



Greater New York Hospital Association

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**TESTIMONY OF
GREATER NEW YORK HOSPITAL ASSOCIATION
BEFORE THE
NEW YORK CITY COUNCIL
COMMITTEE ON HEALTH,
COMMITTEE ON GOVERNMENTAL OPERATIONS, AND
COMMITTEE ON PUBLIC SAFETY
AT A HEARING ON
NEW YORK CITY'S RESPONSE TO H1N1 AND
ASSESSING INFLUENZA PREPAREDNESS
JUNE 11, 2009**

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At a Hearing on
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Good afternoon, and thank you for the opportunity to appear before you today. I am Susan C. Waltman, Executive Vice President and General Counsel for the Greater New York Hospital Association, which represents the interests of approximately 250 hospitals and continuing care facilities in the New York City region as well as throughout New York State, New Jersey, Connecticut, and Rhode Island. All of GNYHA's members are either not-for-profit, charitable organizations or publicly sponsored institutions. Together, they provide services that range from state-of-the art, tertiary care to the most basic primary care, given their roles as safety net providers for many of the communities that they serve.

GNYHA members also serve an additional role, one that has become more important and more demanding in light of the terrorist attacks of September 11, 2001, and the emergencies that have occurred since then: they are the front line of the public health defense and disaster response systems for one of the highest risk areas in the United States. Unquestionably, GNYHA members performed admirably on September 11 as well as during, among other events, the subsequent anthrax attacks, the blackout of 2003, and the threat of SARS, a reflection of their years of preparedness planning. But those events, together with a number of terrorist alerts as well as natural disasters, have demonstrated how vulnerable we are as a society and how essential constant preparedness planning truly is.

The issues raised by today's hearing are of critical importance to all of us. While the H1N1 influenza is presenting much like seasonal flu at the moment, the possibility of a more virulent and deadly strain of influenza in the future, whether because of the evolution of H1N1 or from another strain, is both real and significant. It is therefore important to assess the region's current

level of preparedness as well as to improve upon our response system based on what that assessment yields. We therefore appreciate that you have called today's hearing in order to ensure and foster preparedness on behalf of the citizens of New York.

Overview of Testimony—For the purposes of today's hearing, I will review briefly: 1) the New York region's approach to preparedness, including its focus on preparedness for a pandemic influenza; 2) how that approach has served New York well in terms of the current H1N1 influenza outbreak; and 3) what the current outbreak has taught us and what we are doing to incorporate those lessons in our preparedness plans.

I. Health Care Preparedness Framework

New York City has worked long and hard at developing an effective framework for responding to emergencies and disasters of all kinds, concentrating heavily on all-hazards planning as well as developing more tailored plans for specific incidents, such as coastal storms, specific types of terrorist attacks, and, for the purposes of today's hearing, infectious disease outbreaks. This has been done by necessity, of course, due to the high profile of New York City, its large number of planned events, and the complexities of protecting a metropolitan area of its size from both man-made and natural disasters.

As a result, New York City has in place a strong infrastructure for responding to emergencies, particularly in the health care area. For the purposes of discussing the region's preparedness for emergencies affecting the health care system, GNYHA will understandably focus on preparedness from the perspective of hospitals, but will comment, as it does so, upon the strong partnership that GNYHA and its members have forged with key New York City agencies, particularly the Department of Health and Mental Hygiene (DOHMH), the Office of Emergency Management (OEM), and the Fire Department of the City of New York (FDNY). Indeed, as GNYHA and its members have approached preparedness, they have premised their approach on the idea that preparedness requires continuous regional collaboration with those entities to which we refer as our "partners in preparedness:" other providers of every kind as well as local, state,

and federal agencies. The following outlines the preparedness infrastructure already in existence.

A. Vehicles for Regional Collaboration

The Health Care Sector’s Participation at OEM’s Emergency Operations Center—First, GNYHA and its members have worked closely with area emergency management and public health officials over the years and are considered an integral part of the region’s emergency/disaster response system. In recognition of this role, GNYHA has had a desk at OEM’s Emergency Operations Center (EOC) for many years, which GNYHA staffs during major area events, actual emergencies, or anticipated possible emergencies, e.g., impending hurricanes. Grouped with local, state, and federal health and environmental agencies at the EOC, GNYHA is able to address members’ needs quickly as well as facilitate the region’s health care response to disasters.

