



2023 New York City Emergency Management and Preparedness Assessment of the Home Care Industry

Summary Report
June 2023

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I. Introduction and Background

During a five-week period in March and April, 2023, two of New York State's largest home care trade associations, the Home Care Association of New York State Education and Research (HCA E&R) and the New York State Association of Health Care Providers (HCP) with its affiliate, Community Health Care Services Foundation (CHC), conducted an Emergency Management (EM) Assessment of New York City home care providers aimed at understanding the industry's emergency management and preparedness readiness, associated policies, and areas where additional support is needed.

The goal of this EM Assessment was to engage the home care sector in identifying its emergency management capabilities and capacities in targeted operations areas while identifying areas needing improvement. The ultimate purpose is to build, strengthen and sustain New York City's public health and healthcare preparedness capabilities.

Subsequently, through a continued partnership with the New York City Department of Health and Mental Hygiene (NYC DOHMH), Office of Emergency Preparedness and Response (OEPR), the associations will leverage the results of this EM Assessment to plan activities and develop initiatives for future U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program Formula Grant years.

The associations conducted a general EM assessment of the home care sector in the prior budget period, and this year's study was a natural progression to take a more in-depth look at topics identified in 2022 as worthy of more detailed investigation. Through these results, EM professionals and the industry itself can have a better understanding of the home care sector's practices and needs in the areas of emergency communications, home care staff emergency management training, drill and exercise participation and knowledge, and general EM planning.

As an extension of this project, HCA and HCP included 25 EM questions developed by the Pediatric Disaster Coalition (PDC). PDC's goal was to support its mission by gathering information about the pediatric-specific capacity for emergency management in the home care industry. Pediatric patients comprise 25% of New York City's population. These are some of the most vulnerable users of home care services, thus pediatric-specific disaster planning is a critical element in the emergency management activities of providers serving younger patients.

The home care services industry in New York State is essential for keeping vulnerable, aged, and disabled persons safely in their homes and communities. The sector includes two essential agency types. Certified Home Health Agencies (CHHA) provide many types of skilled services including nursing, home health aide services, occupational and physical therapy, etc. Licensed Home Care Services Agencies (LHCSA) provide personal care services and home health aide services and may work in collaboration with a CHHA and/or an assisted living facility. LHCSAs also may operate through contracts with Managed Long-Term Care (MLTC) plans or Managed Care Organizations (MCO) to provide additional services and certain types of nursing care. Both agency types serve pediatric consumers in the five boroughs.

The Centers for Medicare and Medicaid Services (CMS) requires CHHAs to have an emergency management plan. An emergency plan provides the framework for the agency's emergency preparedness program and is based on risk assessments. The plan assists an agency in anticipating and addressing patient, staff, and community needs and supports continuity of business operations. NYS regulations state that a LHCSA's governing authority must: ensure the development of a written emergency plan which is current and includes procedures to be followed to

assure health care needs of patients continue to be met in emergencies that interfere with delivery of services, and orientation of all employees to their responsibilities in carrying out such a plan.

Documented below is a summary of key survey results as well as recommendations from the associations and the PDC addressing the assessment's identified gaps to improve emergency readiness for the home care sector in NYC.

Please note that this report does not include the NYC PDC Summary Report. The NYC PDC assessment of home care pediatric population is an annex to this report.

II. Methods

Requests for survey participation were sent via email to 327 home care providers in New York City as identified by NYC DOHMH OEPR. Of those providers, 47 were CHHAs and 280 were LHCSAs. Each association sent email invitations to primary agency contacts as identified by the Health Commerce System and their membership rosters. They also highlighted the opportunity for participation in their association newsletters throughout the data collection period, March 15, 2023 - April 21, 2023.

Survey Monkey was used as the online platform for data collection and tabulation.

