New York State Department of Health
Office of Health Emergency Preparedness

Facility Evacuation
Planning Application (FEPA)
v 3.0

Users Guide
NON-New York City (NYC)

Executive Summary

The New York State Department of Health (NYSDOH) – Facility Evacuation Planning Application (FEPA), previously known as the Facility Profile Application, is a **planning tool** that provides Health Care Facilities (HCF) (adult care facilities, hospitals, nursing homes) with an easy process to assess and maintain information about the facility's patient/resident send – receive arrangements with other HCFs as part of their evacuation planning.
HCFs should refer to the FEPA Users Guide 3.0 as a resource for information as they use the application.

The FEPA complements, but does not in any way replace, an individual HCF's evacuation plans, its coordination with the HCF's respective jurisdiction plans and procedures, or discussions between HCFs as part of their send – receive arrangement planning.

The FEPA has undergone significant revision and improvements for this version. These updates allow for streamlined flow of work, reduced action activities, and will allow for the documentation of all hazard send/receive arrangements.

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Background and Introduction

The FEPA 3.0 will provide HCFs throughout New York State (NYS) an updated application to facilitate facility planning and overall incident management for emergency events with short or no notice, and where the nature of the incident will determine senders and receivers in addition to New York City (NYC) specific coastal storm planning parameters. The data in the application informs more accurate estimates of HCF non-traditional surge capability and capacity, and resource needs to facilitate and coordinate regional surge planning.

FEPA 3.0 stores data for HCFs including: whether they are located in designated evacuation or flood zones, what is their capability and capacity to receive patients/residents from other like facilities, what resources are needed to maximize their facility receiving capacity, and any existing send/receive arrangements they have made with other HCFs. FEPA data is supplemented with infrastructure, emergency power systems, resilience, and non-traditional surge capacity data collected in the **Critical Asset Survey (CAS).**

The FEPA uses an evacuation model (below) that is composed of four components, each of which represents a key determinant of the regional health system's capability to successfully manage a large-scale evacuation. Each status of each component is determined by the HCF data that is logged into the FEPA. Analysis of these data is used to report information back to HCFs during outreach and review of arrangements and to inform state and local agency planning.
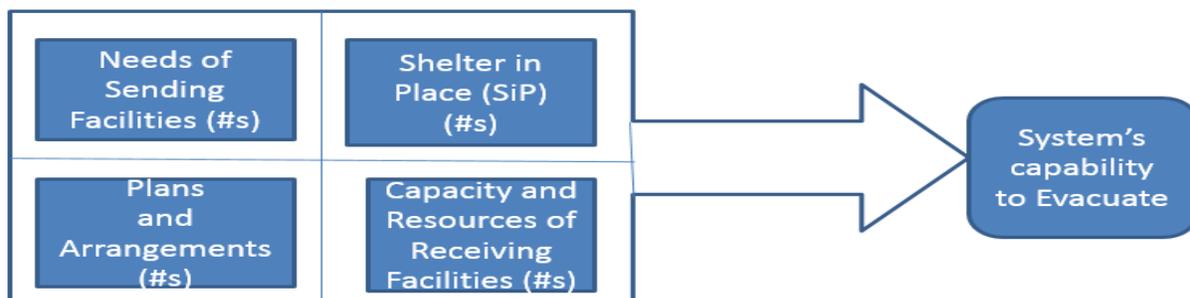
The FEPA serves as a tool to assist HCFs in developing and managing low notice send/receive arrangements and prompts agencies to consider and update incident management processes and resources. Planning efforts and information collection yields an overall increase in the entire system's capability to manage HCF evacuation, while enabling HCFs to focus on patient/resident care.

Access to the FEPA is accomplished by assigning appropriate staff to the Facility Evacuation Planning Application Coordinator role in the HCS Communications Directory.

2019 Facility Evacuation Planning Efforts

This document is intended to support facilities in completing all components of the FEPA. The FEPA includes multiple screens that should be completed by all healthcare facilities. A summary of FEPA components are included below.

Activity:	Encouraged of:
1. *Assign staff* - to the Facility Evacuation Planning Coordinator Role in Health Commerce System (HCS) Communications Directory *(done by a facility HCS Coordinator)*	ALL HCFs
2. *Review/update and submit* – all data in the Critical Asset Survey in the HERDS application on the HCS	ALL HCFs
3. *Review/update and submit* - all data on the Population to Evacuate (PTE) Screen in the FEPA	ALL HCFs
4. *Review/update and submit* - all previously documented or newly arranged, Send-Receive Arrangements in the FEPA	ALL HCFs
6. *Review and submit* – the 2019 FEPA Planning Attestation	ALL HCFs

