



Hospital Preparedness Program (HPP) Budget Period 1 (BP1) Coalition Contracts – Independent Hospitals

KICK-OFF MEETING (WEBINAR)

September 9, 2019



Outline

- ▶ **Introduction and Goal**
- ▶ **Hospital Preparedness Program (HPP) Requirements 2019 – 2024**
- ▶ **Overview of Program Deliverables BP1 July 1, 2019 – June 30, 2020**
 - Total Independent Hospital Contract Reimbursable Amount
 - Deliverable Activities
 - Deliverable Required Documentation
- ▶ **Business Process**
 - Vouchering
 - Emergency Preparedness Coordinator (EPC) and Alternate EPC Contact Update



Introduction and Goal



NYC DOHMH's Goal

- ▶ The Department of Health and Mental Hygiene (DOHMH), Office of Emergency Preparedness and Response (OEPR) will assist the New York City healthcare system to meet its preparedness, response and recovery needs through funded activities (contracts) and direct interaction with facilities in the system's acute, ambulatory and long term care sectors and with representatives from NYC agency members of the Emergency Support Function 8, Health and Medical.





Hospital Preparedness Program Requirements 2019 - 2024



ASPR Hospital Preparedness Program (HPP)

- ▶ ASPR Hospital Preparedness Program (HPP) – To build and maintain prepared healthcare systems, advance the development and maturation of healthcare coalitions, strengthen regional coordination, and ensure the healthcare system can maintain operations and surge to provide acute medical care during all-hazards emergencies
- ▶ Cooperative Agreement for five years (7/2019 through 6/2024)
- ▶ Open / Annual Award lasting 12 months: Budget Period 1 (BP1) (7/1/19 through 6/30/20)



2017-2022 Health Care Preparedness and Response Capabilities

- ▶ **Capability 1: Foundation for Health Care and Medical Readiness** - The community's health care organizations and other stakeholders-coordinated through a sustainable HCC-have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.
- ▶ **Capability 2: Health Care and Medical Response Coordination** - Health care organizations, the HCC, their jurisdiction(s), and the ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.



2017-2022 Health Care Preparedness and Response Capabilities cont..

- ▶ **Capability 3: Continuity of Health Care Service Delivery** - Health care organizations, with support from the HCC and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.
- ▶ **Capability 4: Medical Surge** - Health care organization-including hospitals, EMS, and out-of-hospital providers-deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.



Approach to HPP Requirements

▶ Requirements

- Many requirements for planning, exercising, vulnerability assessment, sharing resources, supply chain, recruitment/membership across healthcare and healthcare support industries, documentation

▶ Activities engaging NYC HCC members

- Coalition HVA, steering committees, workgroups, LCM/EPS, workshops, reviewing/approving plans, Surge Ex, call down notifications

▶ Benefits for the NYC HCC

- Cohesive, shared planning assumptions, cooperation across the healthcare system, shared best practices, exercising and training together

▶ For more information

- <http://www.nychealthcareprepares.com/>



Overview of Independent Hospitals BP1 Deliverables



Total Contract Reimbursable Amount



- ▶ When BP1 Contract is Fully-Executed, the hospital can voucher for approved deliverables totaling: **\$55,000.00**



BP1 Deliverables

1. **Submit Partially Executed Budget Period 1 (BP1) Contract**
2. **Participate in NYC Health Care Coalitions (NYCHCC) Leadership Council (LC) Meetings**
3. **Participate in Emergency Preparedness Symposia (EPS)**
4. **Update Hospital Contact Information**
5. **Develop Emergency Management Strategic Plan**
6. **Complete Hospital Training Plan and Document Staff Training for Emergency Management Capabilities**
7. **Support Borough Coalition**
8. **Participate in Citywide Coalition Surge Test (CST)**
9. **Design a Mass Casualty Incident (MCI) Deliverable**
10. **Mystery Patient Drill 2.0**
11. **Participate in a Workgroup**
12. **Design a Deliverable(s)**



Submit Partially Executed Budget Period 1 (BP1) Contract

- ▶ In order to ensure contracts are executed in a timely manner and hospitals have adequate time to complete all deliverables in BP1, DOHMH will provide reimbursement of **\$2,000.00** to hospitals that return a signed contract within **45 calendar days of receipt** from Public Health Solutions (PHS) including all required administrative documents.
- ▶ Hospitals are required to complete all deliverables.



