

New York Full-scale Logistics Exercise

NYFLEX

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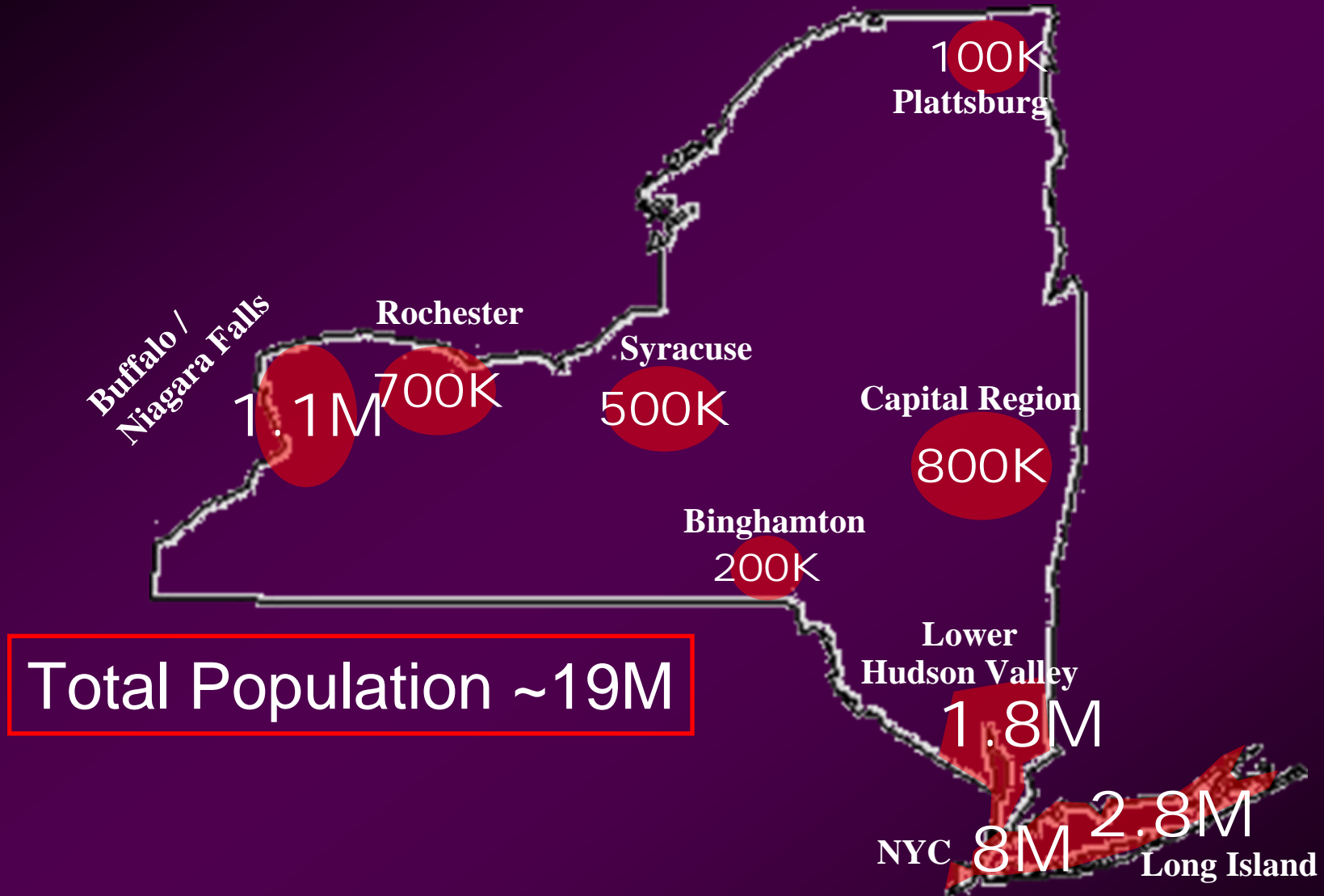




New York State Facts

- Population: ~19,300,000 (including NYC)
- 57 Counties (home rule) + 5 in NYC
 - 62 cities
 - 932 towns
 - 554 villages
- Area: ~49,500 square miles
- >7.6 million acres of farmland
- State Muffin: Apple Muffin

New York State



What ...

- A multi-agency, State sponsored Regional exercise designed to exercise emergency response plans, policies and procedures as they pertain to pandemic influenza
- This activity helped to meet Federal preparedness exercise requirements
- Key issues included: 1) high-level decision making by NYSDOH senior staff regarding allocation of scarce resources, and 2) the processes for requesting, distributing, and tracking medical assets in participating regions



What ...

- Although the full-scale exercise was conducted in the Central New York and Metropolitan Regional Area, the Capital District region participated in a functional manner



Who ...

→ Exercise Sponsors:

- New York State Department of Health
- New York State Office of General Services
- New York State Police
- State Emergency Management Office
- New York Office of Homeland Security
- New York State Department of Correctional Services
- Division of Military and Naval Affairs

Who ...

→ The exercise design team was comprised of representatives of the following agencies:

Office of Homeland Security (OHS)

State Emergency Management Office (SEMO)

New York State Department of Health
(NYSDOH)

New York State Police (DSP)