Creation of Emergency Preparedness Coordinating Council—Second, in recognition of the need for broad-based preparedness, GNYHA and its members have focused intensively on regional collaboration and planning since the September 11 terrorist attacks. To this end, GNYHA created its Emergency Preparedness Coordinating Council, which brings together representatives of GNYHA members, other provider groups, and local, state, and federal public health, emergency management, and law enforcement agencies for the purposes of promoting collaboration and communication across the region and providing a more integrated response to any future attacks or events. Through this collaborative planning process, the Coordinating Council also facilitates readiness through the sharing of expertise, experiences, and templates. More recently, GNYHA has created a steering group of hospital emergency managers to help guide GNYHA in its preparedness activities and ensure effective planning and response efforts.

Leadership by City and State Departments of Health—Third, both DOHMH and the New York State Department of Health (NYSDOH) have devoted considerable and meaningful resources and efforts to supporting the health care system’s level of preparedness since the September 11 attacks. This has been done in part through their distribution of federal funds

made available for hospital and other provider preparedness activities. However, each of these agencies has also provided significant leadership in working with providers, helping them to develop strong preparedness plans, and generally facilitating their preparedness activities. To help accomplish this, DOHMH has worked closely with both hospitals and GNYHA over the years and similarly supported GNYHA's work with its members and development of systems designed to support the region's health care response to emergencies.

B. Overarching Guiding Principles—As GNYHA and its members have moved forward with their preparedness efforts, they have subscribed to a number of key principles that we believe strongly support our planning for and response to emergencies in general and in response to an infectious disease outbreak.

- **Operating Within a High-Risk Area**—In recognition of the high-risk area in which we are located, GNYHA, its members, and the key preparedness and response agencies appreciate that an event, whether naturally occurring or man-made, could occur at any time and at any place and that we must enhance our preparedness continuously, learning from every event, alert, and situation.
- **Development of an All-Hazards Framework and Implementing Incident Command Systems**—GNYHA and its members have placed a strong emphasis on developing and implementing an all-hazards response framework on the theory that one can never anticipate precisely how or when an event might occur and that an event might present with multiple features. Members have also devoted extensive efforts toward implementing strong incident command systems, which can be used to manage a variety of emergencies, including infectious disease outbreaks, and that allow agencies and hospitals to employ a common response framework across organizations.
- **Ensuring and Enhancing Effective Communications**—We have placed extraordinary emphasis on communications because the ability to communicate with one's partners during an emergency is key to an effective and rapid response. Indeed, the ability to communicate effectively before and during an emergency, particularly an infectious disease outbreak, is

essential. We have tackled this issue from two perspectives. First, we have focused on the issue of ensuring that we know with whom, how, and for what purposes to communicate during a disaster. Second, we have focused on ensuring that we have rapid, effective, and redundant means to communicate during a disaster. The following outlines some of the specific systems and mechanisms put in place to address this critical component of preparedness:

- **GNYHA Emergency Contact Directory**—To improve communications during an emergency, GNYHA has developed a directory of key contact information regarding local, state, and federal agencies. GNYHA has also created a member directory that contains extensive contact information about members' emergency operations centers, chairs of emergency management committees, and other key contacts. The directory also contains basic information about each hospital's capabilities, such as trauma center designation. GNYHA makes these directories available to key government agencies and of course its members.
- **Health Emergency Response Data System**—In 2002, NYSDOH, working collaboratively with GNYHA's Coordinating Council, developed an emergency data collection system called the Health Emergency Response Data System or HERDS, which is able to collect from hospitals information about a wide variety of health care related matters including a facility's critical assets; staffing, supply, and bed availability and needs; and patients being seen in hospitals (both on an ongoing basis and during emergencies). The system is internet-based, located on the State's Health Provider Network, and allows for local public health and emergency management agencies to access the system so that they can better respond to and manage emergencies affecting their regions.
- **Ensuring Rapid Communications**—GNYHA provides extensive information to its members on a regular basis but particularly during emergency situations. Most often, this is accomplished through the distribution of alerts, advisories, and directives via email. To ensure broad distribution of such information, GNYHA has developed extensive lists of

members' key contacts such as chairs of emergency management committees, emergency department personnel, infection control directors, and ICU medical directors. New York City and New York State have similarly developed extensive lists of providers for the purposes of distributing health alerts, updates regarding health issues, and notifications regarding surveys and other requests for information via the City's Health Alert Network and the State's HERDS, respectively.

