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**MEMBER HOSPITALS**

**Brookhaven Memorial  
Hospital Medical Center**  
East Patchogue

**Catholic Health Services  
of Long Island**

- **Good Samaritan Hospital  
Medical Center**  
West Islip
- **St. Catherine of Siena  
Medical Center**  
Smithtown
- **St. Charles Hospital**  
Port Jefferson
- **St. Francis Hospital**  
Roslyn
- **St. Joseph Hospital**  
Bethpage
- **Mercy Medical Center**  
Rockville Centre

**East End Health Alliance**

- **Eastern Long Island  
Hospital**  
Greenport
- **Peconic Bay  
Medical Center**  
Riverhead
- **Southampton Hospital**  
Southampton

**Long Beach Medical Center**  
Long Beach

**John T. Mather  
Memorial Hospital**  
Port Jefferson

**Nassau University  
Medical Center**  
East Meadow

**North Shore-Long Island  
Jewish Health System**

- Glen Cove Hospital
- North Shore University  
Hospital
- Plainview Hospital
- Syosset Hospital
- Franklin Hospital
- Huntington Hospital
- Southside Hospital

**Stony Brook  
University Hospital**  
Stony Brook

**Veterans Affairs  
Medical Center**  
Northport

**Winthrop South Nassau  
University Health System**

- **South Nassau  
Communities Hospital**  
Oceanside
- **Winthrop-University  
Hospital**  
Mineola

# STAT



A PUBLICATION ADDRESSING HEALTH  
ISSUES FACING LONG ISLANDERS

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## *Hospitals Heed Forecasters' Warnings; Handle Hurricane Irene Safely, Efficiently*

Long Island hospitals initiated their disaster plans and proceeded quickly and efficiently to engage their emergency operations centers well before the effects of Hurricane Irene hit Long Island early Sunday morning, August 28, 2011. With a state of emergency declared by the governor and indications that a severe storm surge would engulf the south shore, hospitals in low-lying areas safely evacuated hundreds of patients to higher ground at more inland hospitals. It was an unprecedented emergency management effort and one that the region's hospitals have prepared for numerous times through mock disaster drills.

Communication is the key in disaster response and the seamless exchange of information between local health departments, the state health department, local first responders, law enforcement, and facilities themselves was smooth, according to local emergency management officials and hospital administrators, in spite of the fact that problems always arise during any emergency situation. At any given moment, the status of bed capacity, workforce supply, medical and pharmaceutical supplies, and patient conditions was at the ready. In lessons learned from the past, hospitals and emergency management teams are equipped with alternate communication devices, allowing communication to flow despite the loss of electric and/or cell phone service.

Linda Wenze, emergency preparedness coordinator for the Nassau-Suffolk Hospital Council and the 24 hospitals the association represents, spent days in Suffolk County's Office of Emergency Management, while she communicated with a state department of health emergency management official posted at Nassau County's Office of Emergency Management. She relayed and received critical information about storm status, evacuations, hospital generator power, and other emergency operations between Hospital Council senior staff and hospital CEOs on a real-time basis.

"Since 9/11, the Hospital Council has engaged in a region-wide disaster planning effort that really paid off in this case," said Wenze. "The storm lost some of its power before hitting Long Island, but those involved in the hospital evacuations and emergency management activities did not lose any of their concentration. Everyone knew their jobs and what to do."

## *Advocacy Logo Signifies Strength in Numbers*



Given the delivery and payment reforms underway in Albany and Washington, DC, hospitals in the suburban regions immediately east and north of New York City are strengthening their advocacy efforts to ensure their regions' specific concerns are heard by lawmakers. The group, known as the Suburban Hospital Alliance of New York State (SHA), recently *unveiled a logo* geared toward solidifying its presence and heightening its identification among lawmakers, the business community, the media, and the public.

Hospitals in nine suburban counties are represented by the Suburban Hospital Alliance of New York State, stretching from the eastern counties of Nassau and Suffolk on Long Island to the seven counties north and westward that comprise the lower and mid-Hudson Valley. The Nassau-Suffolk Hospital Council (NSHC) on Long Island and the

Northern Metropolitan Hospital Association (NorMet) in the Hudson Valley are the primary advocacy organizations for hospitals in the respective regions. "As health insurers gain more market dominance and issues such as malpractice reform, the MTA payroll tax, and formation of a state health insurance exchange intensify, these hospitals realize a strong voice that can articulate their unique needs is necessary," said Kevin Dahill, president/CEO of both NorMet and NSHC. "In 2006, the Alliance published a ground breaking white paper that highlighted the startling disparity in commercial reimbursements between these regions and hospitals located in states in the immediate tri-state area. This was the beginning of the Suburban Hospital Alliance of New York."

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STAT is a monthly publication produced as a public service by the Nassau-Suffolk Hospital Council and its member hospitals.  
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