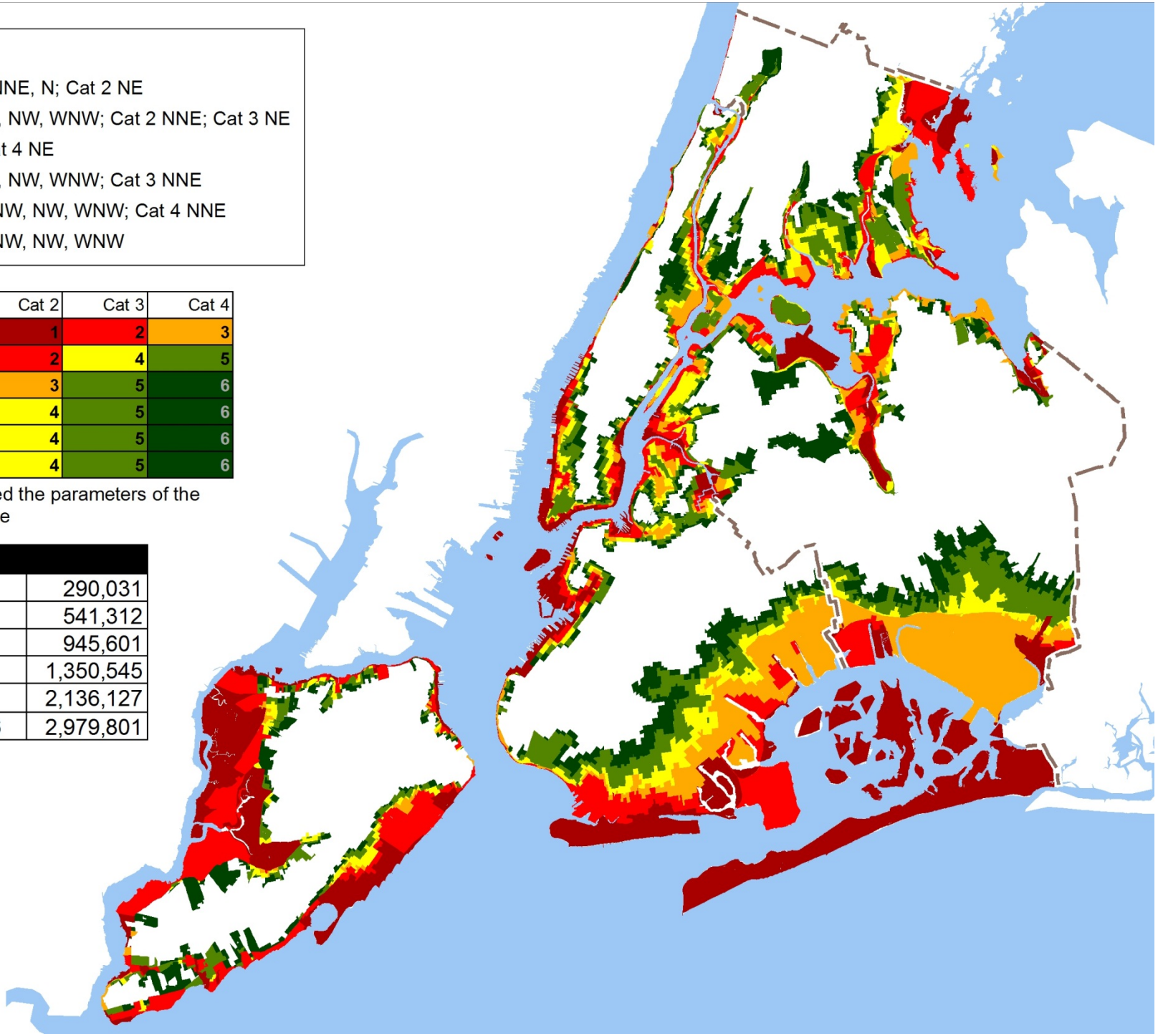
Proposed zones

- 1 - Cat 1 NE, NNE, N; Cat 2 NE
- 2 - Cat 1 NNW, NW, WNW; Cat 2 NNE; Cat 3 NE
- 3 - Cat 2 N; Cat 4 NE
- 4 - Cat 2 NNW, NW, WNW; Cat 3 NNE
- 5 - Cat 3 N, NNW, NW, WNW; Cat 4 NNE
- 6 - Cat 4 N, NNW, NW, WNW

	Cat 1	Cat 2	Cat 3	Cat 4
NE	1	1	2	3
NNE	1	2	4	5
N	1	3	5	6
NNW	2	4	5	6
NW	2	4	5	6
WNW	2	4	5	6