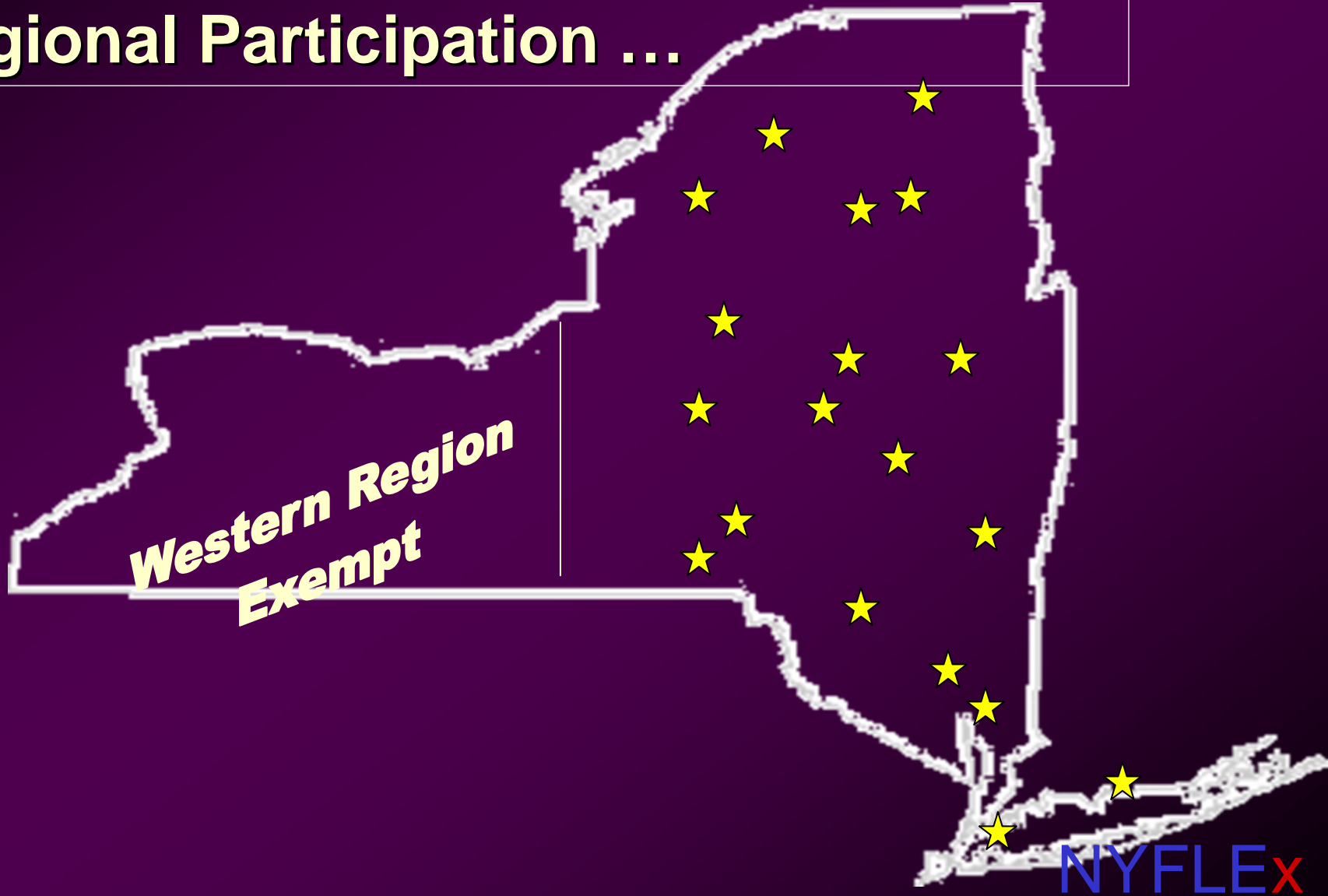
New York State Office of General Services
(OGS)

Division of Military and Naval Affairs

Suffolk County Office of Emergency
Management

Onondaga County Health Department

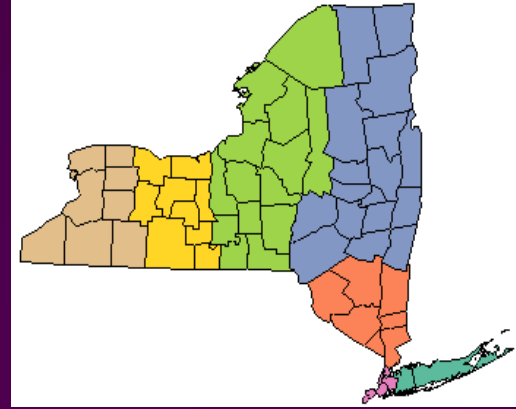
Regional Participation ...



When ...

- NYFLEx was conducted June 23 – 27, 2008
- Full-scale play occurred June 23 – 25
- Functional play occurred June 26
- Hotwash and debriefing of players occurred on June 27 and week of June 30

Participating Counties ...



- Suffolk
- Broome
- Cortland
- Herkimer
- Cayuga
- Chenango
- Jefferson
- Lewis
- Madison
- Oneida
- Onondaga
- Oswego
- Tompkins
- Albany
- Columbia
- Delaware
- Fulton
- Montgomery
- Otsego
- Rensselaer
- Saratoga
- Schenectady
- Schoharie
- Warren
- Clinton
- Essex
- Franklin
- St. Lawrence

Participating Hospitals...

- Brookhaven
- Eastern Long Island
- Good Samaritan
- Huntington
- J.T. Mather
- Peconic Bay
- Southampton
- Southside
- St. Catherine's
- St. Charles
- Stonybrook
- Our Lady of Lourdes
- UHS Binghamton General
- UHS Wilson Regional Medical Center
- Cortland Regional Medical Center
- Little Falls Hospital
- Auburn Memorial
- Chenango Memorial
- Carthage Area Hospital
- River Hospital
- Samaritan Medical Center

Participating Hospitals...

- Lewis County General Hospital
- Community Memorial
- Oneida Healthcare Center
- Faxton-St. Luke's Healthcare
- Rome Memorial
- St. Elizabeth Medical Center
- Community General Hospital of Greater Syracuse
- Crouse Hospital
- St. Joseph's Hospital Health Center
- University Hospital – SUNY Upstate
- Albert Lindley Lee Memorial Hospital
- Oswego Hospital
- Cayuga Medical Center
- Albany Medical Center
- Albany Memorial Hospital
- St. Peter's Hospital
- Columbia Memorial
- Delaware Valley Hospital
- Margaretville Hospital
- O'Connor Hospital
- Nathan Littauer Hospital
- Amsterdam Memorial Hospital
- St. Mary's Hospital
- Aurelia Osborn Fox Hospital
- Mary Imogene Basset

Participating Hospitals ...

- Samaritan Hospital
- Seton Health-St. Mary's Troy
- Saratoga Hospital
- Ellis Hospital
- St. Clare's Hospital
- Cobleskill Regional Hospital
- Glens Falls Hospital
- Champlain Valley Physician's Hospital
- Adirondack Medical Center
- Elizabethtown Hospital
- Moses Ludington
- Alice Hyde Hospital
- Canton-Potsdam Hospital
- Clinton Fine Hospital
- Claxton Hepburn Hospital
- EJ Noble
- Massena Memorial Hospital

Participant Expectations...

- Contractor Developed the Scenario – Pandemic Influenza
- Counties and hospitals were designated to participate in NYFLEx in either functional or full-scale play
- The level of play was determined by the scenario and location of the State Operations Mobilization sites.



Participant Expectations...

→ Play included daily Incident Management System calls and a Commissioner's call on Day 1

→ Play was driven by the injects

→ Delivered via the Controllers at the appropriate site



Participant Expectations...



- Full Scale play counties received "live" assets that included boxed empty pill bottles, Personal Protective Equipment (PPE), and Ventilators
- Counties participating in full-scale play activated the county Strategic National Stockpile plan and coordinated receiving, shipping, and tracking of assets
- Hospitals participating in full-scale play requested, received, and tracked assets

Participant Expectations...

→ Functional play counties received "notional" assets via fax machine



→ Activated/operated county staging sites. Facilitated the request, receipt and tracking process per the county SNS plan. **"Notional" assets (via fax machine)** assets were received at county staging site, then redistributed and tracked based on requests

→ Activated/operated their county staging sites. Facilitate the request, receipt and tracking process per the county SNS plan. May use Simulation Cell if EM is not playing

→ Hospitals participating in functional play requested, received, and tracked assets

Participant Expectations...