Planning and Operating Principles

HCF evacuation planners should consider the following operating principles and document any all hazard send/receive arrangements:

- The All Hazard model will facilitate planning and incident management for short or no notice incidents where the nature of the incident will determine senders and receivers.
- Send-receive arrangements should be made with facilities of like type, (e.g., hospital to hospital, nursing home to nursing home, adult care facility to adult care facility).
- Facility evacuation planning should seek to account for 100% of the sending facility's expected census, that is **REDUCED** due to early discharges and or cancellation of ancillary and or elective procedures.
- Conversations and agreements between facilities need to take place **PRIOR** to setting up arrangements in the FEPA. Clear communication between sending and receiving facilities is crucial. The FEPA is designed to document agreed upon send-receive arrangements and **does not replace direct facility dialogue** to develop arrangements.
- Sending arrangements should always have plans with the receiving facility that include processes for providing patient/resident medical records, staffing, medications and specialized medical equipment.
- A facility's Primary Receiving arrangements should not exceed the reported maximum capacity of their non-traditional surge spaces and post-decompression bed availability. .

- Send-Receive arrangements should be used by HCFs to manage their evacuations prior to consulting with their regional or state partners for further support. Evacuation planning arrangements made during the preparedness phase must be evaluated and modified at the time of an event based on actual circumstances. If a mandatory evacuation order is **not** issued by the jurisdictions chief elected official, HCFs need to conduct their own individual facility evacuation decision making.

Facility Evacuation Planning Application (FEPA) 3.0- Application Screens

Facilities (outside of NYC) are encouraged to review, update/complete all components of the FEPA and to update or verify existing application data on an annual basis.

This section reviews key elements of each FEPA screen, provides definitions of any term(s) used on the screen, as well as the targets for any associated measures.

On all screens, hovering over the 🛈 nearest a term provides you a definition of the term, which are also presented in this section of the User's Guide. Additionally, more specific instructions are included in each screen of the application as appropriate.

Each page allows the user to progress in a linear step-wise fashion; each page/activity "unlocks" the next function.

**Home Screen**

**To access the application facilities must review, update, and submit their Critical Asset Survey (CAS) in HERDS.**
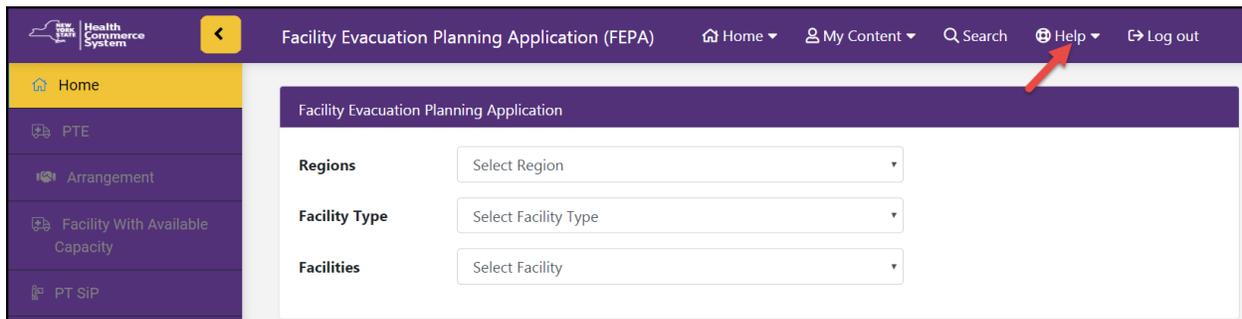
Resource documents can be found in the **Help Menu** located in the top right-hand corner of the home screen.

**Population to Evacuate (PTE) Screen**

The PTE screen is designed to assist in developing All Hazard related planning estimates of your facility's PTE.
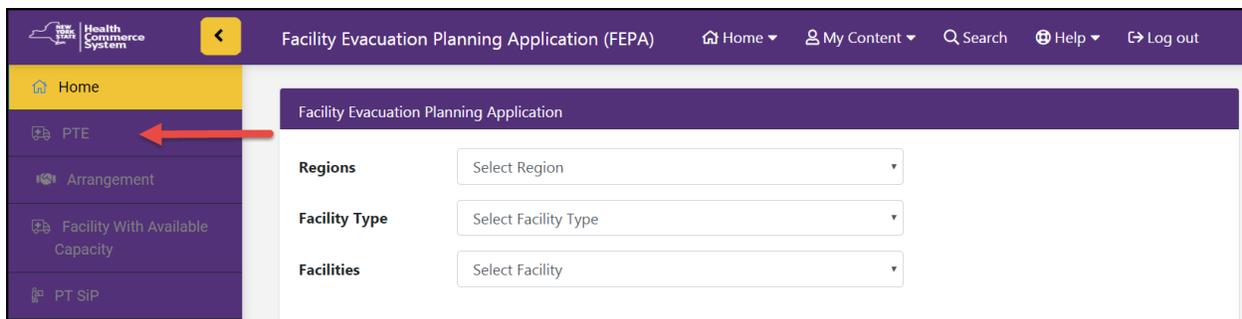
All screens will have information tabs that can be expanded for further detail or closed for ease of navigation:

