

This package includes 3 documents:

- **DAL 16-03 – Emergency Response Drill (2 pages)**
- **Navigating to Surveys on HERDS (8 pages)**
- **The Emergency Scenario to use for the Drill (4 pages)**



Department of Health

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April 14, 2016

DAL: DHCBS 16-03
SUBJECT: Emergency Response Drill

Dear Administrator:

The Division of Home and Community Based Services (DHCBS) will conduct an emergency response drill starting on April 25, 2016 and ending on April 29, 2016. All Certified Home Health Agencies (CHHAs), Long Term Home Health Care Programs (LTHHCPs), Hospices, and Licensed Home Care Services Agencies (LHCSAs) are required to participate in this drill. Failure to participate will result in a deficiency citation and possible enforcement action. The purpose of the drill is to simulate an emergency event, serving the following purposes:

- To familiarize home care agencies and hospices with the communication methods established by the DHCBS for use during an emergency event,
- To inform home care agencies and hospices about the information needed by DHCBS before, during and after an emergency event which will help agencies develop systems to enable quick access to this information,
- To familiarize providers with the survey tool used to collect information - the Health Electronic Response Data System (HERDS) Home Care Emergency Response Survey,
- To allow the Department to test the communication and data collection systems prior to a real emergency event.

The Health Commerce System (HCS) is the primary means of communication between providers and the Department during emergencies as well as for normal operational issues. All communications between the Department and providers for this drill and during a real emergency will be done via the HCS Integrated Health Alert Notification System (IHANS)

Please note, the Transportation Assistance Levels (TALs) status of patients will be collected on the survey. The TAL's status of patients should be maintained on the agency's patient roster. WebEx training on TALs and a demonstration of the HERDS Home Care Emergency Response survey were conducted in February and March 2016 and a recording is available

at: <https://meetny.webex.com/meetny/lsr.php?RCID=f46f79c800124167b04959d771b9bd6c>.

Thank you in advance for your cooperation and participation in this Emergency Response drill. If you have questions about this Emergency Drill, or the HERDS Emergency Response survey, please contact: HCEmergency@health.ny.gov.

Sincerely,

A handwritten signature in black ink that reads "Rebecca Fuller Gray". The signature is written in a cursive style with a large initial 'R'.

Rebecca Fuller Gray, Director
Division of Home and Community Based Services

1. Navigating to the Survey Forms

- **Log on to HCS**

Use your user name and password.

- **Go to the HERDS Application**

If you have the HERDS application in your applications, choose it from your my applications list.



To put the HERDS application into your my applications list:

- **Go to My Content**
 - **Choose 'All Applications'**



- **Click on Letter H**
- **Click on HERDS for Hospitals (Health Electronic Response Data System) or Home and Community Based Care (HERDS).** (Either one of these will take you to the HERDS application.)
- **Click the plus sign in the green circle in the Add/Remove column.**

The screenshot shows the 'Health Commerce System Applications' page. The 'Browse by' menu is set to 'H'. The table below lists various applications. Two arrows point to the 'HERDS for Hospitals (Health Electronic Response Data System)' and 'Home and Community Based Care (HERDS)' rows. The 'Add/Remove' column header is circled in red.

Application Name	Acronym	Profile	Restricted	Add/Remove
Health Care Facility Evacuation Center Application	HECAPP	(i)	Yes	
Health Facilities Information System	HFIS	(i)		+
Health Home CMART File Upload		(i)		+
Health Home Tracking System		(i)	Yes	
Healthcare Financial Data Gateway	HFDPG	(i)		+
Healthy Neighborhoods - No Access Form		(i)		+
Hepatitis C Rapid Testing		(i)	Yes	
HERDS for Hospitals (Health Electronic Response Data System)	HERDS	(i)		+
HIV Test Kits		(i)	Yes	
HIV/AIDS Information for Regional Training Centers		(i)	Yes	
HIV/AIDS Provider Portal		(i)	Yes	
HIV/AIDS Surveillance Case Report		(i)		+
HIV/HCV Provider Directory		(i)		+
Home and Community Based Care (HERDS)	HERDS	(i)		+
Home Care Registry		(i)		+

- In HERDS, Go to the Level Selector Tab (if available)

Click the appropriate Level, if asked,

- Click Submit
- Activity Selection (*=Required Field)

You will be told the name of the activity to select for your survey.

Your required Activity may appear on your To Do list.