The assessment questions were developed by HCA E&R, HCP with its affiliate, CHC, and PDC in collaboration with NYC DOHMH OEPR and covered a range of high-level emergency management topics, including:

- Emergency Communications with Patients and Staff
- Emergency Management Training for Staff
- Emergency Exercises and Drills
- Hazard Vulnerability Analysis and Emergency Planning
- Additional Information Desired by Respondents
- Pediatric Specific EM Planning and Training

III. Results

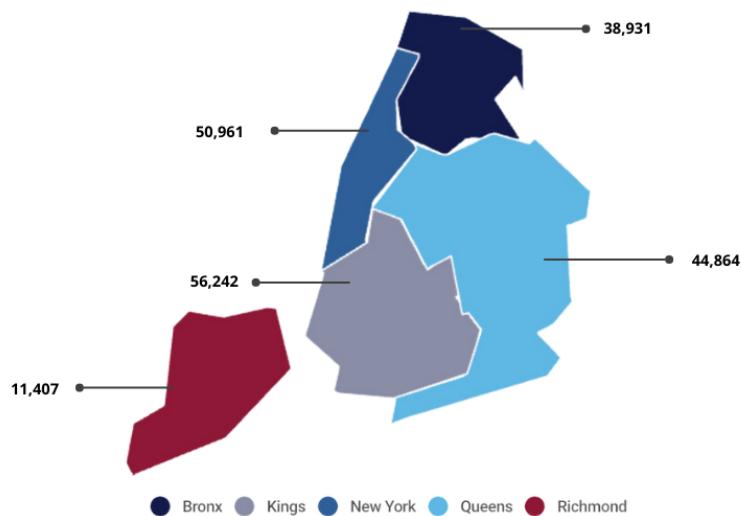
1. Demographics

The respondents were queried about the agency's demographics including the number of patients served, which NYC boroughs were covered, and basic workforce statistics.

There were 71 respondents representing an overall estimated 22% response rate. Of those responding, 55 were LHCSAs (6% of NYC LHCSAs) and 16 were CHHAs (30% of NYC CHHAs).

The home care agencies who participated in this survey reported they provide services to over 202,405 patients in the five boroughs, with each borough being served by at least 40 home care agency respondents (range 40 to 59). More than half these patients are in Brooklyn (Kings County) and Manhattan (New York County), with Staten Island (Richmond County) having the fewest number of home care recipients served by respondents. Most agencies indicated they provide services in all five boroughs of New York City, and nearly 60 percent (58%) also provide services outside of NYC (see figure 1). The survey respondents reported employing over 11,000 full-time employees and nearly 34,000 part-time employees.

Figure 1: Home Care Patients Served by Assessment Respondents, New York City, 2023



HCA E&R & HCP 2023 New York City Emergency Management Assessment of the Home Care Industry

2. Emergency Communications with Patients and Staff

Home care providers must develop and maintain an emergency preparedness communication plan that includes contact information for staff, patients, family members/caregivers, emergency preparedness officials, and identifies communication methods that will be utilized in an emergency.

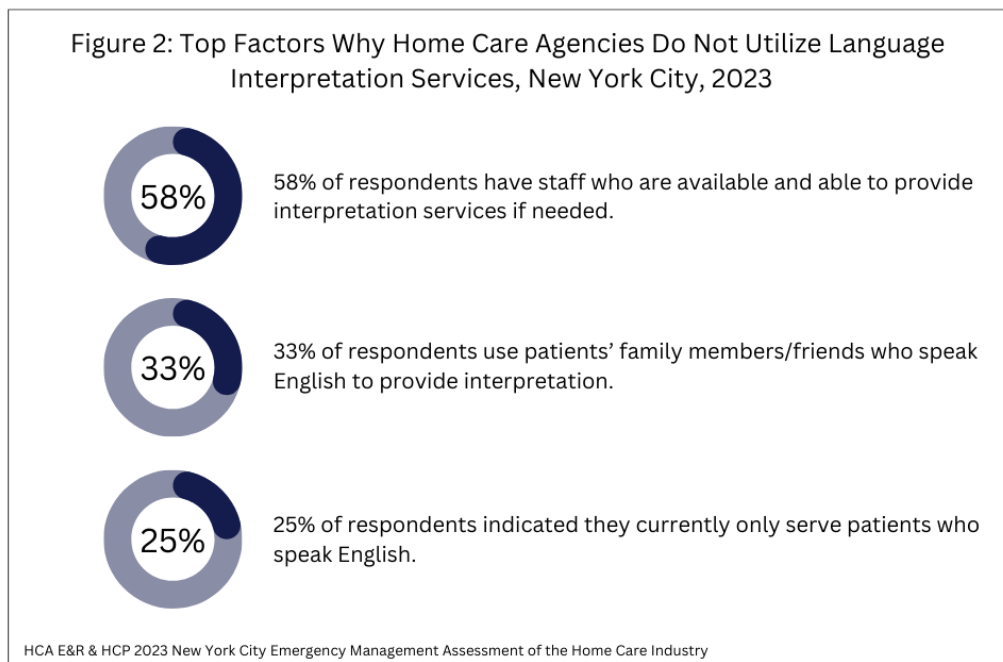
The survey results indicated that responding agencies' primary modes of communication for **staff** in the event of an emergency declaration were phone calls (55%) and text messages (20%). Text messages (37%) were indicated as agencies' secondary mode of communication for **staff** in the event of an emergency declaration, along with email (31%) and phone calls (27%). Rapid messaging, which allows all parties to communicate in real-time, was reported as a primary mode of communication for staff by 15% of respondents, and less than 5% reported they used this method as a secondary communication tool.