Facility Evacuation Planning Application (FEPA)

Calvary Hospital Inc - 1175

Population to Evacuate (PTE) — Can be expanded or closed

The PTE screen is designed to assist in developing All Hazard related planning estimates of your facility's Population to Evacuate. Complete this table in consultation with your facility's emergency management and bed discharge planners. You will need:

- A count of your facility's Staffed or Operational Beds
- Average Daily Census by bed type

Instructions (data entry fields in green): — All data entry fields will be in green

- **Staffed or Operational Beds**
  Enter the number of beds by health care sector specific bed types that the facility staffs and is currently using.
- **Average Daily Census**
  Identify average daily census by healthcare sector specific bed type. Log each patient/resident only once, by bed type that best
- **24 hours Estimated Rapid Discharge**
  Using your facility's established decompression protocols for All Hazards, enter the estimated number (#) of patients/residents

Note: Enter '0' (zero) for any bed type that is not operated. Do not leave any blanks

Calculated fields (in gray): — Gray shaded areas will be auto filled

The following fields are calculated based on the data entered:

- **Population to Evacuate (PTE)**
  The number of patient/residents remaining in the facility after discharge that may need to be evacuated.
  Calculation: 'Average Daily Census' minus '24 hours Estimated Rapid Discharge'.

- **Staffed/Operational Beds Receiving Capacity**
  The number of available staffed/operational beds at the facility after discharge.
  Calculation: 'Staffed or Operational Beds'
  minus 'Average Daily Census'
  plus '24 hours Estimated Rapid Discharge'.

- **Population to Arrangements (PAR)**
  The percentage of patients covered by Active Primary and/or Network Arrangements.
  Calculation: Total [Active (Primary + Network) Arrangements] / PTE

Draft and Submit buttons

After reviewing the data collected on the PTE screen, facilities will enter the following fields:

▶ Population to Evacuate (PTE)

Draft Data | Submitted Data

Bed Types	Staffed or Operational Beds	Average (Daily) Census	24 hours Estimated Rapid Discharge	Population to Evacuate (PTE)	Staffed/Operational Beds Receiving Capacity
Adult Med / Surg	100	40	3	37	63
Peds Med / Surg	1	1	1	0	1
Adult ICU	9	7	5	2	7
Peds ICU	1	1	1	0	1
Adult Acute Rehab	8	5	4	1	7
Peds Acute Rehab	11	1	1	0	11
TBI Acute Care	1	1	0	1	0
Coma Recovery	29	29	21	8	21
Ventilator Access	11	11	11	0	11
Bariatric	7	4	2	2	5
AIIR Room	18	11	10	1	17
Adult Psych	15	12	5	7	8
Peds Psych	1	1	1	0	1
Infant / Cribs	4	2	2	0	4
Healthy Newborn Isolettes	6	5	3	2	4
NICU	23	23	22	1	22
L & D	22	11	10	1	21
Post Delivery	1	1	1	0	1
Other	1	1	1	0	1
Non Traditional Surge Bed	555	0	0	0	555
Totals	824	167	104	63	761

This screen is your work area, your draft data will remain on this tab if you save as draft. All data submitted will be on the submitted data tab. Note- all green fields should be filled. If there is not a value, please enter zero (0).

When complete click 'Submit'

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Data in the 'Submitted Data' tab cannot be changed. To make any adjustments return to 'Draft Data' tab.

Bed Types	Staffed or Operational Beds	Average (Daily) Census	24 hours Estimated Rapid Discharge	Population to Evacuate (PTE)	Staffed/Operational Beds Receiving Capacity
Adult Med / Surg	10	3	3	0	10
Peds Med / Surg	22	3	2	1	21
Adult ICU	1	1	1	0	1
Peds ICU	10	10	10	0	10
Adult Acute Rehab	5	5	5	0	5
Peds Acute Rehab	5	5	5	0	5
TBI Acute Care	5	5	5	0	5
Coma Recovery	5	5	5	0	5

Tabs shown above table: Draft Data | Submitted Data

Arrangement Screen

Following the completion of the PTE screen, facilities can begin to populate/verify arrangements.

This page is used to create and present information on the facility's sending/receiving arrangements with other healthcare facilities. It provides HCFs with a complete process to log and manage their information related to send-receive arrangements.