Activity	Reporting Organization	Data Entity Organization	Form	Permission	Completion Status
Test	Z Test Hospice	Z Test Hospice	HC	Save/Submit	Saved

If the activity is not on your to do list,

- Click the data entry tab and select your activity.

Select your activity from the drop down list.

- **Form Selection (*=Required Field)**
- **Choose your organization's name from the drop down box.**
- **Choose a form to make entries into. (Many activities have multiple forms).**
- **Choose your Data Entity type:**

Home Health Agency = Certified Home Health Care Agencies and Long Term Home Health Care

Hospice = Hospice

LHCSA = Licensed Home Care Service Agencies

- **Choose your Data Entity Name**
- **Choose a Time Period (if required).**

Some surveys have forms that are recurring forms. Recurring Forms will need to be filled out more than once on the days instructed (i.e. Daily for a 5 day period).

Level Selector Home **Data Entry** Reports

Data Entry

Activity:* Test

Organization:* Z TEST CHHA (8888)
[Show Organization Info](#)

Form:* HC

Data Entity Type:* Home Health Agency

Data Entity Name:* Z TEST CHHA (8888)
[Show Facility Info](#)

Time Period:* Please Select Time Period

2. Entering Data Into a Form

- **Form Information**

Form Information

Navigational Style: Scroll ▾

* Required Field ✓ Data Saved to Work Area ● Data Submitted to DOH
← Current Field/Selection ? Field Information Ⓜ Field with Rules ⚠ Warning ! Error

 **Required Field** Questions with a red asterisk are required fields and cannot be left blank. If it is a required numeric field and you have no data to enter, please enter a zero (0).

 **Data Saved to Work Area** Questions with a yellow check mark are fields that had data entered in them, and were saved when the user clicked the “**Save All**” button, but not yet submitted to DOH.

 **Data Submitted to DOH** Questions with a check mark in a green dot are fields that had data entered in them, and were saved when the user clicked the “Save All” button, and were submitted to DOH when the user clicked the “**Review and Submit Button**” and clicked the “**Submit to DOH**” button.

 **Current Field/Selection** The red arrow highlights a selected field. For example, if the user has clicked the “**Review and Submit**” Button and goes to the Review Screen, and they click on any of the questions on the review screen they will go back to the survey and that question will have the red arrow next to it.

 **Field Information** The question mark in a circle indicates there is additional information available. If the survey has additional instructions or information attached to a field, this information can be seen by clicking on the Field Information icon.

 **Field with Rules** The R in a circle indicates that there is a rule attached to this field. An example of a rule would be “*the amount indicated in question 4 must be equal to the sum of the amounts in questions 1, 2, and 3*”. Click on the Field with Rules icon to identify the rule for the field.

 **Warning** The exclamation point in a yellow triangle is a warning of an action that must be taken. An example of a warning is:

 **Once finalized, please remember to submit your data by clicking the Review & Submit button and then the Submit Data to DOH button.**

 **Error** An exclamation point in a red circle indicates that there is an error in the data entered. An example of an error is:

 **You have 1 error below. Review and make changes.**

- **Data Entry**

Answer all questions that are applicable to your organization. Some boxes may require text, and some may require numbers. Required Fields (*) must have an entry. You can click Save All at any time to save work that has been entered. If you click the **Reset Button**, the survey data will go back to the last saved version of the form.



- **Repeating Sections**

Repeating sections give the user the ability to answer the same set of questions more than once. To open the Repeating Section:

- **Click Save and Add Button**



When you have entered your first set of data, click the **Save and Add** button again to save your entry and to receive a new set of blank fields.

- **Click Save and Add Button**



When you have entered your final set of data into the fields of the repeating section, click the **Save All** button on the bottom blue tool bar, or the top blue tool bar.



- **Click Save All**

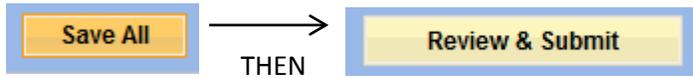
The data will be saved, and you will not receive a new set of fields in the repeating section. If you accidentally add too many sections, or simply want to get rid of a particular section, open that section and click Delete.

