

“As our work with our staff; our community partners such as the fire and police departments, OEM, DOH, and GNYHA; and our coalition members continues to grow and gain positive momentum, we look forward to working every day to create and maintain partnerships and deliver the highest level of care for all New Yorkers and visitors,” Mr. Blacksberg concluded.

## EVACUATION CHALLENGES AND KUDOS FOR MJHS

It is one thing to prepare and perform emergency drills, but the ultimate test comes when disaster is at your doorstep. This was the case for MJHS (formerly known as Metropolitan Jewish Health System) when Hurricane Irene came calling on Coney Island. On August 25, 2011, Mayor Michael Bloomberg issued an evacuation order for Zone A, low-lying areas including Coney Island and Manhattan Beach in Brooklyn, as well as other low-lying and beach areas around the city. During his announcement, the mayor stressed, “Our first obligation . . . is to protect the most vulnerable New Yorkers—hospital patients, those in nursing homes and homes for the aged, and New Yorkers who, because of age or infirmity, are homebound.”<sup>1</sup>

Within the designated evacuation zone, five hospitals and eight nursing homes were instructed to start evacuations the following morning and to aim for completion that evening. This directive affected two MJHS facilities: Shorefront Center for Rehabilitation and Nursing Care and Menorah Center for Rehabilitation and Nursing Care. In less than 24 hours, all 655 patients at Shorefront and Menorah, accompanied by 165 staff, were relocated to 48 facilities before Hurricane Irene unleashed her full fury Saturday afternoon. Once the “all clear” was sounded on Monday, a massive return effort ensued—and all patients were back at Shorefront or Menorah by Tuesday evening.

What does it take to execute an evacuation effort on this scale? In a posting about the event, Carol Altieri, Vice President of Corporate Affairs and Long Term Care, wrote, “All patients left with paperwork compiled in marathon sessions by late-working staff—describing patient illnesses, medications, and the equipment accompanying them, such as IV pumps, feeding tubes, and nebulizers. In some cases, mattresses and beds were shipped. Residents were even given a ‘care package’ that included a tasty meal-to-go.”<sup>2</sup>

Success for this effort was also attributed to the dedication and commitment of MJHS staff members, many of whom returned early from vacations, canceled days off, and worked virtually nonstop in 24- to 36-hour shifts to ensure the safety and security of patients. This did not stop with those working at the Shorefront and Menorah facilities, but extended to MJHS Home Care and Hospice and Palliative Care staff and their patients who were in harm’s way.<sup>3</sup>

### Putting Emergency Planning to the Test

Said Ms. Altieri, “Given the abbreviated time line for evacuation, one of the first tasks was activating our chain of command. Each facility’s administrator was responsible for delegating activities, including designating teams for transportation, monitoring and tracking patients, clinical needs, overall logistics, dietary needs, caregiving and care-comforting teams, as well as admissions and placement.”

The next challenge was determining where and how to move patients. This was facilitated by executive leadership at MJHS with assistance from the Continuing Care Leadership Coalition (CCLC) of New York, which is the long term care affiliate of GNYHA. As with other health care institutions in New York, the long-term care community has established coalitions such as CCLC that can provide valuable help during emergencies.

CCLC lent assistance by soliciting members and identifying other health care institutions that could take patients and residents. The coalition also helped coordinate efforts with the OEM on behalf of Menorah, Shorefront, and the other long-term care institutions being evacuated.<sup>4</sup>

“As far as we’re concerned, CCLC president, Scott Amrhein, and director of government relations, Diane Barrett, are heroes. In working through this evacuation, their support and involvement was a critical part of our success.

With their help, we were able to learn which facilities had beds available and also obtain ambulances to transport residents,” Ms. Altieri remarked.

Collaborative assistance with medical transport was particularly important. Because there were 13 large health care facilities in the evacuation zone, ambulances were at a premium as hospitals and other facilities required the same services. Even with a dedicated medical transport service, the sheer logistics presented by the limited timeframe

and the number of patients being evacuated severely taxed area transportation systems. MJHS’s transport partner helped press additional ambulance services into use, and the OEM also relaxed licensing restrictions to permit ambulances to cross county lines and, when medically feasible, carry two patients, rather than just one at a time.

## Moving Forward

In dealing with the many challenges, MJHS’s evacuation response efforts were clearly aided by the “three Cs” of emergency management, with excellent coordination and communication of its emergency action plan among staff, along with the collaborative assistance of CCLC member facilities and other business partners.

Reflecting on MJHS’s experiences during the evacuation, Ms. Altieri added, “This was our first evacuation at Shorefront or Menorah; the biggest challenge was really the hurricane itself and Mother Nature’s short notice. We already knew that our staff would step up with dedicated efforts for a different kind of rapid-response-action. Because Shorefront and Menorah are 24-hour facilities, we also knew that staff would concentrate on doing whatever needed to be done for the good of the residents and patients—and that is exactly what they did.” ■

### RESOURCES:

- 1 “Mayor Bloomberg Updates New Yorkers on City Preparations for Hurricane Irene and Steps New Yorkers Should Take to Prepare,” press release, August 25, 2011, p. 1, [http://www.nyc.gov/portal/site/nycgov/menuitem.c0935b9a57bb4ef3daf2f1c701c789a0/index.jsp?pageID=mayor\\_press\\_release&catID=1194&doc\\_name=http%3A%2F%2Fwww.nyc.gov%2Fhtml%2Fom%2Fhtml%2F2011b%2Fpr307-11.html&cc=unused1978&rc=1194&ndi=1](http://www.nyc.gov/portal/site/nycgov/menuitem.c0935b9a57bb4ef3daf2f1c701c789a0/index.jsp?pageID=mayor_press_release&catID=1194&doc_name=http%3A%2F%2Fwww.nyc.gov%2Fhtml%2Fom%2Fhtml%2F2011b%2Fpr307-11.html&cc=unused1978&rc=1194&ndi=1).
- 2 Waters, A. “Riders and Heroes of the Storm,” MJHS Facebook page, posted September 13, 2011, [http://www.facebook.com/note.php?note\\_id=213602988698755](http://www.facebook.com/note.php?note_id=213602988698755).
- 3 Ibid.
- 4 Ibid.

It is one thing to prepare and perform emergency drills, but the ultimate test comes when disaster is at your doorstep.