Participate in NYCHCC Leadership Council Meetings

- ▶ Ensure attendance and participation of at least one (1) Hospital EPC or appropriate designee at four (4) NYCHCC Leadership Council meetings. NYCHCC Leadership Council meetings convene the leadership of all funded NYCHCC sectors and may include participation in focus-groups and/or workshops as part of the meeting agenda in order to advance NYCHCC preparedness efforts and meet BP1 HPP grant requirements, including development of NYCHCC governance documents.

Required Documentation:

- ▶ Completed evaluation surveys for each of the four (4) NYCHCC Leadership Council meetings

MRA = \$4,000.00 (\$1,000.00 X 4 meetings)



Participate in Emergency Preparedness Symposia (EPS)

- ▶ Ensure attendance and participation of at least one (1) Hospital EPC or appropriate designee at two (2) Emergency Preparedness Symposia (EPS). EPS bring together NYC healthcare and non-healthcare providers to partner in emergency preparedness and response activities, sharing promising/best emergency management practices and knowledge, and mentoring partners and providers. Attendees are expected to actively participate in DOHMH-sponsored workshops offered at EPS.

Required Documentation:

- ▶ Evaluation surveys completed by one (1) Hospital EPC/designee for the two (2) EPS meetings

MRA = \$2,000.000 (\$1,000 X 2)



Update Hospital Contact Information

- ▶ Update and/or confirm contact information for hospitals by updating fields in template provided by DOHMH. Update or add pediatric disaster contact information.
- ▶ Advise DOHMH of changes and updates to service contact information on an ongoing basis

Required Documentation:

- ▶ Completed template or DOHMH generated email acknowledging contact information updates completed and verified.

MRA = \$1,000.00

Due Date: January 10, 2020

**Additional deliverable details provided in guidance document.*



Develop Emergency Management Strategic Plan

- ▶ Complete and submit a strategic plan for the hospital emergency management program. The development of the plan should include key stakeholders, be updated during the budget period, and address the scope and services covered by the hospital emergency management program.

Required Documentation:

- ▶ Strategic Plan

MRA = \$4,000.00

Due Date: March 6, 2020

**Additional deliverable details provided in guidance document.*



Complete a Hospital Training Plan and Document Staff Training for Emergency Management Capabilities

- ▶ Revise proposed Hospital training plans from BP1 SUPP (July 1, 2018 – June 30, 2019), using template provided by DOHMH. This includes indicating if any training that was proposed will not be completed, and what training, if any, will be substituted.
- ▶ Provide DOHMH with training data using template provided by DOHMH and evidence of completed training.

Required Documentation:

- ▶ Revised training plan, training data and sign-in-sheets (or participant rosters or learning management system reports).

MRA = \$7,000.00

Due Date: June 4, 2020

**Additional deliverable details provided in guidance document.*



Support Borough Coalition

- ▶ Engage and collaborate with NYCHCC Borough Coalition activities by attending and participating in a minimum of two (2) Borough Coalition meetings and/or activities. Hospital is encouraged to include its affiliated non-acute care emergency preparedness partners in these meetings/activities.

Hospitals cannot use attendance at EPS or Leadership Council meetings to meet this requirement.

Required Documentation:

- ▶ Final summary report of Hospital's engagement in Borough Coalition activities

MRA = \$2,000.00

Due Date: May 15, 2020

*Additional deliverable details provided in guidance document.



Participate in Citywide Coalition Surge Test (CST)

- ▶ Participate in the planning, preparation, conduct, data collection, and evaluation for the 2020 Coalition Surge Test (CST) (to be held in February 2020), coordinated by DOHMH, that will focus on planning and response operations for medical surge resulting from an event requiring evacuation of certain facilities and decompression of those receiving evacuated patients.