3. Submitting the Forms

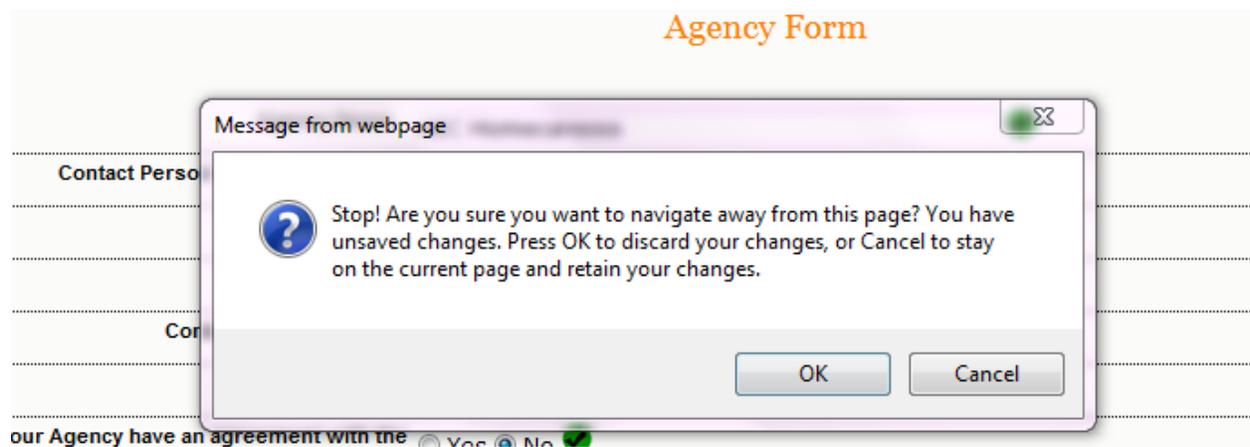
Once all of your data has been entered for the entire form, be sure to save the information

- Click **Save All**

IMPORTANT!!! Do not click “**Review and Submit**” unless you have clicked “**Save All**” First.



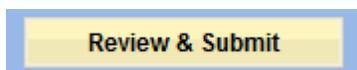
If you click “Review and Submit” before saving, you will get the following error message:



If you click **OK** – you will go to the Review screen, but any unsaved data will be lost.

Once the information is saved:

- Click **Review & Submit**



This will take you to the Review Screen.

The Review Screen will show all questions on the form and the values entered to answer the questions. The Review Screen will also show the data status (either saved or submitted), the user that made the latest entry, and the date and time of the latest entry.

If you click on a field in the Review Screen you will be taken back to the survey at that particular question.

On the Review Screen you can choose to either modify the data or submit the data to Department of Health.



If you need to change any data entered:

- **Click Modify**

This will take you back to the survey to make changes. Be sure to save any data that you modify by clicking **“Save All”**.

If you are satisfied with the data entered:

- **Click Submit Data to DOH**

Note: If your data has been submitted to DOH – it can still be modified and re-submitted.

Home Care Emergency Response Survey Drill Scenario

April 25-29, 2016

The following scenario is a guide for entering and submitting data for the Home Care Emergency Response Survey drill scheduled for the week of April 25, 2016 to April 29, 2016. The drill requires home care and hospice providers to enter and submit data using a Health Commerce System (HCS) Health Electronic Response Data System (HERDS) survey activity titled "2016 Home Care Emergency Drill". Instructions for accessing the survey are attached.

This scenario is based on a hurricane making landfall near New York City and causing flooding there and across the rest of New York State. This scenario is not realistic for all parts of the state; it has been simplified so that it can be used for both upstate and downstate. You will have to adapt your reporting to this fictional situation.

This drill requires you to enter data at least once on each day of the business week during which the drill is held.

The survey is composed of four forms. Some of these are **Recurring** forms. These recurring forms will have a new instance of the form created every day of the drill during which the form is activated. Each new instance will be pre-filled with the information from the previous day's instance. When updating a recurring form, enter the current total value to date for each field on the form. For example, if 50 people are evacuated on Monday and 100 on Tuesday you should enter 150 as the total number of people evacuated as of Tuesday.

The four forms are:

The **Agency (HCEMRAGENCY)** form collects basic contact and agency status information.

The **Capacity (HCEMRCAPACITY)** form asks if your agency has the capability of providing services to your patients and also collects census information by Area. The Capacity form is a recurring form.

The **Evacuation/Relocation (HCEMREVCRL0)** form captures information about whether you have been able to contact your patients and the evacuation status of your patients. Please note that on this form the questions ask for patient numbers where the patients are the SOLE responsibility of the Agency or where the patients are a SHARED responsibility of the reporting agency as well as another entity. Entries should be done as follows:

<i>Provider Type</i>	<i>SOLE Responsibility</i>	<i>SHARED Responsibility</i>
<i>CHHAs, LTHHCPS, Hospices</i>	<i>All patients</i>	
<i>LHCSAs</i>	<i>Private Pay or Commercial Insurance patients</i>	<i>All other patients (Not Private Pay or Commercial Insured)</i>

The Evacuation/Relocation form is a recurring form.