Almost all survey respondents (96%) indicated that agencies' primary mode of communication for **patients** in the event of an emergency declaration was phone calls. Text messages (42%) were indicated as agencies' secondary mode of communication for patients in emergency declaration situations, followed by phone calls (37%) and emails (20%). Rapid messaging was reported as a primary and secondary mode of communication for patients by less than 2% of respondents.

Most survey respondents indicated that their agencies had a communication plan when cellphones (91%), internet (91%), and electricity (85%) services are interrupted.

At the time of the survey, 17% of respondents reported that they did not utilize language interpretation services. Survey respondents indicated that the top reasons home care agencies did not utilize language interpretation services were because they depend upon staff and patients' family and friends to provide interpretation as needed; some others indicated that at the time of the survey they only served patients who spoke English. See

Figure 2, “Top Factors Why Home Care Agencies Do Not Utilize Language Interpretation Services, New York City, 2023,” for more details.



When queried about agency familiarity of official emergency communication systems, most survey respondents (85%) indicated they were very familiar with the New York State Department of Health's Integrated Health Alerting and Notification System (IHANS) via the Health Commerce System (HCS). Over 50% of those surveyed indicated they were very familiar with the NYS Integrated Health Alerting and Notify NYC.

Eighty-seven percent of respondents expressed that they have not been confused by the information coming from multiple emergency communication systems. The majority of survey respondents (68%) identified IHANS as the most reliable emergency communication system.

3. Staff Training

All staff must receive training during orientation and annually as to their roles and responsibilities when the agency's emergency plan is implemented; however, there is no standard training content for the industry. Most respondents reported they conduct their own emergency management training (92%), while a small percentage (8%) have outsourced this education.