- Evaluation
- Technical Expertise
- Participate in hotwashes after ENDEx

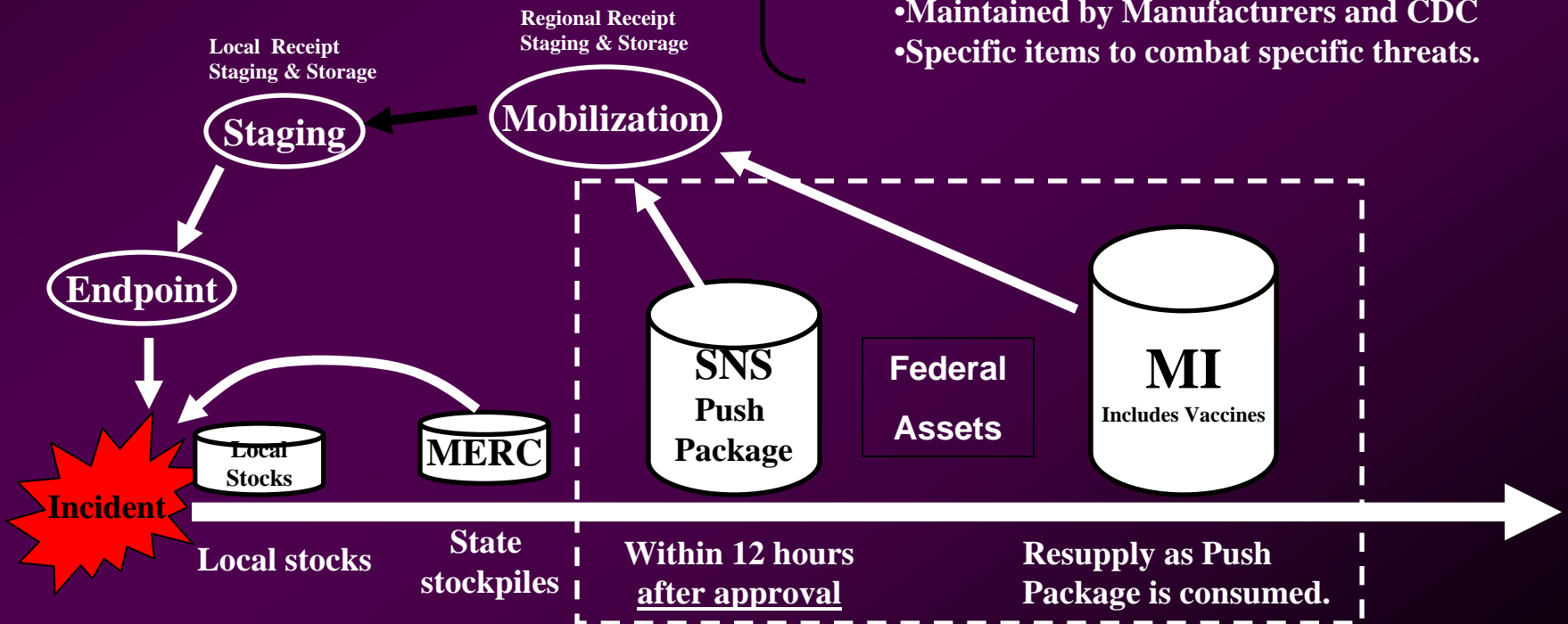
NYFLEX Logistics

New York State Strategic National Stockpile Plan Concept



SNS

- Medical Emergency Response Cache
 - Medications & supplies maintained by NYS
 - Multiple locations throughout the state
- Push Package
 - Must be requested by State
 - Emergency Response - 12 hrs or less
 - Prepackaged and configured
 - Pharmaceuticals, Medical Supplies, Medical Equipment
- Managed Inventory (MI)
 - SMI and VMI
 - Must be requested by State
 - Maintained by Manufacturers and CDC
 - Specific items to combat specific threats.



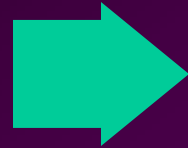
Request Process

Hospitals

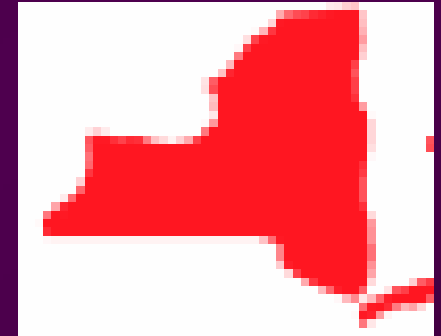
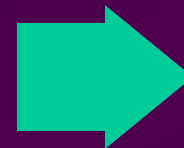
PODs