- **Building in Redundancies**—In anticipation of the possibility of disruptions in communication systems, GNYHA and its members have built numerous redundancies into their communication systems, which is evidenced by the multiple ways that members can be reached as set forth in GNYHA's emergency contact directory, e.g., via mobile phones, pagers, satellite phones, and 800 Megahertz radios connected to OEM.
- **GNYHA Web Site**—GNYHA also provides extensive information on the issue of preparedness on its Emergency Preparedness Resource Center located on GNYHA's Web site at www.gnyha.org/eprc. GNYHA is able to add specific Web pages on various emergencies as they arise, such as specific disease outbreaks, in order to bring together information from multiple agencies such as DOHMH, NYSDOH, and the Centers for Disease Control and Prevention.
- **Understanding Each Other's Roles, Resources, and Responsibilities: Planning Collaboratively**—Understanding each other's roles, resources, and responsibilities is essential to a well-coordinated response to any emergency, and thus GNYHA and its members have worked hard to understand what each hospital's and agency's capabilities, planned responses, and resources might be under a variety of scenarios. This has been accomplished in great part through the collaborative planning process described above and by undertaking drills and exercises designed to assess the strengths and weaknesses of the response system and then to address any identified gaps. Among the more notable efforts have been planning for a number of bioterrorism events, including anthrax and smallpox; SARS planning and response; development of threat alert guidelines that include checklists

regarding overall emergency planning, communications, security, staffing, and supplies; and planning for a number of natural events such as coastal flooding and hurricanes.

- **Training and Education**—Both GNYHA and DOHMH have placed significant emphasis on training and education on all aspects of the preparedness and response systems. Topics have included preparing and responding to various terrorism events; power disruptions; evacuations and sheltering in place; and infectious disease outbreaks.

II. Specific Planning for Influenza Outbreaks

The framework outlined above is intended to support emergencies of all types and indeed has served New York City well during many events and disasters. However, as noted, New York City agencies and GNYHA also concentrate on specific types of emergencies, particularly infectious disease outbreaks, and develop more tailored plans and response systems for addressing such events.

Extensive Planning for Pandemic Influenza—With respect to pandemic influenza planning in particular, there has been an exceptional amount of planning that has been undertaken at all levels of government as well as within the private sector. Although planning for major disease outbreaks has gone on for many, many years, in 2005, the U.S. government released a broad-based plan for responding to a pandemic influenza premised, at that time, on a number of assumptions, e.g., that the attack rate would be 30% in the overall population and that illness rates would be highest among school aged children; that, at the peak of the outbreak, about 10% of the workforce in general would be absent because they are ill or taking care of ill family members; at least 50% of those infected would seek outpatient care; and that demand for hospital beds and intensive care would increase by more than 25% even during a moderate pandemic.

Included in the health care preparedness section of the federal plan are guidelines on a number of topics including surveillance; communications; education and training; triage, evaluation and admissions; controlling access; occupational health; vaccines and antivirals; surge capacity; security; and mortuary capacity. In addition, the plan contains extensive information on

infection control and emphasizes regional planning. In turn, NYSDOH and DOHMH have developed more tailored state and local pandemic plans as well.

Separately, DOHMH, NYSDOH, GNYHA, and area providers have held a number of briefings and meetings over the years, at which they have discussed potential pandemic influenza disease and response assumptions based on prior pandemics as well as related recommendations for provider preparedness, focusing on infection control and patient management: enhancing surge capacity; and staff education and training. In addition, New York City has also conducted a tabletop exercise that used a pandemic influenza scenario in which more than 300 representatives of GNYHA members, other providers, and relevant agencies participated. Appropriately so, New York City used the after action report from the exercise as well as the results of a survey of participants to guide the City's planning moving forward.