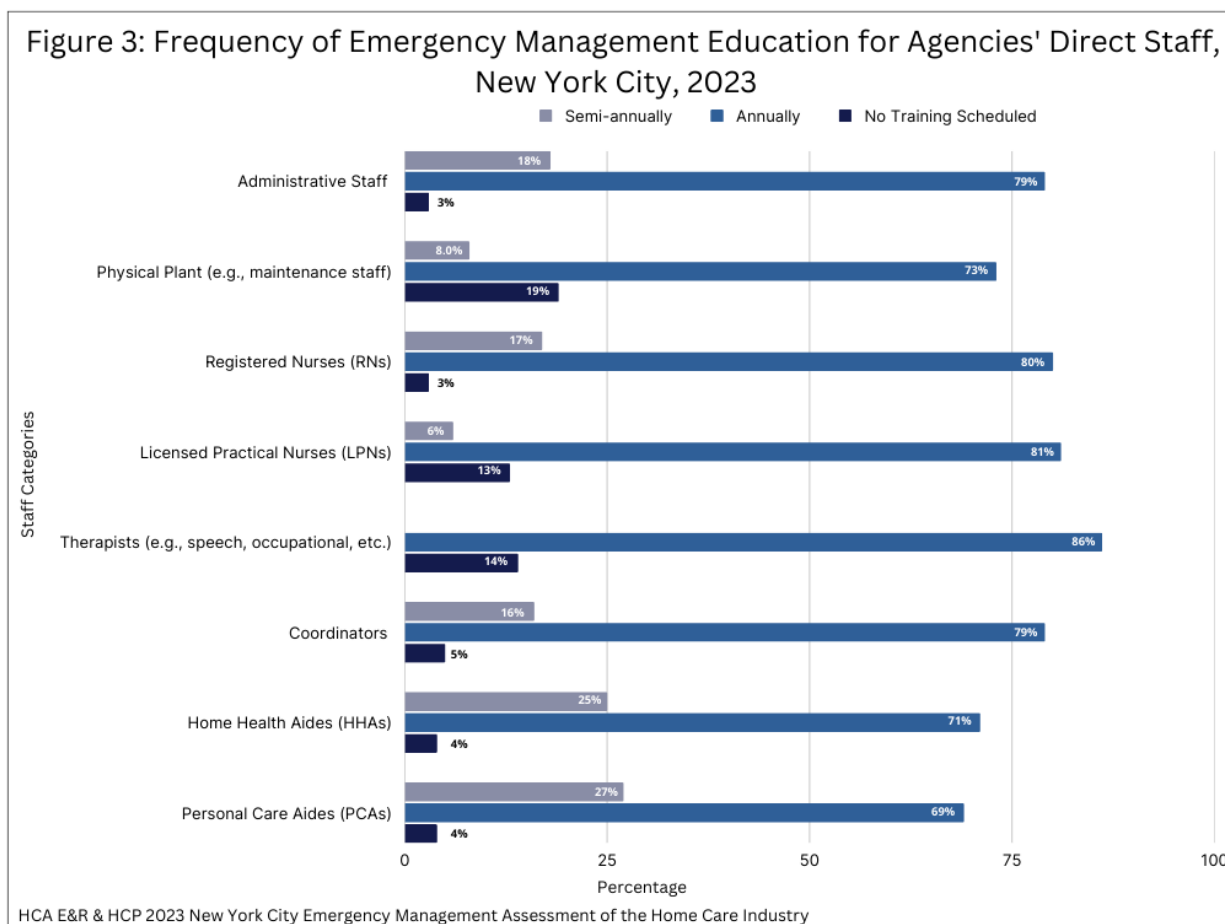
Responding agencies reported that emergency management training was provided both virtually and in-person. 69% of agencies indicated virtual training (on-demand or live) was the modality utilized sometimes, often, or always; only 7% of respondents have never utilized in-person education for this subject matter.

The EM Assessment Survey questions surrounding training distinguished “direct” staff from “contracted” staff, and the following definitions were provided for clarity:

- **Direct staff** are your employees. They complete a W-4 form upon hire and are on your payroll. You withhold taxes from their paycheck and issue them an annual W-2 for tax purposes.

- **Contracted staff** are NOT your employees. You might pay them through a staffing agency, or issue checks to them without taxes withheld pursuant to a W-9 form. Contracted staff might be issued an annual 1099 form for tax purposes if self-employed.

Survey results show agencies' **direct staff** were generally trained as part of the onboarding process for new hires (96%), and most agencies reported at least annual training in emergency management for all listed administrative, clinical, and in-home staff types (range 86% to 97%). See Figure 3: "Frequency of Emergency Management Education for Agencies' Direct Staff, New York City", for details regarding training frequency by **direct staff** type.



Almost half (49%) of the responding agencies reported training **contract staff** in emergency management as part of the onboarding process, with 39% of respondents reporting that these workers are trained by the contracting agency. Of those that utilize **contract staff**, only 71% of agencies reported training therapists in emergency management. Other staff types, however, were trained at least annually by most agencies (59% for personal care aides (PCAs); 71% for home health aides (HHAs); and 82% for licensed practical nurses (LPNs).

Likely due to differences in responsibilities for various positions, training topics covered by survey respondents varied by staff type.

Administrative staff and coordinators were reported to be trained at least annually in the following content areas: emergency communications plan procedures for agency staff (87%), emergency exercises and drills (85%), emergency management staffing, policies and procedures (84%), emergency communications for patients (83%), comprehensive emergency management plan (CEMP) (74%), and Hazard Vulnerability Analyses (HVA) (70%).

Registered nurses (RNs), HHAs, and PCAs were reported to be trained in the following content areas: emergency communications for patients (63%), emergency management staffing policies and procedures (61%), and emergency communications plan procedures for agency staff (62%).

Clinical staff, including RNs, HHAs and PCAs were reported as not generally receiving training in CEMP (45%), HVA (43%), emergency communications plan and procedures for partners outside the agency (35%).