* For storms that exceed the parameters of the model, go up one zone

2010 Population	
Zone 1	290,031
Zone 1+2	541,312
Zone 1+2+3	945,601
Zone 1+2+3+4	1,350,545
Zone 1+2+3+4+5	2,136,127
Zone 1+2+3+4+5+6	2,979,801



Facility	2012			
	Zone A	Zone B	Zone C	Total
Hospitals	6	2	13	21
Nursing homes	22	12	27	61
Adult care facilities	17	8	9	34

Facility	2013						
	Zone 1	Zone 2	Zone 3	Zone 4	Zone 5	Zone 6	Total
Hospitals	4	4	0	6	9	2	25
Nursing homes	23	6	8	6	19	9	71
Adult care facilities	17	4	2	7	6	3	39

Shelter-in-Place

- Does NOT involve entire facilities
- Should only include those patients/residents whose risk of a negative outcome from moving exceeds the risk from sheltering-in-place
- Whether or not SiP will be allowed is part of the evacuation decision

Planning Considerations

- Have you reviewed your plan since Sandy?
- Have you updated your plan since Sandy?
- Have you trained staff to your plan?
- Have you exercised your plan?

Planning Considerations

- HCFs are regulated by the State Commissioner of Health
- The local chief elected official or his/her designated representative is responsible for issuing evacuation orders
- Storm forecasts will change resulting in compressed decision-making timelines and operational constraints
- NYSDOH requires every HCF's to create and maintain a written facility evacuation plan:
  - Hospital: Public Health Law (PHL) Title 10 Sec. 401.2
  - Nursing Homes PHL regulatory section 415.26 (f)
  - Adult Care Facilities PHL Sections 487.12 & 488.12 Title 18

Planning Considerations

- The threat to HCFs and patients/ residents, as well as to agency and support personnel, increases as the storm approaches
- All evacuation activities must be completed prior to "**Zero Hour"** (defined as the onset of tropical storm force winds of 39 mph or greater)
- HCFs in Evacuation Zones may incur damage that prevents the immediate return of evacuated patients/ residents
- HCFs within the 5 boroughs of NYC but outside Evacuation Zones are designated receiving facilities, or receiving HCFs (NYC specific)
- HCFs located outside the city will be designated receiving HCFs when conditions require (NYC specific)
- Mass transit shutdown at +8 hours (NYC specific)

HEC vs. Facility Decision Making Timelines

96 Hours to **Zero Hour**

HEC Activities

- -96 to -84 Hours
  - Information gathering
  - Activation and notification
- -84 to -72 Hours
  - Recommendation to NYC Local Chief Elected Official regarding evacuation/SiP
- -24 Hours
  - HCF evacuation complete
- What does this timeline mean?
- What is this timeline dependent upon?

-DRAFT-

HEC DECISION-MAKING TIMELINE- NYC Only

PHASES OF OPERATION

~96 Hours (1)

Data Gathering/ Assessment — 1

Trigger: Following the Commissioner Conference Call, NYS DOH Commissioner appoints a HEC Director, who activates HEC Lead Team. NYS DOH prepares list of facilities requesting and able to Shelter-in-Place (SIP)

Description: Assess number of HCFs and patients/residents that will need assistance evacuating

Goals

- NYS DOH releases survey to origin facilities to obtain estimated number of patients needing transfers (including SF1 data) and to SIP capable facilities, if option available
- NYS DOH send notification to receiving facilities to prepare for potential surge
- HCFs complete survey and begin discharge planning
- FDNY sends local engine companies to origin HCFs to facilitate completion of SF1/ survey
- NYS DOH identifies HEC location and sends planning tools to HCFs
- HEC calls origin facilities to verify data
- HEC Lead Team identifies needs and drafts resource requests

~84 Hours (2)

~72 Hours (3)

HEC Mobilization — 2

Trigger: HEC location identified; NYS DOH Commissioner mobilizes HEC *(from this point, all phases executed unless executives deems storm is no longer a threat)*

Description: Set up HEC and coordinate information collection

Goals

- HEC staffing plan finalized
- HEC Director finalizes HEC mission, objectives, and priorities and receives approval from NYS DOH Commissioner
- HEC Director sets reporting schedule and data collection updates
- Facilities activate their disaster plans and rapid discharge procedures
- Requested resources are procured and mobilized
- HEC Director requests necessary federal and state legal waivers

~60 Hours

~48 Hours

General Evacuation Begins

HCF Evacuation — 3

Trigger: List of facilities approved to SIP finalized by decision-makers and HCF Evacuation Order given

Note: If the HCF Evacuation Order is given after the recommended time, it will be difficult to complete Phase 3 by -24 Hours