Entering a new arrangement:

On arrangement screen click on "New Sending Arrangement"

The facility will then choose the receive location from the drop-down menus

On the arrangement screen, enter information into the fields

Additional details for each arrangement can be added to this screen as well. Click on the radio button "By Patient/Resident Type" to add detail by bed type.

When complete click 'Submit'

Repeat for all new receive arrangements

Reviewing existing arrangements:

If it is a preexisting arrangement the facility should verify the arrangement annually. Click to "View" the in the arrangement screen.

Make any changes that are needed or click on the "Arrangement has been reviewed - no changes needed" radio button.

When complete click 'Submit'

Repeat for all send/receive arrangements

Reviewing new arrangements:

If a new arrangement is made, the sending facility should initiate the arrangement and enter the information as outlined previously. An email will be sent to the receiving facility that there is a pending arrangement that needs review. If the arrangement is approved, change the status to "active". Note- if this is not approved the status should be changed to "inactive"

When complete click 'Submit'

Other Arrangement screen functions:

Entering arrangements outside of NYS HCFs. If a facility arrangement is outside of NYS or with another organization type, it can be entered in the new arrangement area by creating a facility.

Enter all appropriate information
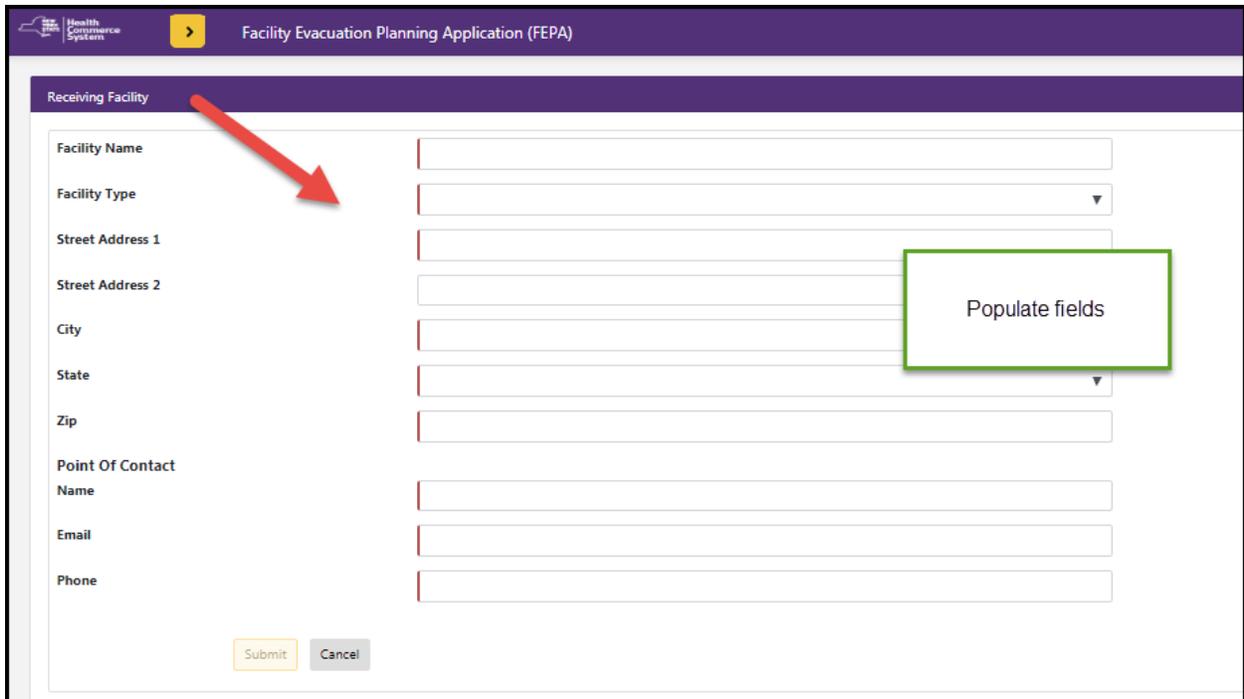
When complete click 'Submit'

Facility with Available Capacity Screen

If a facility is seeking additional arrangements, facilities with available capacity can be searched within this screen. This function does not replace additional conversations and formal arrangements between the facilities.