4. Emergency Drills and Exercises

Home care agencies are required to have a procedure for participating in agency-specific or community-wide disaster drills and exercises, and they must conduct at least one drill or exercise annually. The Home Care EM Assessment Survey queried agencies' familiarity with activity types as well as their past participation in emergency management drills or exercises for the calendar year 2022.

Nearly all agencies answering the survey (96%) were somewhat or very familiar with emergency drills, and only 4% were not at all familiar with tabletop exercises. Over two-thirds of respondents were somewhat or very familiar with both functional exercises (69%) and full-scale exercises (67%).

Three-fourths of respondents indicated they had participated in an exercise or drill conducted by an individual agency (including their own). Over half (56%) had taken part in one hosted by the NYS Department of Health, and 41% took part in a drill or exercise overseen by NYC DOHMH. In both these categories, it is noted that many respondents weren't sure about their agency's participation with city and state officials (25% and 21%, respectively), but one-third of respondents indicated definitively they had not taken part in a DOHMH-hosted drill or exercise in the last calendar year.

While nearly one-third of responding agencies (30%) weren't sure if their organization took part in drills or exercises conducted by community partners, over half (55%) definitely had not done so in 2022. The only two specific community partners listed by respondents were the NYC Fire Department and Montefiore Medical Center. Two respondents indicated they participated in drills or exercises hosted by one of the home care associations, and one reported they did not do these activities during the federal public health emergency.

When asked about upcoming plans for drills and exercises, 85% reported they anticipate taking part in such activities hosted by individual agencies (including their own), nearly three-fourths (72%) will take advantage of those overseen by DOHMH, and 58% will participate in NYS DOH drills or exercises. While nearly half were unsure about community partner drills and exercises, only 30% of responding agencies plan to take advantage of drills or exercises with those organizations.

5. Hazard Vulnerability Analysis and Planning

An HVA is usually the first step in emergency planning for an organization. HVA tools are designed so agencies can identify hazards and risk factors relevant to their operation, evaluate their level of risk for each, and assess their preparedness for each hazard. A CEMP is a written plan to prepare for, respond to, and recover from natural or man-made disasters. The purpose of an emergency management plan is to outline specific procedures that will ensure the continued delivery of services to patients with minimum disruption during an emergency.

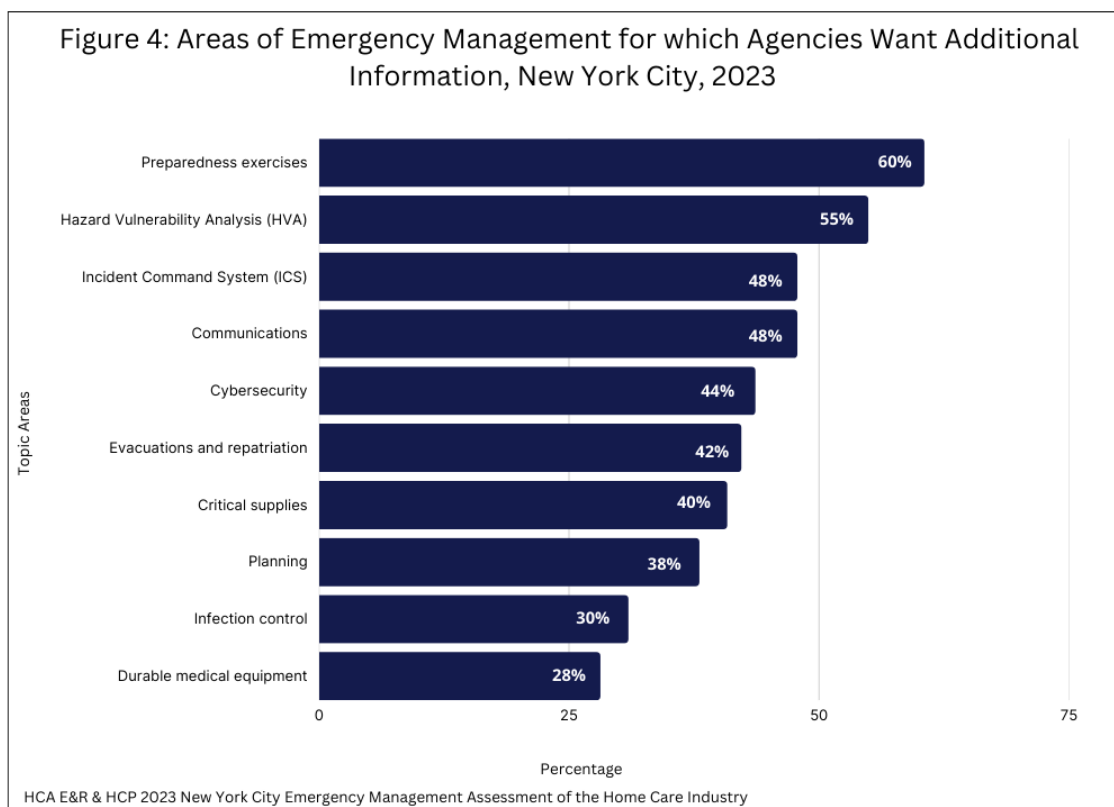
The assessment survey asked how familiar agencies were with HVA resources. The survey results indicated that organizations were very familiar with NYC Hurricane Evacuation Zone Finder (65%) and Community Plans and Resources (48%). Forty-four percent of respondents were not at all familiar with the DOHMH Jurisdictional Risk Assessment as an HVA resource, and 33% were not at all familiar with State and City Hazard Mitigation Plans.