Due Dates and Required Documentation:

- ▶ 1.) Proof of a facilitated discussion conducted prior to 2020 CST using DOHMH template, including sign-in sheets and signed checklist (to be provided by DOHMH) confirming that all surge and evacuation preparation tasks on the checklist were completed per the instructions on the checklist. **MRA = \$1,000.00; Due Date: January 2020**
- ▶ 2.) Completed After Action Review (AAR) template (provided by DOHMH) that includes exercise observation and evaluation details and sign-in sheets. Hot wash registration or participation list (DOHMH will provide). **MRA = \$5,000.00; Due Date: February 2020**
- ▶ 3.) Surge and evacuation data (template provided by DOHMH). **MRA = \$4,000.00; Due Date: February 2020**

**Additional deliverable details provided in guidance document.*



Design a Mass Causality Incident (MCI) Deliverable(s)

- ▶ **Using template provided by DOHMH, design a deliverable that includes implementing a project addressing one (1) or more Greater New York Hospital Association (GNYHA) Mass Casualty Incident (MCI) Response Toolkit subject area(s):**
 - Monitoring, Notification & Activation Protocols
 - Patient Triage
 - Clinical Management
 - Safety & Security
 - Supporting Family and Friends in the Aftermath
 - Managing the Community Response to an MCI
 - Legal and Regulatory Considerations
 - Recovery
- ▶ **Develop and submit MCI deliverable proposal for approval by DOHMH in advance of project implementation.**



Design a Mass Causality Incident (MCI) Deliverable cont..

- ▶ Complete a self-assessment of hospital disaster mental health plans using an assessment tool provided by DOHMH.
- ▶ Develop the final summary report with details of implementation, goals and objectives, findings, impacts, outcomes, stakeholders, and next steps; and other supporting documentation.

Due Dates and Required Documentation:

- ▶ Approved MCI project proposal template provided by DOHMH – **MRA = \$1,000.00; Due Date: November 8, 2019**
- ▶ Completed assessment tool of hospital disaster mental health plans – **MRA = \$2,000.00; Due Date: January 31, 2020**
- ▶ Final Summary Report and supporting documentation– **MRA = \$5,000.00; Due Date: May 17, 2020**

**Additional deliverable details provided in guidance document.*



Mystery Patient Drill 2.0

- ▶ Ensure Emergency Department (ED) capability to quickly identify, isolate, and use appropriate infection control practices to manage patients presenting with communicable diseases of public health concern.
- ▶ Designate at least one (1) representative to serve as a trusted agent that will participate in webinar training for mystery patient exercise program (**September 25th, 10am**) and coordinate scheduling and conduct of drill.
- ▶ Additional hospital frontline staff (i.e., ED nursing and triage staff, physicians, emergency management staff) must complete a web-based training on the Mystery Patient Drill program.
- ▶ Participate in one (1) mystery patient drill conducted with the assistance of DOHMH. DOHMH will provide an After Action Report (AAR) based on the hot wash at the facility. Hospital must complete an internal improvement plan (IP) in accordance with recommendations from After Action Report (AAR) provided by DOHMH.



Mystery Patient Drill 2.0 cont...

- ▶ *Note: Acute care facilities without an ED or Urgent Care/walk-in clinic should contact DOHMH to arrange an alternate activity.*

Due Dates and Required Documentation:

- ▶ Proof of attendance for at least one (1) representative at webinar training for trusted agents – **MRA = \$1,000.00; Due Date: October 18, 2019**
- ▶ Evidence that a minimum of five (5) frontline ED staff have completed brief (15-20 minute) webinar on mystery patient drill program – **MRA = \$1,000.00; Due Date: October 18, 2019**
- ▶ Hospital Improvement Plan – **MRA = \$ 2,000.00; Due Date: January 17, 2020**



Participate in a Workgroup

- ▶ **Participate in at least one (1) workgroup or NYC Health Care Coalition (NYCHCC) subcommittee convened by DOHMH, GNYHA, or other planning partner focusing on challenges to preparedness / response.**
- ▶ **Develop and submit deliverable proposal summarizing planned participation in a workgroup for DOHMH approval.**
- ▶ **Develop and submit final summary report describing workgroup participation within the date range July 1, 2019 through February 14, 2020.**

**Additional deliverable details provided in guidance document.*



Participate in a Workgroup cont...