PT SiP Screen

The completion of this tab is not needed at this time for facilities outside of designated NYC evacuation zones. It will not be enabled.
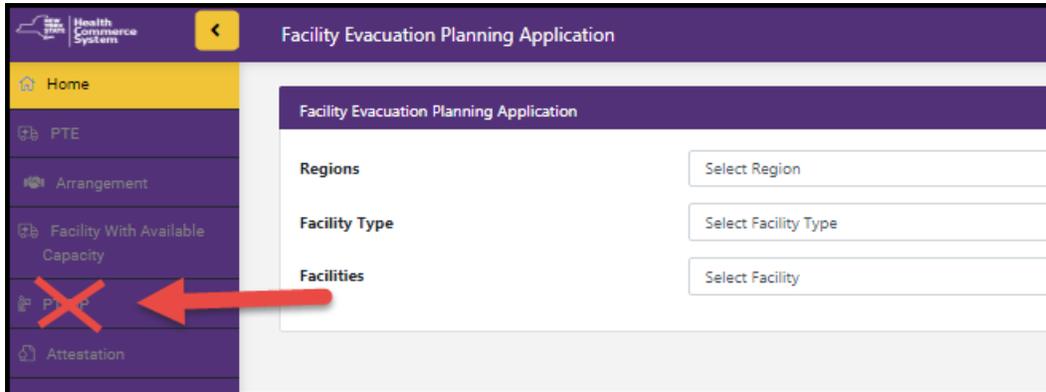
Attestation Screen

When all components of the 2019 Coastal Storm and Flood Planning Activities are complete, each facility must complete the attestation screen.
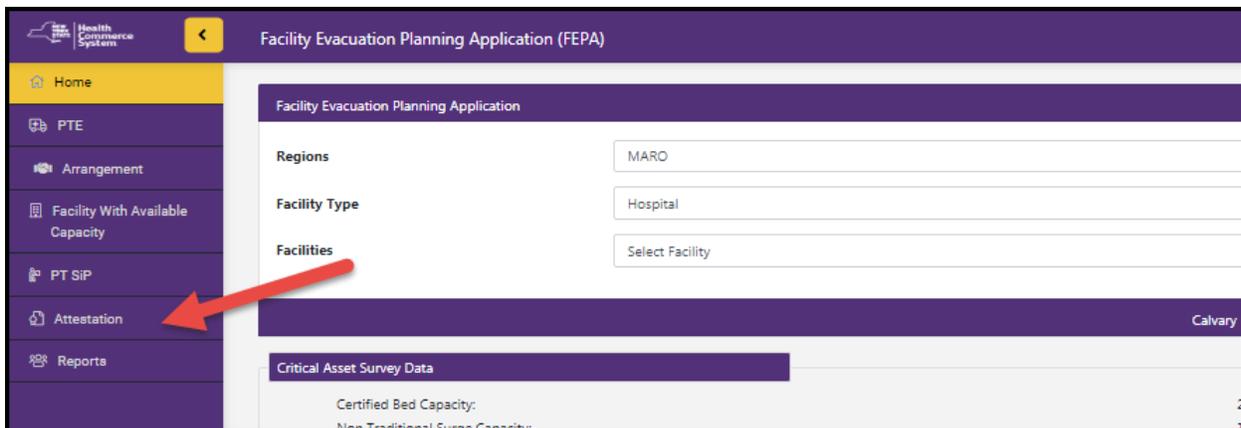
On the attestation screen click on the radio button for "submit". This will enable "print confirmation" button. This should be saved for facility records.
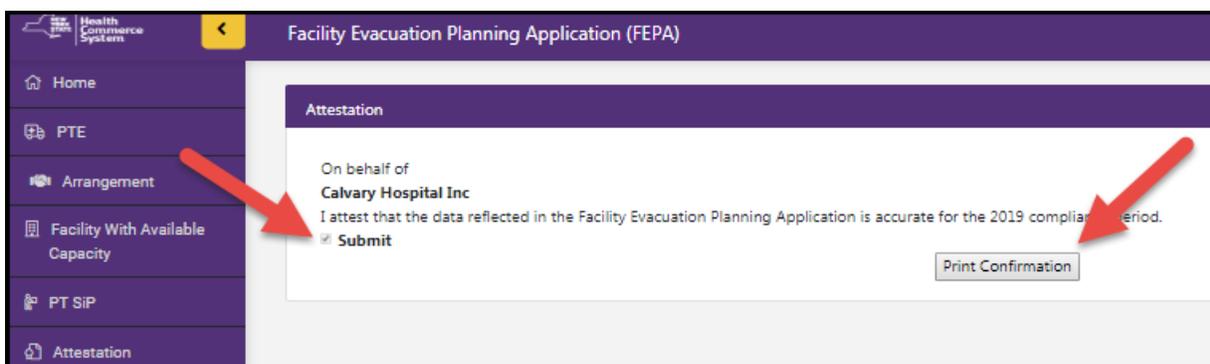
Appendix 1- Glossary of Facility Evacuation Planning Application(FEPA) Terms

<u>Arrangement Statuses</u>

- **<u>Active</u>** arrangements are those currently in effect. Contact the receiving entity to confirm or discuss updates to existing active arrangements.