Agencies' CEMPs, addressed the following types of emergencies: natural disasters (97%); pandemic and infectious diseases (96%); patient related care emergencies (93%); technological failures (93%); transportation issues and interruptions preventing staff from getting to/from patients' homes (92%); interruptions in the normal supply of essentials such as water, food, PPE, etc. (85%); interruptions in communication, including cyberattacks (82%); chemical hazards (79%); man-made disasters (terrorism, war, riots, etc.) (76%); loss of portion or entire facility/office (75%); community infrastructure breakdown (bridge collapse, dam break, etc.) (51%); and work stop action (47%).

Most respondents also indicated that their CEMP addresses evacuations (97%), shelter in place (89%), how to evacuate (87%), coordinating care for patients moved from their homes (86%), return to home or alternate setting (85%), and temporary shelter (80%).

6. Additional Information Requested

The survey asked agencies to identify areas for which they wanted additional information. As seen in Figure 4 "Areas of Emergency Management for which Agencies want Additional Information, New York City, 2023," home care providers participating in this EM Assessment reported a need for additional emergency preparedness information on the following topics: preparedness exercises (60%), Hazard Vulnerability Analysis (55%), Incident Command System (48%), communications (48%), cybersecurity (44%), evacuations and repatriation (42%), critical supplies (40%), planning (38%), infection control (31%), durable medical equipment (28%).



IV. Limitations

The authors note limitations with this EM Assessment. Emergency management requirements vary for CHHAs versus LHCSAs. Therefore, the survey results may not accurately depict compliance with rules and regulations and must not be construed as such for enforcement purposes.

The pool of potential respondents was determined by the contact list held by DOHMH OEPR and the associations, as well as impacted by the methodology by which LHCSAs are licensed in New York State. One LHCSA may hold multiple licenses to provide various services in different geographic areas and therefore could be counted multiple times in any identified survey pool. Additionally, this inability to accurately determine the potential respondent pool makes it difficult to quantify the adequacy of the sample size.

Data collection through self-reporting has its own limitations, including response and recall bias, question interpretation anomalies, and the subjective nature of self-assessment which can result in social desirability bias.

Also notable is the demographic statistic regarding employee details. In the home care industry, one individual may work for multiple agencies and in various capacities (full-time versus part-time). The survey could not account for or calculate this overlap, therefore, the total number of workers stated above may not represent 45,000 unique individuals.

Regarding emergency management exercises, limitations on the number of participants or home care sector inclusion can impact the home care industry's ability to engage in emergency preparedness exercises.

Questions related to the training and onboarding of staff are difficult to analyze, as a "do not employ" option was not consistently provided for either direct or contract staff. In addition, one of the questions did not distinguish whether or not it applied to direct or contracted staff.

When asked "What language interpretation services does your agency utilize?", 14 respondents (20%) answered with the specific languages, rather than the interpreter service. This indicates that the question was not stated clearly enough to yield accurate results, although the data gleaned is still valuable.