CDC Pandemic Planning Grant—In addition, over the last year, DOHMH has been working with GNYHA and its members to develop a plan that addresses a number of key areas of concern during a possible pandemic influenza or other major communicable disease outbreak. Those areas include: 1) how to provide services to both influenza patients as well as those patients who will have essential medical needs during the waves of a pandemic (which might be expected to last from 6-8 weeks); 2) how to develop public messages that explain modified or diminished health care services necessitated by a pandemic; and 3) how to address the legal and ethical issues that might arise when health care delivery systems must be modified or care must be allocated due to a pandemic. The initiative has been funded by the Centers for Disease Control and Prevention and will result in the development of a plan that will itemize the resource needs required; define strategies to maintain essential medical services; define regulatory modifications that will be required; and outline potential ethical ramifications.

III. Evaluating New York City's Response to the H1N1 Outbreak

The current H1N1 influenza outbreak in New York City fortunately has been, in influenza parlance, "mild," presenting itself much like seasonal influenza in terms of transmission and illness. Although there have been deaths, each one of which is of course unfortunate and tragic,

a normal influenza season also unfortunately results in deaths, most of which are related to age or underlying medical conditions. The morbidity and mortality associated with regular seasonal flu for certain populations is of course one of the reasons why public health authorities strongly recommend that all individuals, but particularly more vulnerable populations, be vaccinated each year.

While the current outbreak is not over by any means, and there is understandably concern about its possible evolution to a more virulent and deadly strain by the fall, our experiences since the end of April have proven useful in terms of testing our current plans, appreciating what has worked well, and concentrating on what needs improvement. The following outlines what has worked well, what needs improvement, and how we are moving to make those improvements.

A. What Has Been Working Well

Communications—Almost immediately upon the initial announcements about possible cases of H1N1 influenza, first in Mexico and then in the U.S., public health officials at all levels of government moved quickly to understand the disease, how to minimize its transmission, and how to care for patients affected by it. For this purpose, the CDC, NYSDOH, and particularly DOHMH developed extensive guidance about the symptoms of H1N1 influenza infection, screening and management of patients with influenza-like illness, infection control, testing, reporting, and treatment. The distribution of this information was exceptionally speedy, and almost on a real-time basis, particularly at the front-end of the outbreak, when less was known and information was essential.

Focusing on the local level for the purposes of this testimony, GNYHA believes that DOHMH has been doing a masterful and exceptional job of ensuring that providers have the best information available to guide them in their response to the outbreak. GNYHA outlines below the main features of DOHMH's efforts in this regard.

- **Regular Conference Calls With Providers**—Beginning on the first day that information about the possibility of an outbreak in New York City became available, DOHMH began to

hold daily conference calls with providers to brief them on how the disease was presenting, how to screen and care for patients, and how to avoid transmission. The calls were announced by means of New York City's Health Alert Network, for which providers register, and which alerts registered providers via emails and phone calls that there is important information available on DOHMH's Web site and/or that a conference call will be held. GNYHA in turn transmits these notices to its members at many levels of their organizations to ensure that they are aware of the calls and will be participating. At one point, DOHMH indicated that they were using 1,000 lines for the purposes of the calls, even though people working within providers were urged to take the calls in groups to ensure that enough lines were available across the system. Without question, the calls and the content provided have been invaluable and certainly timely.

- **Health Alerts**—In addition to the conference calls, DOHMH has also been preparing and distributing widely a number of Health Alerts that provide extensive written information about the outbreak, including, as noted above, screening and management of patients, infection control, reporting, and testing of specimens. Again, GNYHA also transmits the Health Alerts broadly within its members to ensure that all levels of staff are aware of the document, from emergency department to ICU to infection control personnel. To ensure that guidance from DOHMH as well as NYSDOH, CDC, and the World Health Organization is made available to all providers, GNYHA also created a special Web page on which it posts all alerts, recommendations, and advisories on H1N1 influenza. The Web page is available on GNYHA's Web site at www.gnyha.org/eprc.
- **Communications with Individual Hospitals**—DOHMH has also communicated regularly with individual hospitals about the cases being seen at the hospital, particularly when there are clusters of cases and when there are patients with more serious illnesses. This has been done in part to help support the hospitals with respect to their management and care of patients and in part to understand the course of the disease for epidemiological purposes.
- **Press Conferences**—Finally, in the early days of the outbreak, New York City officials, especially Mayor Michael Bloomberg and DOHMH Commissioner Tom Frieden, held

regular press conferences to provide information about what was known about the outbreak, what was perhaps not yet known, and what New York City and other government authorities were doing to determine additional key information.