- **<u>Pending</u>** arrangements require action on the part of the proposed receiving facility to accept or not accept. Health Care Facilities (HCFs) will automatically receive an email sent to both the sender and the receiver to act on arrangements pending for 15 days. These arrangements will be deleted in 30 days if the facility has not reviewed or made the necessary changes. The grayed-out badge with a number, visible on the home page, indicates that the facility has Pending Arrangements that require its attention:

- **<u>Inactive</u>** arrangements are those that have been deactivated by the receiving facility. This action results in an email sent to both the sender and receiver.

<u>Arrangement Types</u>

- **<u>Primary</u>** arrangements should represent the preferred, most feasible and geographically proximate arrangements with facilities; if receiving arrangements are to be used for flooding emergencies, then receiving facilities should be OUTSIDE of a known evacuation -zones. To the degree possible, these arrangements should include <u>100% of the sending facility's expected storm census</u>, REDUCED due decompression, early discharges and or cancellation of ancillary and or elective procedures.

- **<u>Contingency</u>** arrangements are to be developed with a <u>different set of potential receiving facilities</u> - and should include only facilities that have NOT already committed to their maximum potential to receive with other sending facilities. Out of necessity, these may need to be farther away. Contingency arrangements should represent a safety net of arrangements to be used <u>only in the event that Primary arrangements cannot be completed</u>.

- **<u>Systems/Network</u>** arrangements refers to ANY existing written agreement (for instance, a mutual aid plan or agreement or memoranda of understanding) between a HCF and any number of other like HCF<u>s</u> (within NYC, but also outside of Evacuation Zones 1-6) designed to provide support through the exchange of resources/supplies and/or staff during a coastal storm scenario (as defined above in the Instructions).

<u>Non-Traditional Surge Capacity</u>

The estimated number of patients/residents that a HCF is prepared to receive from a like type facility, into its non-traditional surge spaces.

- Non-traditional surge space refers to any space that the facility does NOT currently use for patient/resident care, but that may be used in order to accept residents (over and above the facility's licensed bed capacity) from a like-type facility. This may include:

common areas, meeting rooms, large hallways, etc. where patients/residents could be safely housed and managed on a _temporary basis during an incident._

- Non-traditional surge space refers to potential bed numbers beyond a HCF's licensed bed capacity.

- Maximum capacity to receive does NOT include bed spaces that are first reserved for in-system/in-network use before they can be used to receive non-system/non-network facility patients/residents.

Population Arrangement Ratio (PAR)

A comparison between the number of patients/residents that the facility anticipates will need to be evacuated (PTE) to the number of patients/residents that are accounted for in the facility's send – receive arrangements. The PAR is based on a HCFs total ACTIVE arrangements. _Inactive and pending arrangements are NOT included_.

- HCFs send – receive arrangements should account for 100% of its estimated PTE. For general planning, this ratio should be very close to 1 (100%).

- The 2019 PAR target is 65%. Two thirds of the PTE should be accounted for in the HCF's send - receive arrangements.

Population to Evacuate (PTE)

The number of patients/residents remaining in the facility after discharge that will need to be evacuated.

Receiving Facility

, this is a facility that has the potential to receive patients or residents from a sending facility in an emergency event. In a flooding emergency, this is a facility that is NOT located in any known slosh or evacuation zone, and.

Sending Facility

Also referred to as an Evacuating Facility. In a flooding emergency, this is a facility located in any known SLOSH or evacuation zone, that elects to self-evacuate or is required to evacuate as a result of a "mandatory evacuation" order from the jurisdiction's chief elected official.

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Appendix 2- Resources and Trouble Shooting:

Health Commerce System (HCS) Resources

If you have issues with the "Forgot your Password?" or "Forgot your User ID?" features within HCS- Call the Commerce Accounts Management Unit (CAMU at 866-529-1890 option 1.