V. Conclusion and Recommendations

Home care agencies regularly provide services to **over five hundred thousand patients** in the NYC region¹, and therefore must be more robustly incorporated into state and regional emergency planning strategies. The sheer number of agencies, workers, and vulnerable home care patients necessitate that emergency management, planning, and training are crucial for the home care industry.

It is only recently that the home care sector has been included in DOHMH EM initiatives. Therefore, continuing and supplementary efforts are needed to ensure the industry is on par with other health care provider types regarding EM capacity and capability.

The EM Assessment's findings will be a useful tool for state and regional emergency preparedness symposia, workshops, and exercises in order to inform other health care sectors of the need to include home care providers in their programs and planning. These strengthening efforts will require the collaborative work of the home care associations, state, city, and local emergency management departments, and even the entire cadre of home care's health care partners.

¹ NYS DOH 2018 CHHA & LHCSA Statistical Report

As outlined in the following recommendations, essential educational needs for agencies, workers, and patients can be better addressed utilizing the EM Assessment results. This data demonstrates that home care agencies desire and thus would benefit from educational opportunities to enhance their expertise in preparedness exercises and drills, hazard vulnerability analyses, the use of an incident command system (ICS), and emergency communications in general.

Additional agency training on NYC HVA resources was another area of need for the home care sector as indicated by the survey responses. Awareness of local hazards is important when compiling an HVA, and many survey respondents are not familiar with the DOHMH Jurisdictional Risk Assessment (44%) and/or State and City Hazard Mitigation Plans (33%) as they relate to HVAs.

Communication improvements are often cited in After-Action Reports for the health care sector. None of the responding agency's report using hand-held radios or walkie-talkies for emergency communications. This is an area worth exploring for its benefits and funding. Only 15% of respondents utilize rapid messaging systems during an incident. With such a geographically widespread patient population and field staff, rapid messaging is a timely and accessible mode of communication which might benefit the home care sector in reaching patients and staff alike.

Agencies could consider holding specialized trainings for specific staff as appropriate including HHAs, PCAs, and RNs as they reported low levels of training in CEMPs, HVA and emergency communication plans for outside community partners. These staff categories would also benefit from more training in emergency communications with both staff and patients, as well as staffing policies and procedures during an incident, as only about two-thirds of agencies reported training these staff members on these topics.

The EM Assessment results indicate that the home care sector must be provided and encouraged to take advantage of more opportunities to participate in emergency management drills and exercises, particularly outside of their own agency. This especially applies to activities with community partners, as many respondents reported not participating in these in the past (55%) and nearly a third (30%) have no plans to do so in the future. Community partners include other home care providers, other health care sectors, NYC DOHMH and local emergency management officials. Involvement in local drills will provide valuable experiences not only for the participating home care agencies and the caregivers they employ, but also for the outside organizations.

Finally, the need for additional, dedicated resources illustrated by this home care EM Assessment must not be overlooked. Critical funding must be dedicated to the industry in order to enhance emergency management capability and capacity for the providers who are essential for vulnerable New Yorkers, including pediatric patients, in their homes and communities.

VI. Survey Authors

This EM Assessment is a collaboration between the Home Care Association of New York State Education and Research (HCA E&R), the New York State Association of Health Care Providers (HCP) and its affiliate Community Health Care Services Foundation, and the Pediatric Disaster Coalition (PDC) with assistance from NYC DOHMH emergency preparedness team members.

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VIII. Annex

NYC Pediatric Disaster Coalition Summary Report Pediatric Home Care Survey

I. Introduction/Background

The New York City Pediatric Disaster Coalition (PDC)'s goal is to prepare NYC for a catastrophic event that involves children and their families by matching resources to needs for the best outcomes during emergencies and disasters. Children comprise approximately 25% of the NYC population, are most vulnerable and have special needs during disasters. Children in home care have unique risks for untoward outcomes. It is important to assess current pediatric home care specific preparedness and response capabilities to identify gaps that can be addressed in future planning.

II. Methods

In partnership with the Home Care Association of New York State Education and Research (HCA E&R) and the New York State Association of Health Care Providers (HCP), the NYC PDC created a series of pediatric emergency management preparedness questions, which were included in the NYC home care providers emergency management survey. This consisted of a total of 22 pediatric related questions for providers that care for children.