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The **Repatriation (HCEMRREP)** form collects the repatriation status of patients who were evacuated. The Repatriation form is a recurring form.

Several of the forms require you to enter patient counts by **Area**. Areas are geographic regions that have been assigned the same level of risk for damage or require the same type of response in an emergency event. Some of these types of areas have been predefined, such as counties and the hurricane evacuation zones of NYC. For this exercise, agencies serving patients in NYC should use the hurricane evacuation zones for those patients living in one (not all NYC residents live in a hurricane evacuation zone), otherwise use the patient's county of residence; agencies serving patients not residing in NYC should use the patient's county of residence as the area.

Transportation Assistance Levels (TALs) are a categorization of patients according to the kind of assistance that would be needed to move them should that be required in an emergency. This survey asks for the TALs of patients on the **Relocation/Evacuation** form. TALs are not a requirement until June 1, 2016 – therefore they are not required for the drill. However, if your agency has TALs information, please provide it on the **Relocation/Evacuation** form.

Scenario Day 1 (April 25)

A hurricane is approaching the eastern seaboard of the USA. It is expected to make landfall in the NYC area in 48 hours and to continue inland into upstate New York. Storm surge from the hurricane is expected to cause flooding in NYC and Long Island. Heavy rainfall from the hurricane will cause flooding along the major river systems, including streams and tributaries, across all of New York. The DHCBS has activated a Home Care Emergency Response Survey for this hurricane.

Agencies should complete the Agency form and the first instance of the Capacity form with their current operational status and census information.

Agency Form Entry: Complete the form using your agency information. If your agency is a CHHA with a LTTHCP you may indicate if you are combining your information.

Capacity Form Entry: For this step in the scenario, indicate that you are able to serve your current caseload and that you do not need additional staff in any staffing category. Downstate agencies should enter their patient counts for the hurricane evacuation zones defined for NYC, Westchester, and Long Island and by county of residence for patients not living in a hurricane evacuation zone. Upstate agencies should enter their patient counts by their patients' county of residence.

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Scenario Day 2 (April 26)

The hurricane is forecast to strike NYC in 24 hours. Significant flooding is expected in NYC and Long Island in Evacuation Zones 1 – 3. All upstate counties are expected to have significant flooding.

Agencies should complete the first instance of an Evacuation/Relocation form.

Evacuation/Relocation Form Entry: *For this exercise assume that you have been able to contact most but not all of your patients, that some of your patients have been evacuated to one or more of the relocation destination types and that some patients requiring evacuation have refused to be relocated.*

Scenario Day 3 (April 27)

The hurricane makes landfall. By the end of the day the flood waters have peaked and are starting to recede. The flooding has severely damaged many people's homes, power is out in significant sections of your catchment area and many roads are obstructed.

Expecting that the havoc wreaked by the storm has affected the ability of your agency to care for patients, agencies should complete a Capacity form for a second time

Capacity Form Entry #2: *When completing the Capacity form, indicate that you are not able to serve your current caseload and that you need additional staff in each staffing category.*

Agencies should complete the Evacuation/Relocation form a second time.

Evacuation/Relocation Form Entry #2: *Report on the Evacuation/Relocation form that you have been able to contact all of your patients and that most of your patients have been relocated to emergency shelters. There has been no change in the number of patients who have refused evacuation.*

Scenario Day 4 (April 28)

The flood waters have receded and power has been restored. While some roads are still blocked, it is possible to reach all parts of the area your agency serves. Some people who evacuated earlier have returned to their homes.

Since people are returning to their homes, agencies are required to fill out a Repatriation form for the first time.

Repatriation Form Entry: *Report on the Repatriation form that a portion of your evacuated patients have relocated to permanent or stable temporary housing.*

Home Care Emergency Response Survey Drill Scenario

April 25-29, 2016

Scenario Day 5 (April 29)

The sun is shining and everything is drying out. Recovery has continued and everyone is now residing in stable housing.

Agencies should complete a final Repatriation form.

Repatriation Form Entry #2: Report on this final Repatriation form that all patients previously recorded as non-repatriated have been relocated to permanent or stable temporary housing.