First Responders

Other Locations



COUNTY EOC



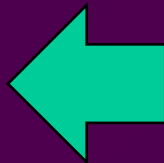
STATE
EOC



STATE
EXECUTIVES

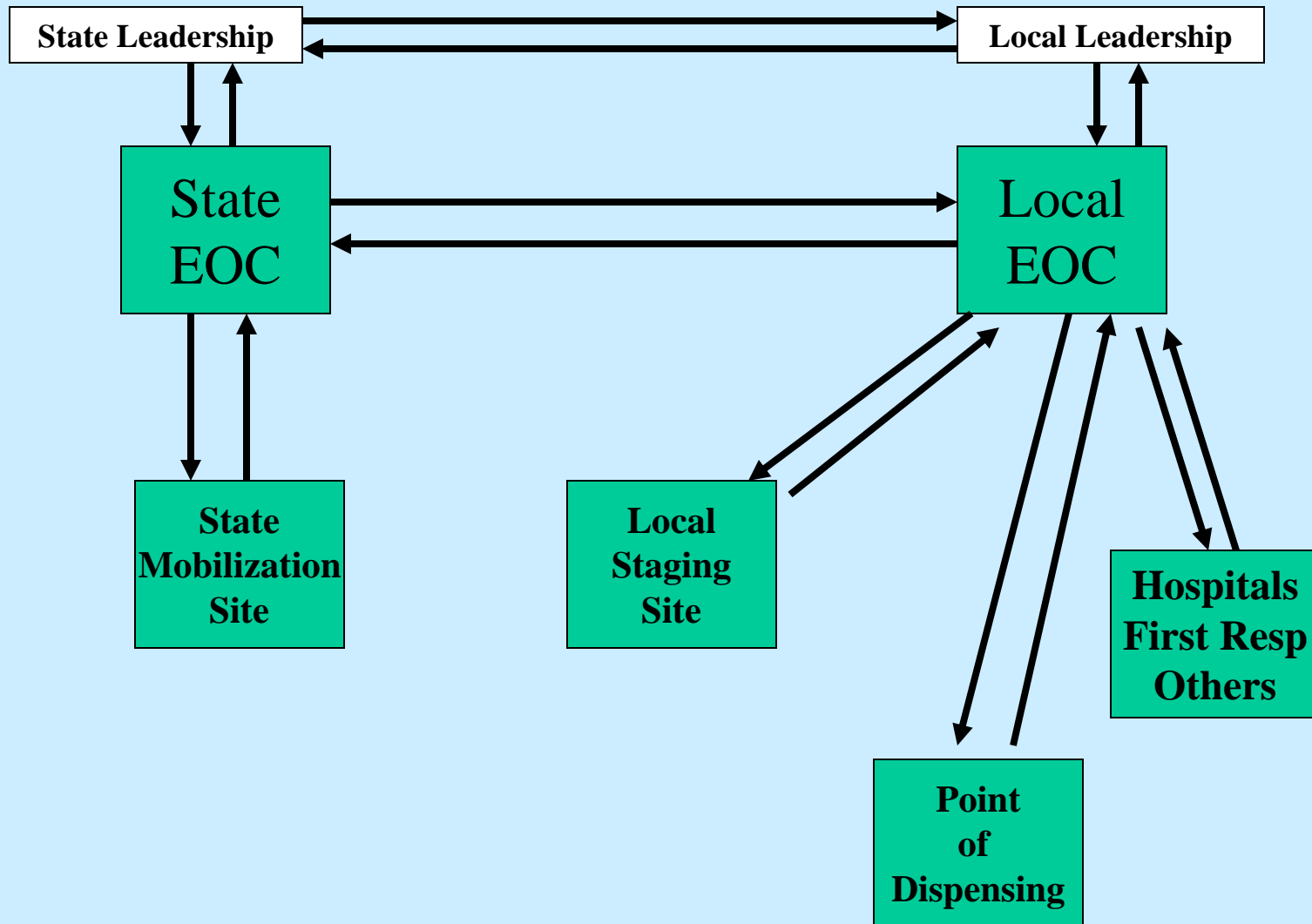


GOVERNOR



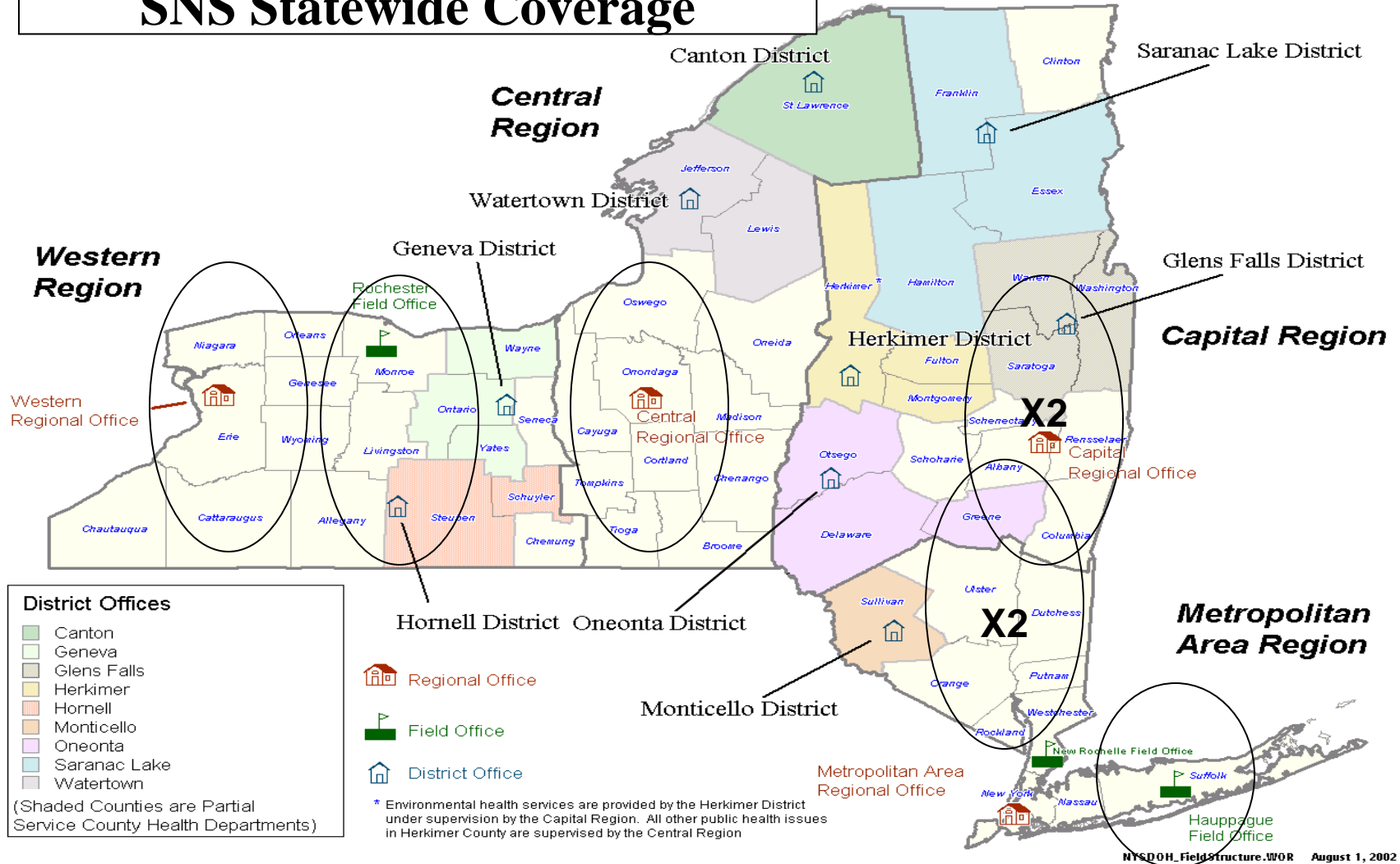
CDC

Information/Coordination Flow



SNS Mobilization Sites

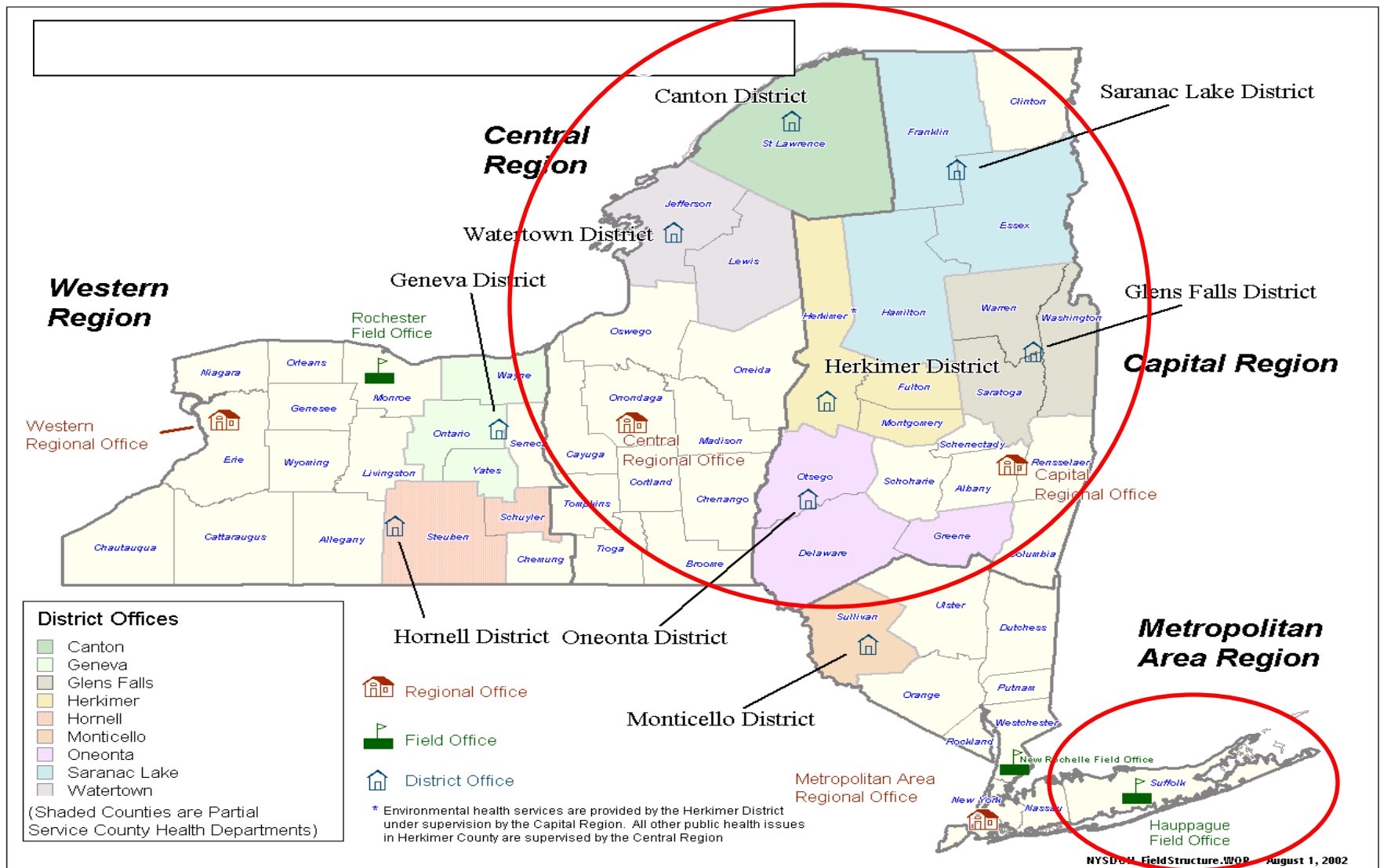
SNS Statewide Coverage



NYS SNS Endpoint Overview

- 8 Potential RSS Sites
- 116 Potential RDS Sites
 - 57 Counties (primary and secondary) + NYC
- >525 PODs throughout the State + >200 in NYC
- 159 Acute Care Hospitals + 69 in NYC
- >1800 Fire Departments
- >1100 Ambulance Services
- Many more LTC, CHA, MD Offices, etc.

NYFLEx Participants



Major SNS Activities in NYFLE_x

- Setup of RSS Site
- Request Process
- State apportionment decision
- Deployment of assets to 13 counties (RDS sites)
- County apportionment decisions
- Further deployment of those assets to hospitals
- Security breach at primary RSS with relocation to secondary RSS site
- Demobilization

Setup of Primary RSS Site

- Based upon CDC Pandemic Influenza Plan (metered response)
- 6/23/08
 - 0830 – CDC notification of asset push
 - 0845 – HOC activated
 - 0930 – SEMO and State EOC activated
 - 1200 – SNS RSS Site activation conference call
 - 1600 – SNS staff and resources deployed
 - 2200 – SNS staff and resources arrive at RSS site