III. Results

Of the 71 home care agencies who participated in the survey 25 of them reported serving pediatric patients as well as adults in their operations. This represents approximately 35% of the agencies surveyed while the remaining 65% only serve adult patients. One agency reported serving 748 pediatric patients who are currently listed on their active roster. This is by far the largest population of pediatric patient served by any agency who responded to the survey. The other active rosters range from 0 current pediatric patient to 75 current pediatric patients. The average number of pediatric patients on the active roster of agencies surveyed was approximately 49. Ten out of twenty-five agencies (40%) reported having a pediatric champion designated to manage pediatric issues while 15 (60%) reported not having an assigned pediatric champion. Eighteen out of twenty-five agencies (72%) have staff who are specifically trained in pediatric care however, seven agencies (28%) importantly, who treat pediatric patients do not have staff specifically trained in the care of children. Only six out of twenty-five (24%) reported having a pediatric annex to their overall disaster plan to focus on the special needs of children. 22/25 (88%) currently have a communication method in place with pediatric patients before, during, and after disasters. Only 3/25 agencies (12%) do not currently have this capability operational. Communication methods utilized varied and include landline, cell phone, email, social media, and text messaging. Traditional calls to landlines and cell phones were the most common methods used. Additionally, 24/25 of the agencies reported their pediatric patients and patient's families have a way to establish communication with the agency before, during or after a disaster. Only 8/25 (32%) of the agencies currently have a surge plan established to treat an additional influx of pediatric patients in the event of an acute or evolving mass casualty incident or infectious disease outbreak (e.g., hospitals beyond capacity). However, 17/25 (68%) do not currently have such planning and capabilities. 18/25 (72%) of the agencies reported maintaining a list of pediatric patients requiring life-sustaining electrical equipment for their care (examples: ventilator, suction, oxygen, etc.). Many of the agencies 18/25 (72%) monitor supply shortages. Ninety six percent (24/25) of the agencies ensure that pediatric patients, including those with disabilities and special equipment needs, have plans for evacuation to a safe environment. 72% (18/25) have plans for patients and caregivers to shelter in place for at least 96 hours if necessary, during a disaster. 72% (18/25) of agencies conduct exercises to test their pediatric disaster plans. Two agencies conduct these exercises twice a year and 16 agencies conduct them once a year. Two agencies update their pediatric disaster plan twice a year, 14 update their plan annually, one agency updates their plan every two years, one agency every 60 days and four on an as needed basis.

IV. Limitations

Although the survey questions were developed with the home care agencies leadership and DOHMH, in a collaborative effort PDC was not directly involved in conducting the survey and did not have access to individual survey recipients to clarify or respond to specific questions or detail. The results were based on provider survey answers rather than direct responses of the patients or their caregivers. The survey was not conducted during an exercise or real-world event with real time verification of data.

V. Conclusions

Important information about pediatric disaster preparedness in the home care setting was obtained from this initial survey of this important health care sector. The survey was included as part of an overall assessment of citywide home care services recognizing children as a particularly vulnerable special needs' population. 25 providers of both pediatric and adult care were surveyed totaling over one thousand children served. There were areas of strengths identified in patient/caregiver communications, sheltering in place and evacuation plans, supply monitoring, exercises (72%) and electrical equipment monitoring. Although most of the agencies (72%) had staff trained in pediatrics, 28% did not and 60% did not have a designated pediatric champion/leader with expertise in children's home care. There were gaps in the following: Only 24% having a specific pediatric

annex plan, and only 32% having surge planning, in addition some agencies had infrequent plan revisions and exercises, and lack of electrical supplies tracking especially during power failures.

VI. Recommendations

The NYCPDC report on the pediatric survey component should be shared with the DOHMH and the home care agencies leadership and providers. A follow-up discussion should be conducted to review the results and develop a strategy to address gaps, develop lessons learned, enhance education and training, and improve upon current pediatric disaster preparedness and response. Resources should be provided to plan and conduct future tabletop, functional and, if possible, full-scale exercises that include pediatric home care patients to operationalize plans and enhance preparedness. NYCPDC would be happy to participate in these activities.

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VIII. Acknowledgements: DOHMH: Nia Johar, Darrin Pruitt, Ari Rubinstein