Due Dates and Required Documentation:

▶ Proposal – **MRA = \$1,000.00**

Due Date: October 1, 2019

▶ Final Summary report – **MRA = \$2,000.00**

Due Date: February 14, 2020

Proposed Workgroups:

- ❑ DOHMH Coalition Surge Test Planning Committee
- ❑ DOHMH Surge/Evacuation Steering Committee
- ❑ FDNY - GNYHA MCI Workgroup
- ❑ GNYHA Sit Sat Advisory Council
- ❑ Health System Lead Workgroup
- ❑ Borough Coalition Lead Workgroup
- ❑ NYCHCC Subcommittee(s)



Design a Deliverable

- ▶ Using Hospital strategic plan and/or recent (e.g., from BP1 SUPP) risk assessment finding(s), design a deliverable that includes implementing a project.
- ▶ Deliverable should result in activity(ies) that will implement a project or address a gap. Proposed project *must be separate* from any activities listed previously as deliverables in this contract.
- ▶ *Note: Hospital also cannot propose an exercise to satisfy this deliverable.*

Due Dates and Required Documentation:

- ▶ Proposal – **MRA = \$3,000.00**
Due Date: December 10, 2019
- ▶ Final Summary Report – **MRA = \$ 5,000.00**
Due Date: April 22, 2020

**Additional deliverable details provided in guidance document.*



Business Process



Vouchering (Invoicing)

- ▶ Public Health Solutions (PHS) sends contract to EPC for signature and a template for vouchering
- ▶ EPC returns signed contract (+ other required documentation) to PHS.
- ▶ PHS sends copy of executed contract to EPC.
- ▶ EPC / ALT EPC submits deliverable documentation by specified due date to Project Manager.
- ▶ Project Manager reviews deliverable, notifies EPC / ALT EPC of approval to voucher
 - If deliverable is not approved, Project Manager communicates to EPC / ALT EPC on what modifications are needed
 - EPC / ALT EPC resubmits deliverable for approval
- ▶ Once approved to voucher, EPC / ALT EPC submits voucher (signed and dated within 30 days of approval) to Chanukka Smith and William Lang
- ▶ Once voucher is reviewed and approved, it is submitted to PHS for payment
- ▶ PHS remits payment



Updating EPC / ALT EPC

- ▶ Hospital notifies Chanukka Smith at DOHMH (csmith29@health.nyc.gov) of new Emergency Preparedness Coordinator (EPC) or Alternate EPC. If hospital is a member hospital of a Network Coalition, the Network Lead notifies DOHMH.
- ▶ New EPC /ALT completes the EPC Contact Form. The form can be requested via email or downloaded from our website (<http://nychealthcareprepares.com>)
- ▶ Completed contact form is returned to DOHMH and EPC / ALT EPC is added to DOHMH distribution lists

Deliverable Points of Contact

BP1 Deliverables	Deliverable Project Manager
Submit Partially Executed Contract	Chanukka Smith
Participate in NYCHCC Leadership Council Meetings and EPS	William Lang / Chanukka Smith
Update Healthcare Hospital Contact Information	Darrin Pruitt / Chanukka Smith
Update Network Charter and Strategic Plan	William Lang / Taina Lopez
Complete Hospital Training Plan and Document Staff Training for Emergency Management Capabilities	Darrin Pruitt / Chanukka Smith
Support Borough Coalition	William Lang / Chanukka Smith
Participate in Citywide Coalition Surge Test (CST)	Les Welsh
Design a Mass Casualty Incident (MCI) Deliverable	Timothy Styles / Taina Lopez
Mystery Patient Drill 2.0	Mary Foote / Elizabeth Navarro
Participate in a Workgroup	Chanukka Smith
Design Deliverable(s)	William Lang / Chanukka Smith

dohmhcore@health.nyc.gov

Please “cc” William Lang (wlang1@health.nyc.gov) and Chanukka Smith (csmith29@health.nyc.gov) on all deliverable emails.



Thank you!

► **We look forward to working with you in BP1!**

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