Rapid setup of Primary RSS Site

Before

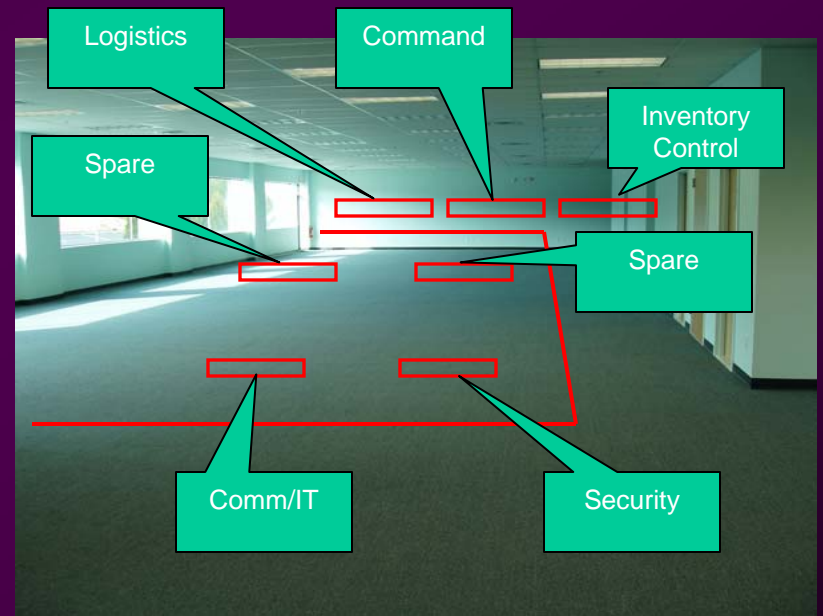
After



Rapid setup of Primary RSS Site

Before

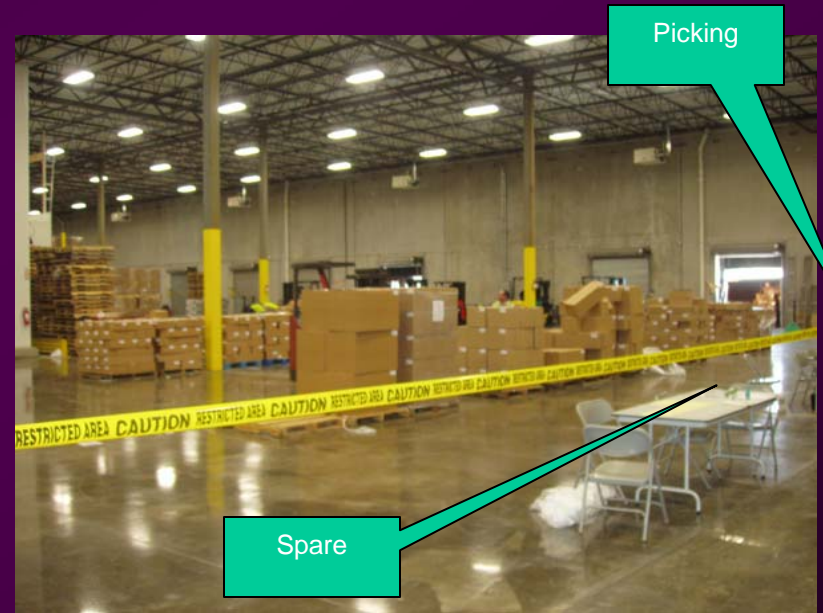
After



Rapid setup of Primary RSS Site

Before

After



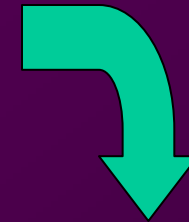
Request Process



County EOC

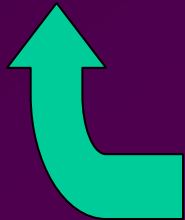


State EOC

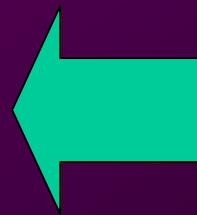


Apportionment and withhold

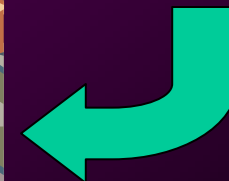
Given first 5 weeks of patient data. Had to predict remainder of wave.



RDS



RSS



Request Process



Count

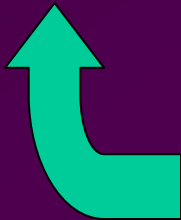
Positives

- Request process was actually exercised
- Gaps identified in process

Areas for improvement

- Extrapolating data (FluSurge, etc.)
- Communications
- Multi-agency coordination
- Ordering against unknown inventory

Given first 5 weeks of patient data. Had to predict remainder of wave.



RDS

RSS

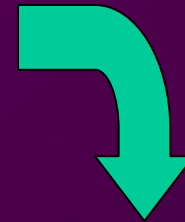


and

Request Process

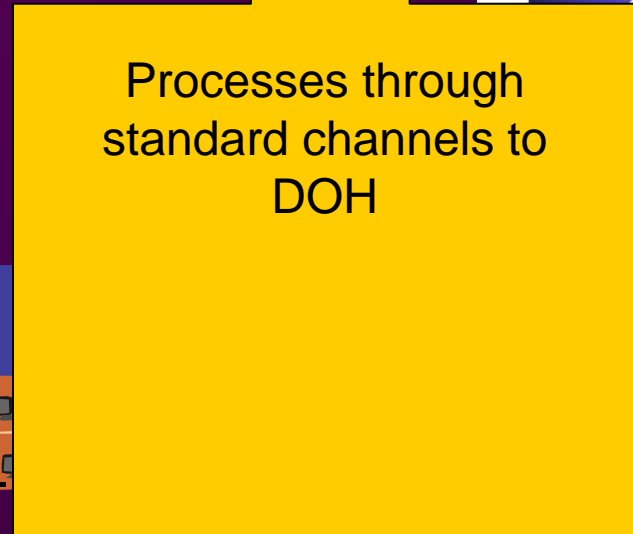
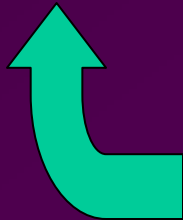


State EOC



Department and
withhold

Given first 5 weeks
of patient data. Had
to predict
remainder of wave.



RDS

RSS



Request Process



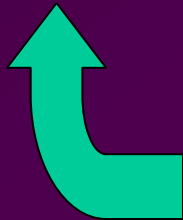
State EOC

Utilizes Incident Management System (IMS) Group for policy decision making and activates Health Operations Center (HOC)



Apportionment and withhold

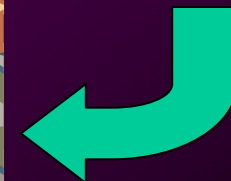
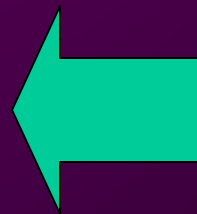
Given first 5 weeks of patient data. Had to predict remainder of wave.



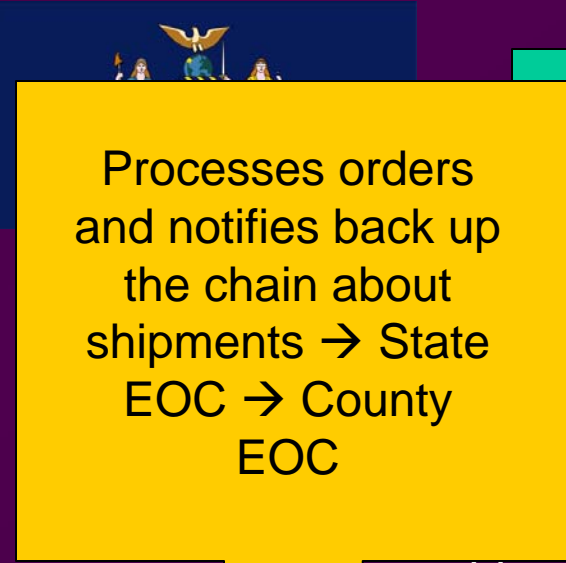
RDS



RSS

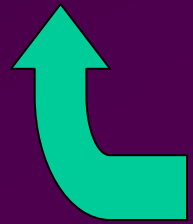


Request Process



...tionment and withhold

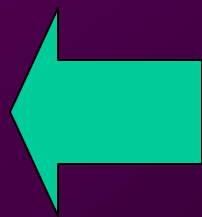
Given first 5 weeks of patient data. Had to predict remainder of wave.



RDS



RSS



Request Process



Processes orders and notifies back up the chain about shipments → State EOC → County EOC



State EOC



Apportionment and withhold

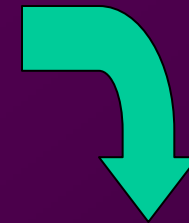
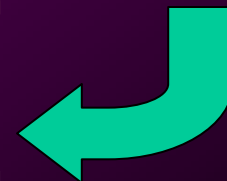
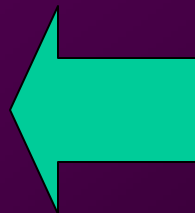
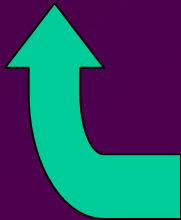
Given first 5 weeks of patient data. H to predict remainder of wave.



RDS



RSS



State apportionment decision

- 6/23/08
 - How much we have?
 - How much we're getting?
 - Who needs what?
 - How much do they need?
 - How much do we keep?

State apportionment decision

- Pro rata
 - Accurate census data?
 - How old is the census data?
 - Other issues
 - Seasonal population changes
 - Those not covered accurately by census
 - Military bases
 - Colleges
 - Prisons (local, State, and Federal)
 - And others....
- State withhold

County apportionment decisions

- Pro rata?
- How much to hospital A vs. hospital B?
- Treatment centers vs. non-treatment centers?
- Local withhold?

