
PROMISING PRACTICES IN STATE SURVEY AGENCIES

Emergency Preparedness Practices

New Jersey

Summary

The Standards for Licensure of Long-Term Care Facilities (N.J.A.C. 8:39) enforced by the Division of Health Facilities Evaluation and Licensing (HFEL) at the New Jersey Department of Health and Senior Services require long-term care (LTC) providers to coordinate with local emergency management agencies to develop and maintain effective emergency preparedness plans. These requirements promote communication and coordination between providers and the emergency management agencies in their communities prior to the occurrence of emergency situations.

Background

The licensure standards for emergency preparedness for LTC providers were in effect well before the events of September 11, 2001. The current licensure standards were readopted with amendments in February 2007, with no significant changes to the emergency preparedness requirements. The requirement for providers to partner with local emergency management agencies was designed to ensure that LTC providers possess comprehensive and operable emergency preparedness plans and to promote the establishment of collaborative and coordinative relationships between providers and emergency management agencies before a crisis situation occurs. The requirements also are intended to promote a sense of community responsibility for facility residents.

Intervention

The licensure standards require LTC providers to submit their emergency preparedness plans to municipal or county emergency management officials for review. In addition, the provider's disaster planner must meet with the local emergency management agencies on an annual or more frequent basis to review and update the provider's written evacuation plan. If the county or municipal officials are unavailable to assist with this process, the provider must notify the State Office of Emergency Management. Emergency management coordinators are

designated at local levels across the state, and typically serve as sheriffs, police chiefs, and fire chiefs in their communities. The nature and degree of collaboration between providers and emergency management agencies tends to vary by locale. Emergency management agencies that are heavily involved with their communities may assist providers in the detailed development of plans, while others review the completed plans after the developmental process has been completed by the providers. Activities spearheaded by the recently developed Division of Health Infrastructure Preparedness and Emergency Response at the New Jersey Department of Health and Senior Services have fostered greater collaboration and coordination on several fronts among emergency management agencies and health care providers, particularly through participation in simulated disaster exercises and other training activities that promote interaction and communication. These stronger ties appear to have resulted in a greater degree of collaboration in developing and reviewing providers' emergency preparedness plans.

In New Jersey, the Division of Health Facilities Evaluation and Licensing (HFEL), which is part of the Department of Health and Senior Services, fulfills the responsibilities of the State Survey Agency. Life safety code surveyors from HFEL are responsible for confirming during the annual survey process that each LTC provider has an emergency preparedness plan and that the plan

has been reviewed by a local emergency management agency, as reported by the provider. Surveyors do not typically review the contents of the plans, and providers are not routinely required to submit plans to HFEL. However, HFEL may request the plan if a problem or potential problem is under review (e.g., possible roof collapse or other structural damage, potential labor strike, potential flooding hazards, an issue identified through complaints and surveillance), to ensure that evacuation procedures and other elements are detailed in the plan.

Impact

In December 2005, HFEL conducted an evaluation to examine the extent to which LTC providers were meeting the requirement for collaboration. HFEL selected 11 providers in four counties of particular interest with regard to emergency preparedness, due to their proximity to New York City, a major nuclear power plant, and/or having increased risk for flooding. As part of the evaluation, HFEL staff reviewed the providers' emergency preparedness plans and investigated the level of involvement of emergency management agencies in developing and reviewing the plans. HFEL staff also considered whether the collaborative efforts led to stronger relationships between the providers and emergency management agencies. Ten out of the 11 plans examined during the evaluation were found to be current and eight of those plans had been reviewed or were actively under review by local emergency management officials. Two providers later sent documentation that the plans had been reviewed. One provider received a citation because the plan had not been sent to or reviewed by the local emergency management officials. HFEL staff also concluded that the efforts contributed to stronger links between the entities, by promoting communication between key individuals at both entities.

HFEL management staff believe that several factors have led to heightened awareness and greater effort by providers and emergency management agencies to establish collaborative relationships and ensure the effectiveness of

emergency preparedness plans. These factors include the September 11 attacks, recent experiences with resident evacuation at several LTC facilities in New Jersey due to flooding and fire, and the requirement in the licensure standards. LTC providers seem to have strong interest in ensuring that they are in compliance with the requirement and that they have a connection with local emergency management agencies, as they are the first to assist when transfer of residents is necessary. HFEL management staff note that provider associations and some providers are participating more in training activities in partnership with emergency management organizations.

The requirement appears to have fostered in emergency management agencies a stronger sense of the LTC providers as part of the community and a greater sense of responsibility for the residents. HFEL management staff report that the state-level Office of Emergency Management (an organization staffed predominantly by the State Police) also appears to have greater awareness of LTC providers, as demonstrated by their request for data regarding LTC providers from HFEL. The information has been integrated into their systems, promoting communication and sharing of critical information in order to assure access to emergency management procedures and services in each community.

Lessons Learned

It is essential to monitor ongoing adherence to the regulation as LTC providers' administrators and management staff change over time. Efforts by emergency management agencies also should be monitored, to ensure that plans submitted by providers receive more than minimal and perfunctory review. In the past, it appeared that some reviewers approved plans each year based on the adequacy of the plan when initially submitted, rather than reviewing the plan in its entirety each time. It is important that the emergency management agencies carefully assess the plans each year to ensure that changes have been implemented according to hazard and risk analyses as well as the specific needs of the community.

HFEL management staff comment that emergency preparedness efforts continue to evolve. The more opportunities for communication and interaction between providers, provider organizations, and emergency management agencies, the better, whether through collaboration on providers' emergency preparedness plans, participation in simulated disaster training, or otherwise. It is valuable to forge partnerships and increase the sense of community responsibility before disaster occurs.

Contact Information

For more information, please contact Alison Gibson, Director, Office of Health Facilities Assessment and Survey Division of Health Facilities Evaluation and Licensing at the New Jersey State Department of Health and Senior Services at Alison.Gibson@doh.state.nj.us or 609/292-9900.

This document is part of an issue brief on emergency preparedness practices in State Survey Agencies and long-term care provider associations. The issue brief is one of a series by the Division of Health Care Policy and Research, University of Colorado Health Sciences Center, for the U.S. Centers for Medicare & Medicaid Services (CMS) highlighting promising practices in State Survey Agencies. The entire series is available online at CMS' Web site, <http://www.cms.hhs.gov/SurvCertPromPractProj/>. The issue briefs are intended to share information about practices used in State Survey Agencies and other organizations and are not an endorsement of any practice.