Collaboration and Coordination—While DOHMH has been acting as the lead agency with respect to the outbreak in New York City, the New York City Office of Emergency Management has organized several meetings and calls with interested agencies and parties in order to coordinate the region’s response, key services, and needs. New York State, through NYSDOH and the State Emergency Management Office, have been participating in the various conference calls and meetings that have been held in order to ensure coordination of information, recommendations, and advisories across the State. GNYHA assumes, but does not know first hand, that DOHMH has been separately coordinating regularly with both NYSDOH and the CDC with respect to the response.

GNYHA of course has undertaken its role of acting as a liaison among member hospitals and agencies in order to provide assistance and support to members when needed and to provide information and support to key agencies involved in the response. In particular, as hospitals have faced problems with emergency department overcrowding, questions about infection control, and concerns about shortages of supplies, beds, and staff, GNYHA has been coordinating with DOHMH, OEM, NYSDOH, and the Centers for Medicare & Medicare Services to help resolve some of the issues being presented.

Data Collection—The availability of data regarding the number and nature of cases of H1N1 influenza being seen as well as the resources required to respond to the situation is of course critical to the ability of the health care system to respond to an outbreak. DOHMH and NYSDOH therefore have worked together to make use of the State’s Health Emergency Response Data System in order to collect information from hospitals about the number of cases being seen as well as the availability of key supplies potentially needed, such as antivirals and personal protective equipment. Recognizing that data collection can be resource-intensive, the two health agencies have discussed how to try to minimize the burdens on providers to the extent possible.

Hospital Response—By all accounts, hospitals have performed admirably and risen to the challenges of responding to the outbreak. Many hospitals have chosen to activate parts of their emergency management plans as well as to activate their emergency operations centers for periods of time to facilitate the coordination of their responses, both internally and with outside agencies. Many hospitals have faced significant overcrowding in their emergency departments (EDs) as large numbers of individuals with only mild influenza-like symptoms as well as the worried well (i.e., individuals who have no symptoms but who are just worried about H1N1 infection) have presented to area EDs. In response and after coordination with health authorities, many hospitals have established separate areas of the hospital where patients presenting with influenza-like symptoms or even just expressing worries about the flu can be directed for screening, treatment, or education, as appropriate. In doing this, hospitals have relied and built upon their existing emergency management plans as well as specific plans or components of plans focusing on infectious disease outbreaks, SARS, and pandemic influenza.

Hospitals have also had some difficulties with shortages of specific supplies, generally N95 masks, concerns about staff shortages due to staff illnesses or fatigue, and questions about converting beds to accommodate patients who require hospitalization. However, in general, most of these issues are being resolved using existing supplies, workforce, and bed complements, although DOHMH has made some allocations of supplies from its stockpile to address shortages, particularly in the area of personal protective equipment. In addition, GNYHA has also attempted to locate supplies of N95 masks and antivirals through its relationships with suppliers and distributors.

B. Where We Need to Focus Moving Forward

GNYHA believes that New York City agencies and providers have responded quite well to the current H1N1 outbreak. However, as always, GNYHA and its members strive to learn from those aspects of a response that might be problematic or unexpected in order to improve preparedness plans for future purposes. The following outlines those aspects of the response that GNYHA believes deserve attention moving forward.

Emergency Department Overcrowding—As noted, many New York City hospitals have found that their emergency departments have been exceptionally overcrowded due to the large numbers of individuals presenting to EDs. While some of the individuals have presented with severe influenza-like illness and therefore should appropriately go to EDs, the majority of individuals have been those with only mild symptoms or completely asymptomatic, but just worried. GNYHA notes that the overcrowding due to the H1N1 outbreak continues today in some hospitals and is often triggered by the closure of surrounding schools. For some hospitals, this has meant almost a doubling of the number of patients being seen in their EDs, with the vast majority of the increase being attributable to individuals not requiring ED treatment at all. As noted above, hospitals, in coordination with relevant health authorities, have responded to this situation in part by creating separate flu clinics or areas in which the hospital can screen, treat, and/or counsel the flu-related patients. GNYHA emphasizes that, for this purpose, GNYHA and members have sought guidance from federal and state officials to ensure that the resulting triaging and treatment protocols were acceptable.