Description: Transfer all patients from origin to receiving facilities

Goals

- NYS DOH releases survey to all HCFS to capture latest numbers
- Patients/residents within evacuation zones are transferred to facilities outside of zones
- HEC matches transferring patients/residents to appropriate beds
- FDNY and REMSCO distribute divergence notifications
- HEC produces and distributes Situation Reports
- HEC Director receives resolutions to issues from ESF-8 or executives

~36 Hours

~24 Hours (4)

HCF Support — 4

Trigger: Evacuation of HCFs within zones complete

Description: Monitor and provide support to HCFs

Goals

- Begin damage assessment planning
- Provide assistance to receiving facilities and monitor status of SIP facilities
- Begin repatriation planning
- Confirm safety of HEC personnel and HEC facility for storm period

~12 Hours

-8 Hours: Mass Transit Shutdown

ZERO HOUR: Onset of tropical storm-force winds (39 mph); all evacuation operations cease

N Hours (5)

N+1 Hours

HCF Assessment — 5

Trigger: Tropical storm-force winds leave New York City

Description: Coordinate with recovery branch to use damage assessments for repatriation planning if patients are in unstable locations

Goals

- Determine which patients/residents are in unstable locations and need prioritized transport back to origin facilities or alternate location for care
- Determine damage to origin and receiving facilities
- Obtain status report on SIP facilities

(6)

Repatriation — 6

Trigger: Need established for prioritized patient or resident transport

Description: Assist facilities with transferring prioritized patients back to original facilities or to alternate stable location

Goals

- Complete prioritized patient/resident movement
- Based on damage assessments, HEC Director approves repatriation requests from origin facilities
- HEC Director submits demobilization plan to NYS DOH Commissioner for approval

(7)

HEC Demobilization — 7

Trigger: Transferred patients/residents are in stable location or receiving ongoing care in an appropriate HCF; NYS DOH Commissioner approves HEC demobilization plan

Description: Return HEC facility to original condition, return equipment, and compile information

Goals

- HEC collects information and reports into a final incident report
- HEC facility is handed back to owner
- HEC staff conducts a hot wash

Last Revised: 7/20/2012

-DRAFT-

-DRAFT-

HEC DECISION-MAKING TIMELINE- Non-NYC

PHASES OF OPERATION

~96 Hours — 1

Data Gathering/ Assessment — 1

Trigger: Following the Commissioner Conference Call, NYS DOH Commissioner appoints a HEC Director, who activates HEC Lead Team. NYS DOH prepares list of facilities requesting and able to Shelter-in-Place (SIP)

Description: Assess number of HCFs and patients/residents that will need assistance evacuating

Goals

- NYS DOH releases survey to origin facilities to obtain estimated number of patients needing transfers (including SF1 data) and to SIP capable facilities, if option available
- NYS DOH send notification to receiving facilities to prepare for potential surge
- HCFs complete survey and begin discharge planning
- FDNY sends local engine companies to origin HCFs to facilitate completion of SF1/ survey
- NYS DOH identifies HEC location and sends planning tools to HCFs
- HEC calls origin facilities to verify data
- HEC Lead Team identifies needs and drafts resource requests

~84 Hours — 2

~72 Hours — 3

HEC Mobilization — 2

Trigger: HEC location identified; NYS DOH Commissioner mobilizes HEC *(from this point, all phases executed unless executives deems storm is no longer a threat)*

Description: Set up HEC and coordinate information collection

Goals

- HEC staffing plan finalized
- HEC Director finalizes HEC mission, objectives, and priorities and receives approval from NYS DOH Commissioner
- HEC Director sets reporting schedule and data collection updates
- Facilities activate their disaster plans and rapid discharge procedures
- Requested resources are procured and mobilized
- HEC Director requests necessary federal and state legal waivers

~60 Hours

~48 Hours

General Evacuation Begins

HCF Evacuation — 3

Trigger: List of facilities approved to SIP finalized by decision-makers and HCF Evacuation Order given

Note: If the HCF Evacuation Order is given after the recommended time, it will be difficult to complete Phase 3 by -24 Hours

Description: Transfer all patients from origin to receiving facilities

Goals

- NYS DOH releases survey to all HCFS to capture latest numbers
- Patients/residents within evacuation zones are transferred to facilities outside of zones
- HEC matches transferring patients/residents to appropriate beds
- FDNY and REMSCO distribute divergence notifications
- HEC produces and distributes Situation Reports
- HEC Director receives resolutions to issues from ESF-8 or executives

~36 Hours

~24 Hours — 4

HCF Support — 4

Trigger: Evacuation of HCFs within zones complete

Description: Monitor and provide support to HCFs

Goals

- Begin damage assessment planning
- Provide assistance to receiving facilities and monitor status of SIP facilities
- Begin repatriation planning
- Confirm safety of HEC personnel and HEC facility for storm period