Primary RSS Site Operations

- Partner with “host county”
- Conducted all required RSS functions
- Involved local, State, and federal partners
- Positives
 - RSS Go-Kits
 - Setup and security breach
- Areas for improvement
 - Communications
 - Inventory Management System

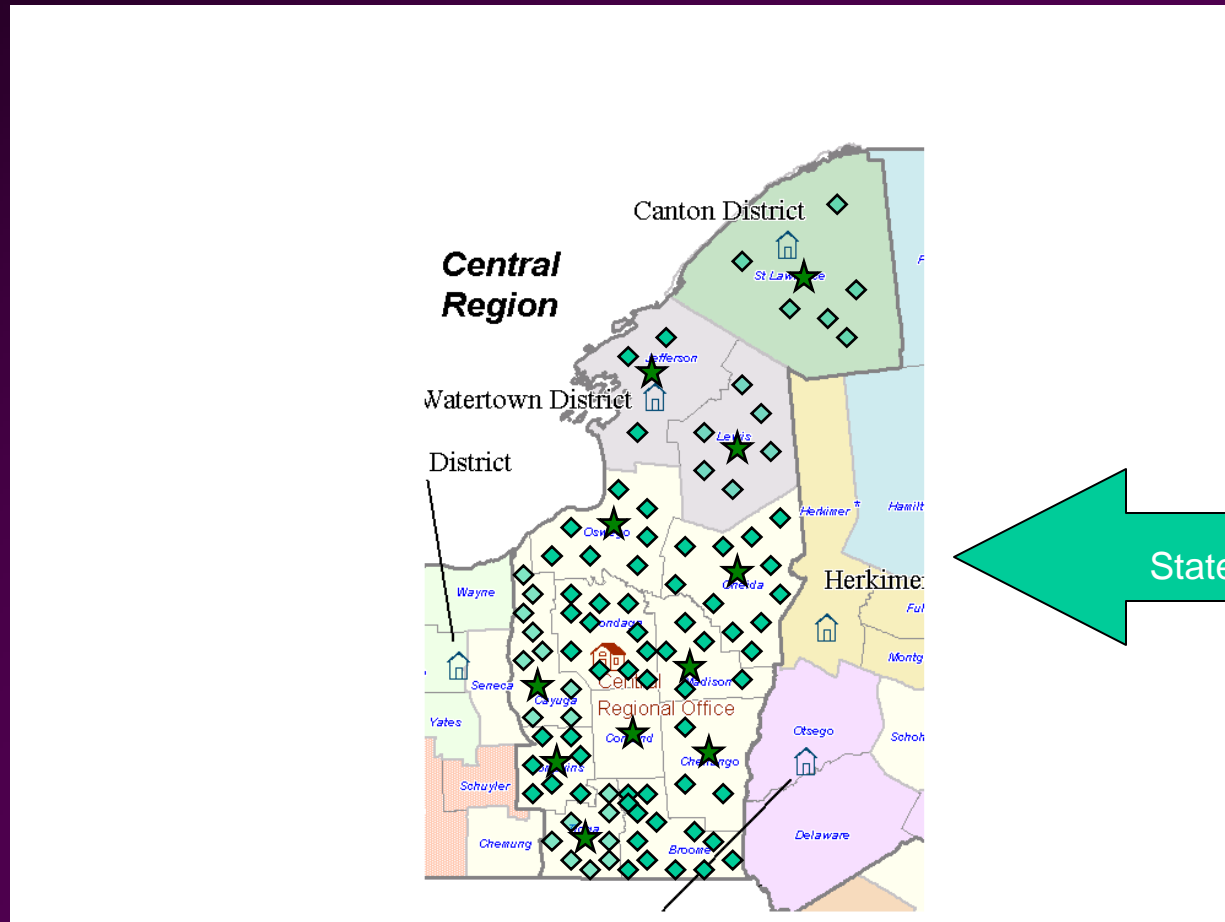
Further deployment of assets to hospitals

- Can the hospital accommodate the type of delivery vehicle being used?
- Loading dock availability
- Tracking of billable vs. non-billable assets
- Estimating need based upon scenario
- Hospital request process to County

Security breach

- Scenario
 - RSS Manager informed by Security Lead that the location of the RSS has been made public by a local news station
 - RSS Manager had 30 minutes to get everyone and everything out
- Results
 - Vehicle deployment plan update prior to exercise
 - All staff, equipment, and supplies out in 29 minutes

Deployment of assets to 13 counties (RDS sites)



Deployment of assets to 13 counties (RDS sites)



Demobilization

- Return of “assets”
- Disposition of goods

After-Action Report

Strengths

- The NYSDOH Incident Management System Group was effectively activated within 2 hours of delivery of the first exercise inject and remained activated for three full days of exercise play (June 23-25).
- IMS Group members and evaluators reported an effective use of phone, email, cell, and online systems.
- The IMS Group met the objective to review available epidemiologic data within 2 hours and create an initial situational assessment.

Strengths

- During the 3-day IMS Group activation, members were challenged with a number of scenario injects
 - Required rapid assessment and response related to clinical, operational, and logistical issues raised during the first wave of an influenza pandemic
- The exercise provided a unique opportunity for different programs within NYSDOH to offer expertise, and to collaborate on the development of guidelines and plans to address evolving issues

Strengths

- The NYSDOH Public Information/Crisis Emergency Risk Communication Plan was activated in response to the exercise scenario.
 - Participants demonstrated effective coordination among Epidemiology, Clinical Management, Risk Communications, Public Affairs Group, and the Public Information Officer
- During the exercise, NYSDOH sent a total of eight notification messages, including three messages to participating hospitals. A variety of methods were utilized based on the purpose of the alert; these included immediate notification and queued delivery by phone, email, and fax

Strengths

- All hospitals electronically confirmed receipt of the first two messages, and all but one hospital confirmed receipt of the third message, demonstrating a strong capability for electronic communications between NYSDOH and participating hospitals

Strengths

- A medical supplies warehouse management structure was set up at two sites
 - A manager was identified at each site
 - Reporting requirements were established with the leads of each unit; leads communicated information to their staff.
- The SNS go-kits contained all the supplies the staff needed to be productive and to complete the task at hand. The go-kits were easily unpacked and packed at the mobilization sites

Strengths

- Credentialing of medical supply personnel, players, observers, and evaluators was performed off-site each morning at 0600 hours by the New York State Police, and worked effectively
- A breach of security at the State Mobilization Site in Suffolk County was efficient and well-handled

Strengths

- Participants identified the need to clarify and further formalize the IMS Group membership list. A lack of depth of staff was also recognized.
- There was confusion on the local level about the role of the county emergency manager in the county Strategic National Stockpile (SNS) plan
 - The majority of the emergency managers forwarded requests directly to SEMO, instead of compiling them and sending to the regional emergency manager.