The main **Help** menu on HCS contains numerous resources:
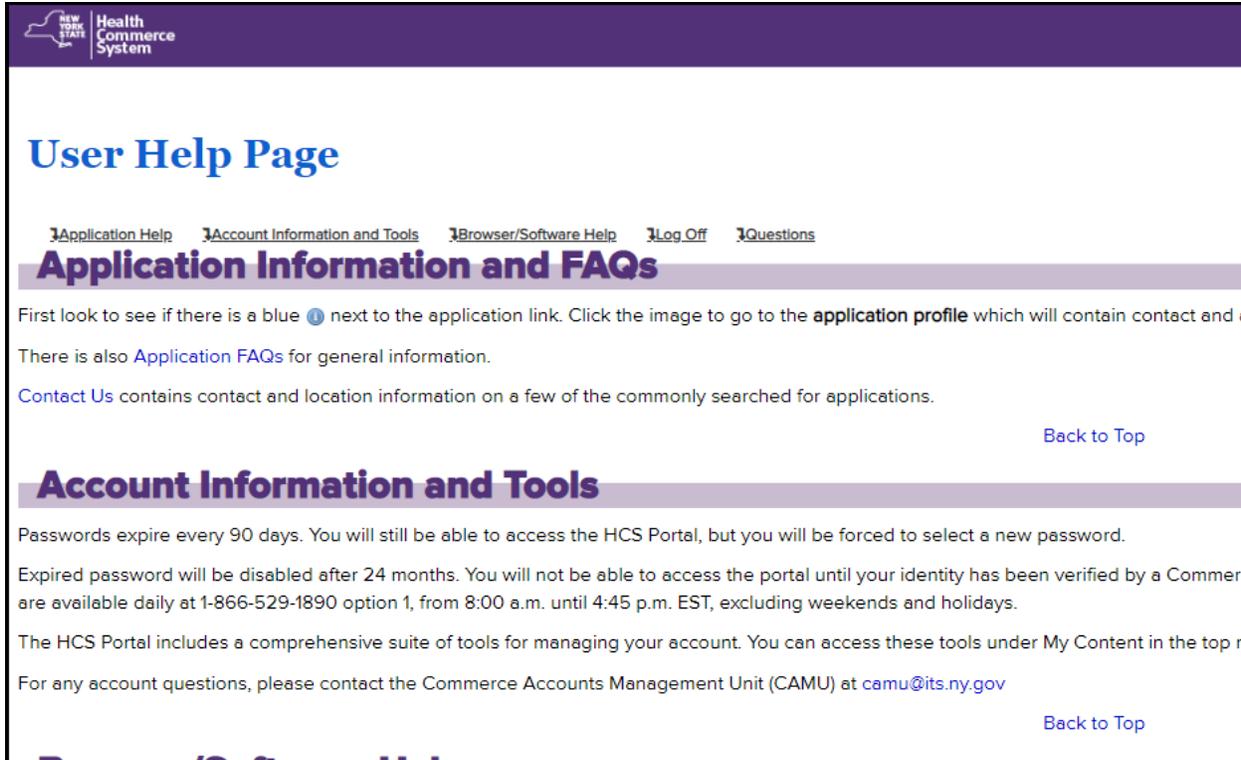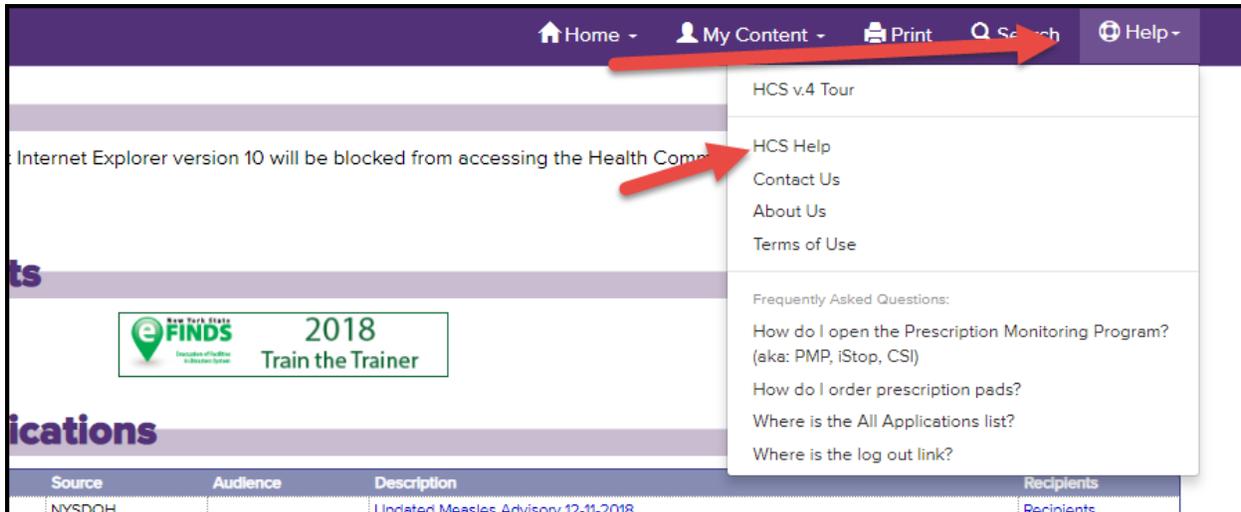
Under the **My Content** there is information related to your specific account
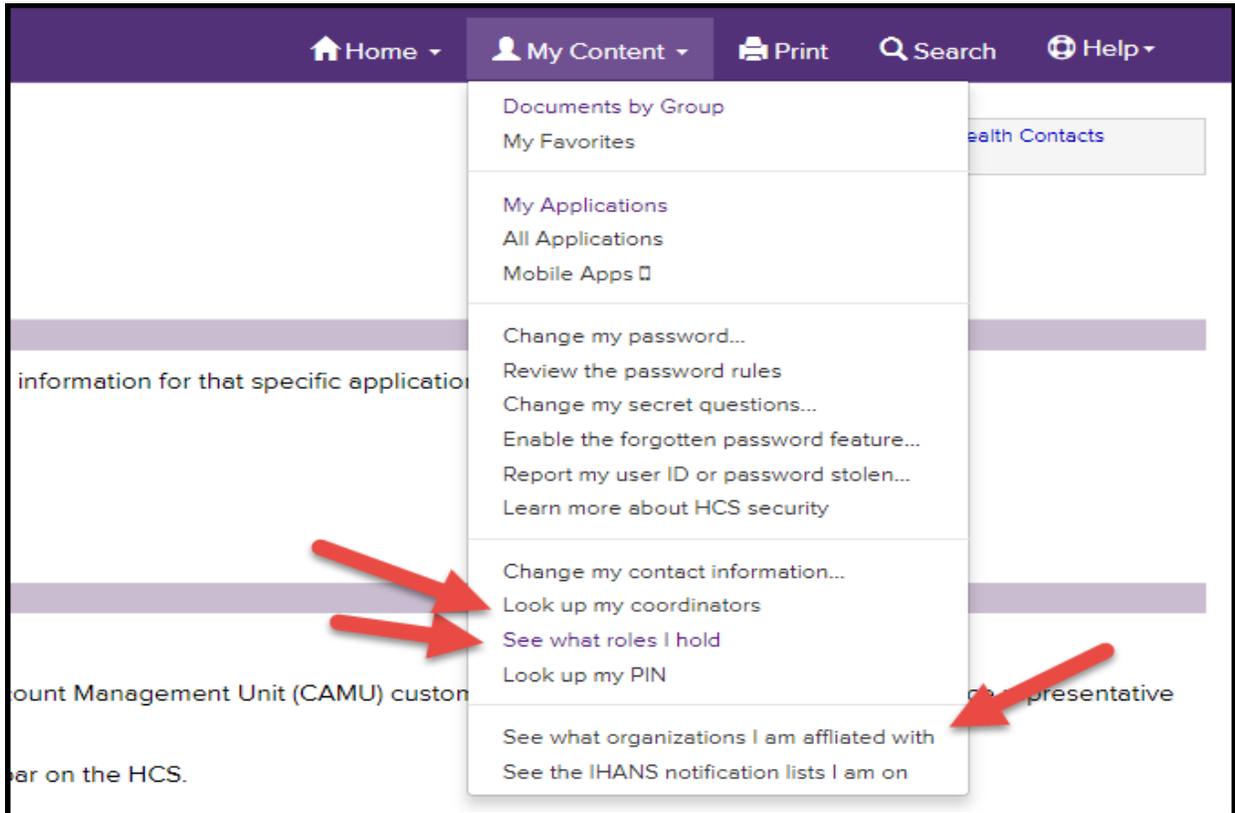
The "Getting Started" document group is a resource as well.