~12 Hours

-8 Hours: Mass Transit Shutdown

ZERO HOUR: Onset of tropical storm-force winds (39 mph); all evacuation operations cease

~N Hours — 5

HCF Assessment — 5

Trigger: Tropical storm-force winds leave New York City

Description: Coordinate with recovery branch to use damage assessments for repatriation planning if patients are in unstable locations

Goals

- Determine which patients/residents are in unstable locations and need prioritized transport back to origin facilities or alternate location for care
- Determine damage to origin and receiving facilities
- Obtain status report on SIP facilities

~N+1 Hours

6

Repatriation — 6

Trigger: Need established for prioritized patient or resident transport

Description: Assist facilities with transferring prioritized patients back to original facilities or to alternate stable location

Goals

- Complete prioritized patient/resident movement
- Based on damage assessments, HEC Director approves repatriation requests from origin facilities
- HEC Director submits demobilization plan to NYS DOH Commissioner for approval

7

HEC Demobilization — 7

Trigger: Transferred patients/residents are in stable location or receiving ongoing care in an appropriate HCF; NYS DOH Commissioner approves HEC demobilization plan

Description: Return HEC facility to original condition, return equipment, and compile information

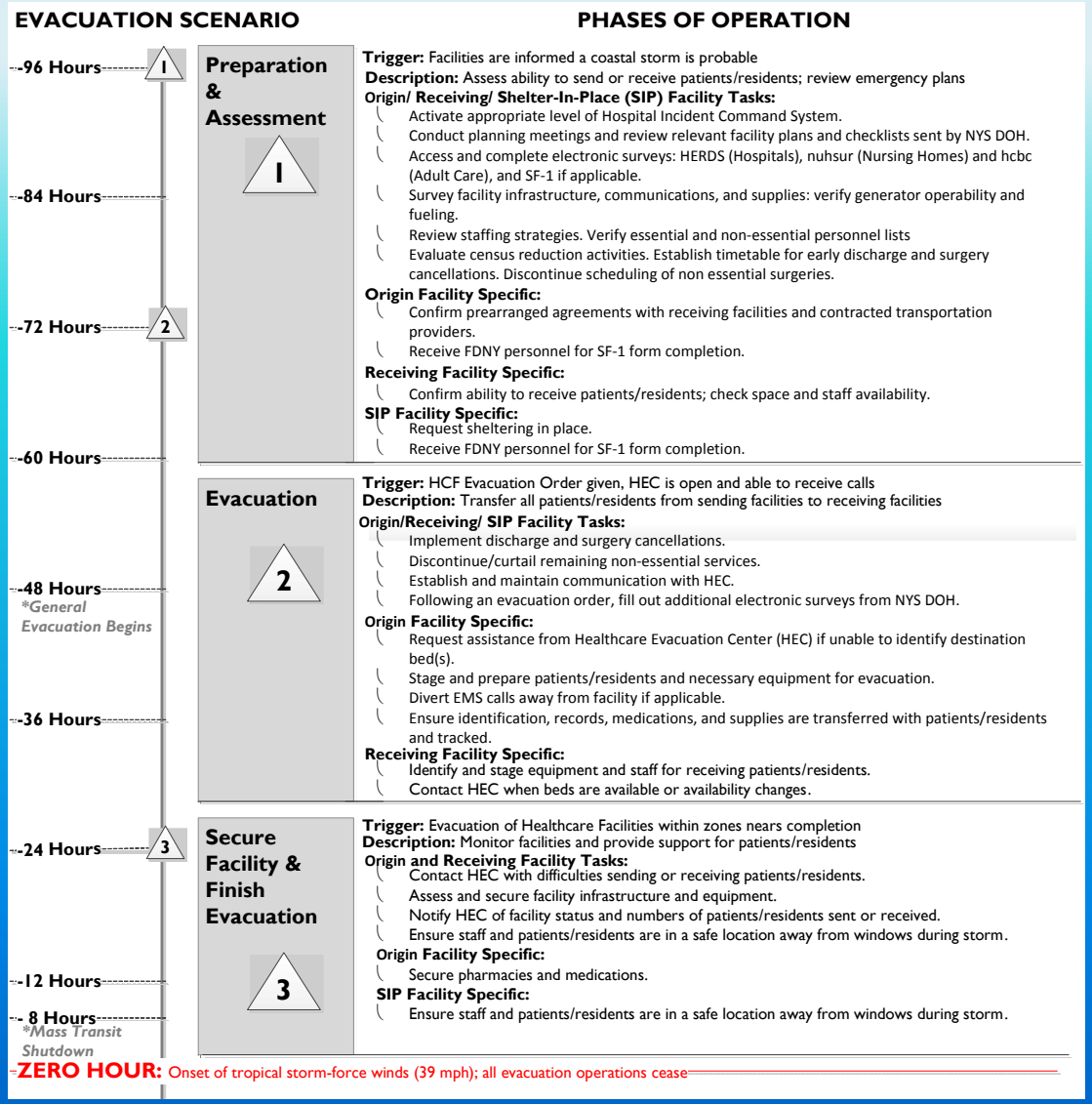
Goals

- HEC collects information and reports into a final incident report
- HEC facility is handed back to owner
- HEC staff conducts a hot wash