Strengths

- During exercise play, the figures describing available medical assets were confusing and difficult to utilize by exercise controllers and participants
 - Medical assets were described by varying units of measurement including pallets, cases, doses, treatment courses, and pill counts
 - State medical asset figures included asset amounts for New York City in some categories, while excluding those assets in other categories (New York City receives direct distribution of some CDC assets)

Areas for Improvement

- This exercise provided an opportunity to test existing state plans for the allocation and request of medical countermeasures during an influenza pandemic. A number of challenges were identified :
 - pro-rata allocation;
 - proportional state holdback of antiviral agents;
 - the hospital request process

Areas for Improvement

- IMS Group members from Epidemiology and Clinical Management received numerous and challenging scenario injects throughout the course of the exercise requiring analyses and development of recommendations or guidelines.
- Participants identified the need to better define the respective roles of Epidemiology and Clinical Management personnel during an IMS Group activation

Areas for Improvement

- Per the NYSDOH Pandemic Influenza Plan, counties maintain local plans for the distribution of antivirals through hospitals, community health centers, other large providers including private practices, and/or pharmacies based upon local needs and resources.

Areas for Improvement

- Highlighted and documented the need for additional federal guidance in many areas related to pandemic influenza response,
- Problems are encountered at the state and local level when existing guidance does not match available resources
 - Detailed triage criteria for use of antivirals that can be easily explained to the public;
 - Antiviral allocation by priority group;
 - Return to work policies for healthcare workers following influenza-like illness;
 - Consistent guidance on the use/allocation of ventilators;
 - Guidance regarding use and accessibility of private antiviral stockpiles

Areas for Improvement

- Participants identified a number of policy issues that pose significant challenges related to public education, public information, and effective risk communication
- Consideration should be given to the number and types of notifications made and whether there is a need for additional notifications during an influenza pandemic

Areas for Improvement

- Delays were experienced at each site due to decisions of how much product was going to be sent out to each hospital
 - Local Health Departments had challenges in determining how to allocate resources that were less than expected

Areas for Improvement

- Initial checkpoint manned by the State Police outside of the State Mobilization Site in Suffolk County
 - Need for a better check-in process on the inside of the building (to prevent confusion and interruption of the exercise, access to the sites were limited to exercise participants only).

Follow-On Exercises

- Half-day to full-day tabletop exercise with executive level personnel to determine policy recommendations in a comfortable, learning environment
- Information flow on antiviral usage at the local health department and facility level, given those data will be critical as decisions are being made about usage and prioritization.

Follow-On Exercises

- Exercise response capabilities following a loss of technology resources
- Exercise a pandemic influenza scenario with selected Funeral Directors and appropriate public health staff, given the anticipated high case-fatality rate

Follow-On Exercises

- Exercise health department staff shortages given the anticipated 40% reduction in workforce during a pandemic. This would include testing 24/7 coverage and the preparedness of second and third level back-up staff, as well as adequacy of existing continuity of operations plans (COOP)

Follow-On Exercises

- Exercise shortage of long-term care beds assuming that hospitals will implement their surge plans which include moving patients to long-term care

Overall Summary

- Demonstrated the strengths of current plans and capabilities for responding to a severe influenza pandemic with an emphasis on high-level decision-making by NYSDOH senior staff and the processes for requesting, distributing, and tracking medical assets in participating areas of the state.
- Served as an opportunity for participants and evaluators to identify gaps in current plans that when addressed will significantly improve state and local-level readiness for an influenza pandemic



Raising the BAR³

BAR³ – Biological Agent Regional Rapid Resonse



Concept

- Recovery / Admin
- ESAR-VHP
- HERDS
- SNS
- MERC
- Labs
- ^{Text} Risk Communication
- Mass Fatality
- Intelligence
- Epidemiology
- Mass Prophylaxis
- Hospital Decon
- Medical Surge
- Legal Issues

Scope

- Will require executive level policy decisions at State and local levels
- Will require “cradle-to-grave” SNS operations
- Will require inter-agency collaboration
- Will require exercising of existing plans
- Will require implementation of identified improvement actions from prior exercises

State / Federal Players

- NYSDOH
 - Public Health Emergency Preparedness Program
 - Health Emergency Preparedness Program
 - Public Health Emergency Epidemiology Program
 - Public Affairs Group
 - Center for Environmental Health
 - Labs
 - Office of Health Systems Management
 - Information Technology
 - Bureau of Emergency Medical Services
 - NYSDOH Regional Offices
- New York State Office of Homeland Security
- New York State Office of General Services
- New York State Emergency Management Office
- New York State Police
- New York State Department of Correctional Services
- New York State Division of Military and Naval Affairs
- Centers for Disease Control and Prevention
- United State Marshals Service
- Other

Tentative Exercise Timeline

- Late June
 - Executive-level Policy Tabletop
 - Audience: Multi-agency executives
 - To identify policy decisions that may be utilized for the full scale exercise
- Week 1 – Fall 2009
 - 3 Educational Sessions
 - Audience: NYSDOH, LHDs, County EMs, Hospitals, others
 - Goals – SNS request process, policy decision making at County level, apportionment at County level, etc.

Tentative Exercise Timeline

- Week 2 – Fall 2009
 - Tuesday, Wednesday, Thursday
 - Virtual HOC (IMS Group)
 - NYSDOH and non-NYSDOH agencies
 - Goals
 - Intelligence gathering/information sharing
 - Epidemiology/surveillance work
 - HERDS surveys
 - Labs
 - Critical Specimen Transport
 - Others

Tentative Exercise Timeline

- Week 3 – Fall 2009
 - Tuesday, Wednesday, Thursday – (Exercise play – Thursday/Friday/Saturday)
 - Real HOC activation
 - NYSDOH and non-NYSDOH agencies
 - Goals
 - Full scale NYS MERC and SNS response
 - Full scale County SNS response
 - Asset security
 - CDC involvement
 - USMS involvement
 - Mass prophylaxis at a minimum of 2 POD per County playing (alternate dispensing preferred)
 - Medical Surge
 - ESAR-VHP
 - Risk Communications/PIO
 - Others

Tentative Exercise Timeline

- Week 4 – Fall 2009
 - 6 Tabletop Exercises (2 half-day TTxs in each region of play)
 - Recovery / Administration - Goals
 - Recovery of hospitals after contamination
 - Medical Surge issues during and post event until decontamination complete
 - Cost tracking and cost-recovery (reimbursement, etc.)
 - Mass Fatality – Goals
 - Mass fatality management of incident
 - Recovery of training assets – Full Scale
 - Full scale recovery of training assets

Exercise Planning

- Largest full-scale exercise by NYSDOH Preparedness Program to date
- Planning still on-going

Contact Information

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