The High Cost of Responding—Although the cases presenting to hospitals have, overall, been similar to seasonal flu, the overcrowding that has occurred has carried a very significant cost for hospitals. They have had to request extra duty by both clinicians and administrative staff; they have had to pay considerable overtime compensation; they have had to use extra supplies and equipment to protect both patients and staff; and they have had to adapt existing space to accommodate the surge of patients they have experienced. They have also had to devote considerable time and resources to responding to the surveys that have been required to be completed, all admittedly for good purposes, but sometimes not requesting data in the manner maintained by the hospitals. Therefore, hospitals have had to devote a number of staff members, sometimes on weekends, to collect, extract, and submit the data requested.

As is well known, many New York State hospitals are in poor financial condition, often much worse than that of hospitals in other states. As a result, bearing the cost of even a mild outbreak can be damaging and further undermine the financial viability of already precariously positioned hospitals. Therefore, as GNYHA has urged in the past, it is critically important that the 24/7 availability of hospitals to respond to all types of community emergencies be recognized and

compensated, whether on an on-going basis in terms of reimbursement rates or for special circumstances such as the current H1N1 outbreak.

Importance of Public Messaging—As stated, DOHMH has done an outstanding job of communicating with providers regarding the screening and management of patients, infection control recommendations, and other clinically related issues. However, the current outbreak has underscored how important it is to communicate effectively with the public regarding an outbreak as well as regarding how, when, and where the public should seek needed care. It is hard to imagine more credible spokespersons than New York City has. But, for whatever reason, the press conferences and information available on New York City Web sites did not initially curb the flood of people presenting to hospitals EDs, many unnecessarily so and all at a considerable expense to hospitals.

To address this, GNYHA has recommended that New York City request that all print and broadcast media put forward simple and concise messages regarding the situation and what people should do if they have questions or concerns. The goal of course is to try to reduce the unnecessary use of ED care but at the same time ensure that the public's questions and concerns are being addressed. In part to address this problem in the future, DOHMH is currently undertaking a survey of patients in EDs to inquire why they are presenting to EDs so that public messaging can be better targeted to ensuring appropriate use of health care resources in the future.

Use of Alternate Care Sites—To address the ED overcrowding situation, GNYHA has also recommended the establishment of alternate care sites where people who have certain symptoms (or no symptoms) can go to alleviate the burden on hospital EDs. Staffing could be provided in part by New York City's Medical Reserve Corps or other providers available for this purpose. GNYHA appreciates the difficulties of establishing and managing such sites but hopes that such sites will be considered for future purposes.

Difficulties With the Supply Chain—The current outbreak also underscores the difficulties that can occur with respect to the availability of supplies, in part dependent on what the public health

authorities recommend for treatment and infection control purposes. GNYHA believes that DOHMH has given expert advice on the issues of treatment and infection control and therefore the quality of the advice is not the question. However, GNYHA members have experienced difficulties obtaining some of the supplies recommended, both due to shortages in the availability of these supplies across the country as well as the establishment of limits on purchasing imposed by manufacturers and distributors to avoid hoarding of supplies by providers. GNYHA will be working with New York City agencies, members, vendors, and distributors to try to identify improved systems for ensuring the availability of key supplies in the future.

IV. Summary

GNYHA recognizes that the current H1N1 outbreak is not yet behind us. However, GNYHA believes that New York City's level of preparedness, both at the agency level and at the individual hospital level, has served the region well in terms of responding to the current outbreak to date. Moreover, DOHMH has done an exceptional job of ensuring that providers have the information that they need to screen and treat patients as well as to protect patients, the workforce, and the community at large. GNYHA will most definitely be working with its members, DOHMH, and other key agencies to ensure that we put to use the lessons that we are learning in responding to the situation as it has presented thus far. We thank you for the opportunity to appear before you today and are available to answer any questions that you may have.