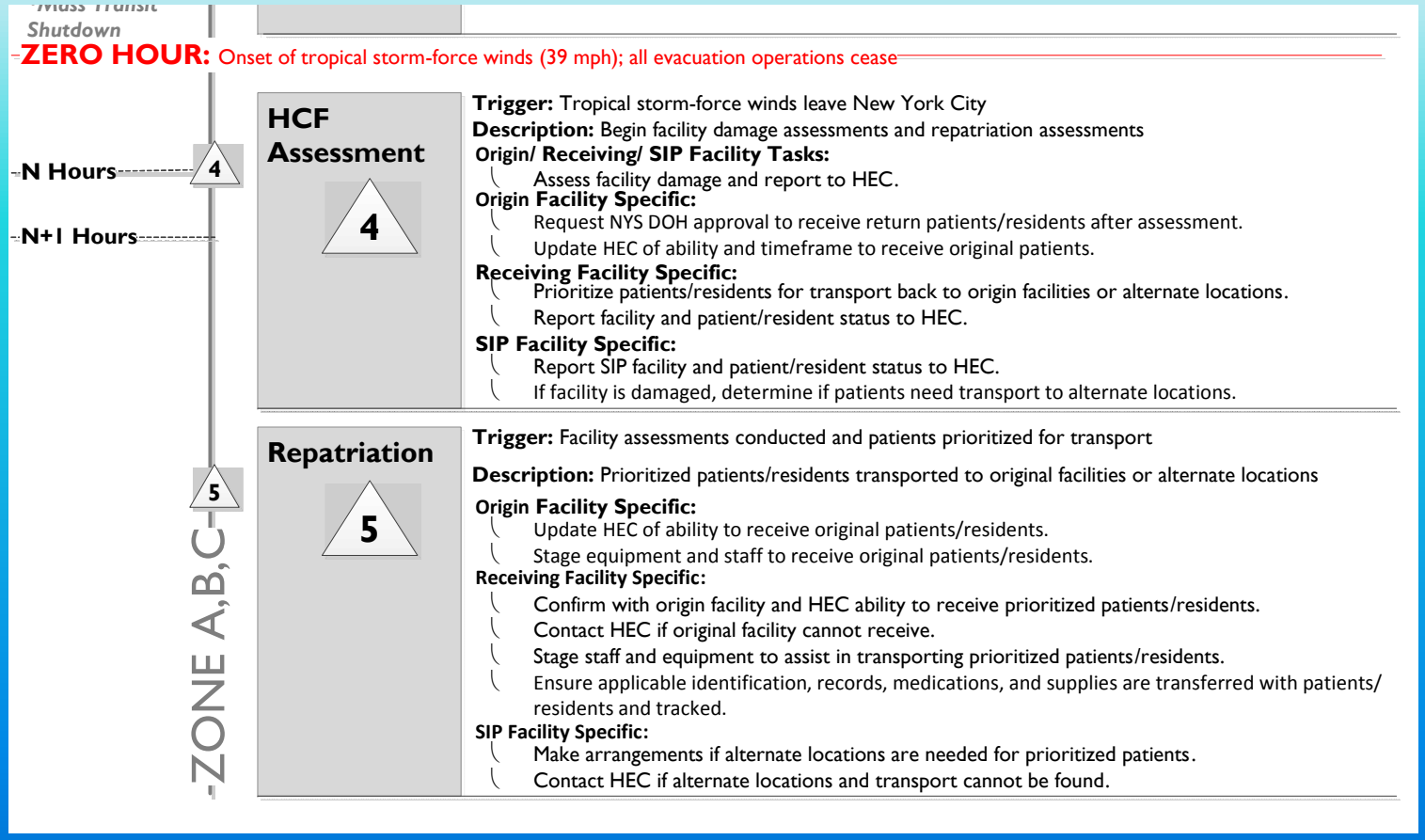
Last Revised: 7/20/2012

-DRAFT-

Facility timelines



Facility timelines



Facility Activities

- Information gathering / Situational Awareness
- Evacuation decisions
  - Who to evacuate
  - Who to SiP
  - Staffing availability / housing
  - Supplies