Facility Evacuation Planning Application (FEPA) resources

Within the application there is a specific "FEPA Help" Menu.
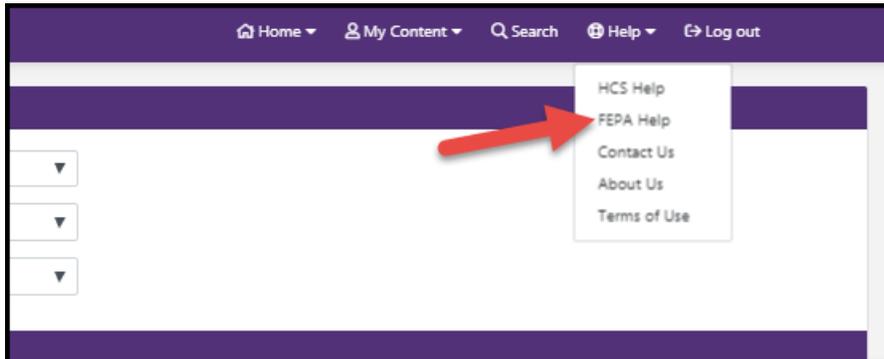
This area will be updated with all related documents and resources to assist with your FEPA activities.

Resources and Trainings for 2019 will be archived on the Learning Management System (LMS) following delivery. These will be posted in the FEPA specific "help" menu when available.

https://www.nylearnsph.com