Assessing Emergency Preparedness in Federally Qualified Health Centers in New York City

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Introduction: After 11 September 2001, emergency preparedness activities in New York City initially focused on hospitals and evolved to include community health centers (CHCs) in 2003. At that time, little was known of the status of emergency preparedness in the CHCs in New York City.

Objective: This study sought to: (1) assess the status of emergency preparedness in the federally qualified health centers (FQHC) in New York City; (2) define the level of preparedness of each FQHC; and (3) identify the education and training and guidance needs of FQHCs in emergency preparedness.

Methods: An assessment tool was developed using formats provided by jurisdictions also assessing emergency preparedness in CHCs (in California, Maryland, New Jersey, and New Mexico) and incorporating the Joint Commission on Accreditation of Healthcare Organizations’ Environment of Care standards. The assessment tool was administered through interactive, on-site interviews with pre-identified staff at each FQHC. Data were entered into an Access database. The level of preparedness (Level 1—“in developmental stages” to Level 5—“comprehensive system with integration outside of center”) for each FQHC was determined in 14 defined areas of emergency preparedness: (1) managing emergencies; (2) linkages with external agencies; (3) disease surveillance; (4) policy and procedures; (5) incident management system; (6) mental health; (7) emergency operations center; (8) communications; (9) emergency equipment/supplies; (10) education; (11) drills; (12) plan activation; (13) response capacity; and (14) decontamination. Results were presented to FQHCs via an “Emergency Preparedness Matrix”.

Results: The assessment tool was administered to 22 FQHCs and complete data were collected from 19 FQHCs. The majority of FQHCs were at lower levels (Levels 1–2) of preparedness in these defined areas, while 6–12% of FQHCs were at higher levels of emergency preparedness (Levels 4–5). The FQHCs cited the need for education and training in emergency preparedness (e.g., conducting a hazard-vulnerability analysis, home preparedness), communications equipment, and provision of and training in the use of personal protective equipment. The FQHCs found the Emergency Preparedness Matrix to be useful and were interested in the next steps, including: (1) developing education and training materials for CHCs; (2) identifying the possible role(s) of CHCs during an emergency; and (3) laying the groundwork for more formal linkages between the FQHCs and external agencies in the healthcare sector for a coordinated emergency response.

Conclusion: The interactive, on-site assessment process provided a unique opportunity for information feedback and identifying gaps.

Keywords: assessment tool; community health center; Emergency Preparedness Matrix; preparedness