Facility Activities

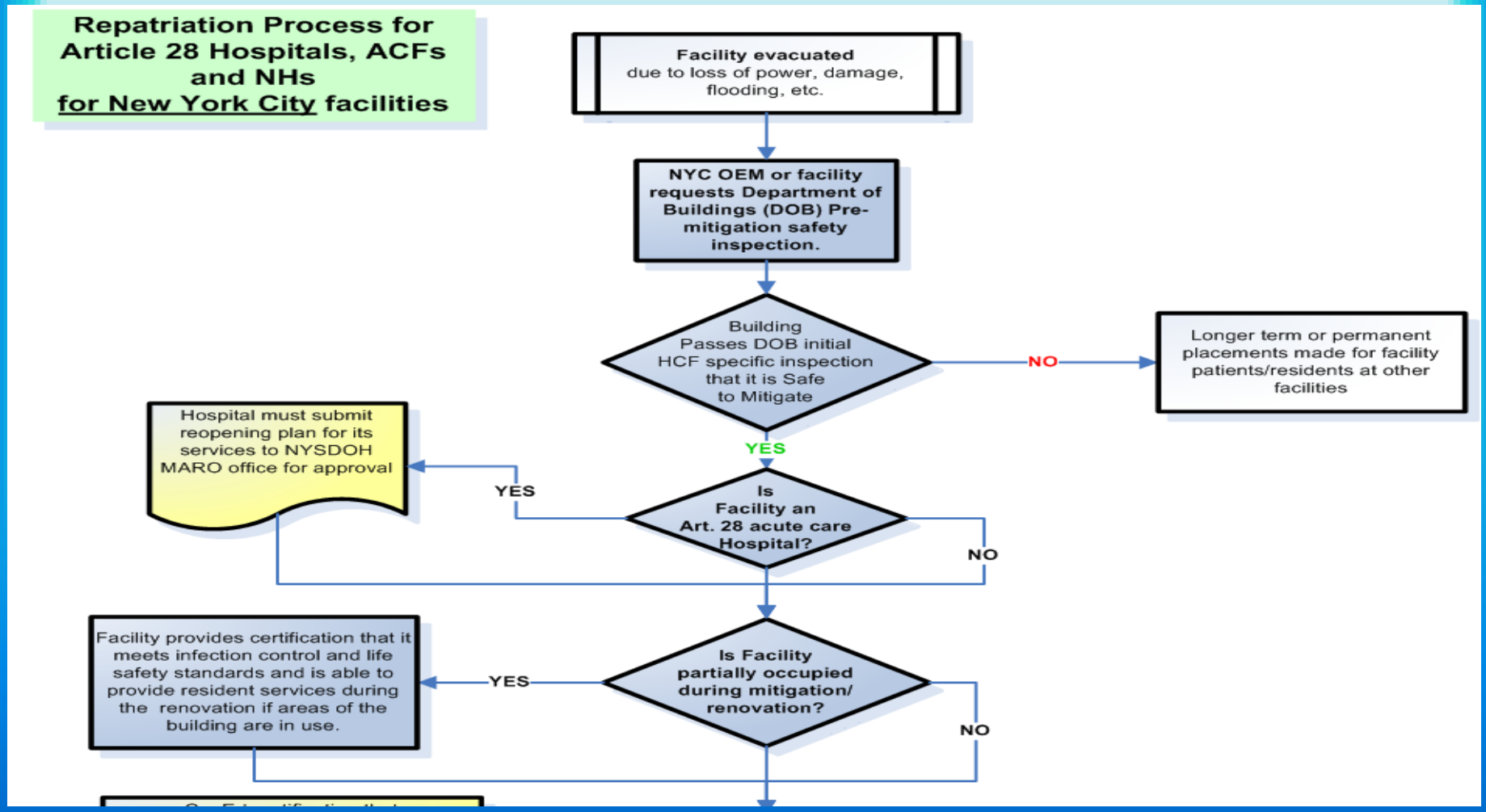
- Gas shortages?
- Prolonged power outage?
- Facility damage?
- When to evacuate

- Operating through the storm impact
- Target start time and target completion time
  - Dependent upon location, size, etc.

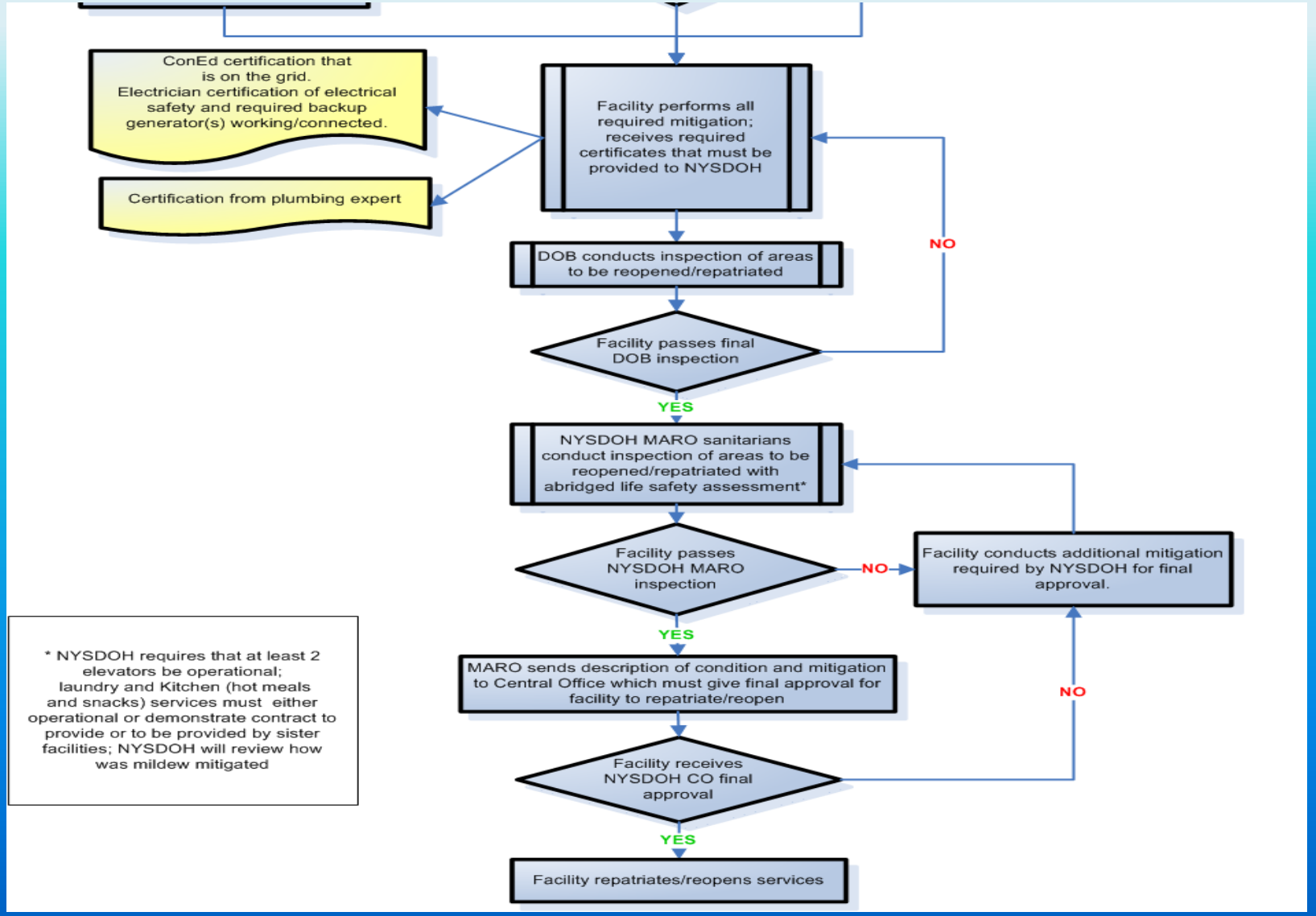
Repatriation

- Meet local requirements
- Meet NYSDOH requirements
- Through HEC or NYSDOH Central Office
- Final approval through NYSDOH Central Office

DRAFT


Repatriation Process for Article 28 Hospitals, ACFs and NHs for New York City facilities
Facility evacuated due to loss of power, damage, flooding, etc.
NYC OEM or facility requests Department of Buildings (DOB) Pre-mitigation safety inspection.
Building Passes DOB initial HCF specific inspection that it is Safe to Mitigate
NO
Longer term or permanent placements made for facility patients/residents at other facilities
YES
Is Facility an Art. 28 acute care Hospital?
YES
Hospital must submit reopening plan for its services to NYSDOH MARO office for approval
NO
Is Facility partially occupied during mitigation/ renovation?
YES
Facility provides certification that it meets infection control and life safety standards and is able to provide resident services during the renovation if areas of the building are in use.
NO

Draft


ConEd certification that is on the grid. Electrician certification of electrical safety and required backup generator(s) working/connected.
Certification from plumbing expert
Facility performs all required mitigation; receives required certificates that must be provided to NYSDOH
DOB conducts inspection of areas to be reopened/repatriated
Facility passes final DOB inspection
NO
YES
NYSDOH MARO sanitarians conduct inspection of areas to be reopened/repatriated with abridged life safety assessment*
Facility passes NYSDOH MARO inspection
NO
Facility conducts additional mitigation required by NYSDOH for final approval.
YES
MARO sends description of condition and mitigation to Central Office which must give final approval for facility to repatriate/reopen
NO
Facility receives NYSDOH CO final approval
YES
Facility repatriates/reopens services
* NYSDOH requires that at least 2 elevators be operational; laundry and Kitchen (hot meals and snacks) services must either operational or demonstrate contract to provide or to be provided by sister facilities; NYSDOH will review how was mildew mitigated

"Take Aways" for **ALL** HCFs

- Work **YOUR FACILITY'S** Evacuation or Surge Plans
  - Send / Receive arrangements
  - Shelter in Place (SiP) plans and protocols
- Expect Surveys & Phone Calls
  - HERDS, NuhSur, HCBC
  - Phone calls from the HEC to establish evacuation needs and receiving capability
- Need to designate key points of contact for the Facility and back up/by shift

"Take Aways" for **ALL** HCFs

- **Stay TUNED !**
  - In most emergencies if additional guidance or information is needed – this will be issued
    - Posted on the Health Commerce System (HCS);
    - Via IHANS alert;
    - Other systems such as email, conference calls;
    - Individual communications by Regional NYSDOH representatives, HEC representatives, NYC OEM, NYCDOHMH, FDNY, etc.

Questions?

Nikhil Natarajan

Office of Health Emergency Preparedness

518-474-2893

nxn04@health.state.ny.us

Operational Considerations

History of e-FINDS

- Need
- Concept
- Development
- Implementation
- 2nd iteration
- Future versions

New York State
e FINDS
Evacuation of Facilities
In Disasters System

eFINDS

- Training
  - Overviews
  - WebEx
    - Live
    - Recorded
  - Regional Training Centers
  - Associations
  - NYSDOH Regional Offices
  - Others
- Exercising
  - Training “operation” within eFINDS
- Implementation Guide

New York State eFINDS
Evacuation of Facilities In Disasters System

Accessing eFINDS

- NYSDOH Communications Directory Roles
  - E-FINDS Data Reporter
    - User level
  - E-FINDS Reporting Administrator
    - Facility/LHD Admin
  - E-FINDS Application Administrator
    - NYSDOH only
  - OEM Link
    - User
- LHD vs. RO vs. CO access levels
- Facilities within systems
  - Person needs to be added by each facility
- Associations
  - Person needs to be added by each facility

New York State eFINDS
Evacuation of Facilities In Disasters System

Patient Tracking System Operations

- NYSDOH will notify all HCFs when wristbanding of patients or residents must begin
  - The specifics of how the facilities apply wristbands and entering data is up to the facility
- An “operation” will be created in the system that all HCFs will be able to access
- eFINDS should be used in accordance with the training

New York State eFINDS
Evacuation of Facilities In Disasters System

Scenarios

- Pre-planned evacuation
  - With internet access
    - With scanners
    - Without scanners
  - Without internet access
- No notice evacuation
  - With internet access
    - With scanners
    - Without scanners
  - Without internet access

New York State eFINDS
Evacuation of Facilities In Disasters System

Pre-planned evacuation

- Sending facility
  - Ensure that first name, last name, and DOB at a minimum are entered into system
  - If patient/resident is shelter-in-place, identify as such
  - If patient/resident is being transferred and destination is identified, enter the destination information
- Receiving facility
  - Change patient/resident ‘s current location to new facility and update any necessary information

New York State eFINDS
Evacuation of Facilities In Disasters System

No Notice Evacuation

- Sending facility (if time permits)
  - Ensure that first name, last name, and DOB at a minimum are entered into system
  - If patient/resident is shelter-in-place, identify as such
  - If patient/resident is being transferred and destination is identified, enter the destination information
- Receiving facility
  - Change patient/resident ‘s current location to new facility and enter/update any necessary information

New York State eFINDS
Evacuation of Facilities In Disasters System

e-FINDS Data

- What is collected
- How is it collected
- Who can see what
  - Permissions based
- How is it helpful post-storm

New York State e FINDS
Evacuation of Facilities In Disasters System

Future of e-FINDS

- Future rollouts
- Statewide implementation
- Implementation with other “O” Agencies
  - OASAS
  - OMH
  - OPWDD
  - OCFS
  - OTDA

New York State e FINDS
Evacuation of Facilities In Disasters System

Questions?

Nikhil Natarajan

Office of Health Emergency Preparedness

518-474-2893

nxn04@health.state.ny.us