Emergency Preparedness Symposium (EPS)
Co-hosted with BEPC

NYC DOHMH OFFICE OF EMERGENCY PREPAREDNESS AND RESPONSE

BUREAU OF HEALTHCARE SYSTEM READINESS

Thursday, November 7, 2019


Welcome!

Opening Remarks

NYC Health Care Coalition Update

NOVEMBER, 2019

Welcome to NYC Health Care Coalition Emergency Preparedness Symposium!

- **This is the first of two Emergency Preparedness Symposia (EPS) of this budget period**
- **The purpose of EPS meetings is to:**
  - Provide a forum for the NYC Healthcare Emergency Management community to network, share best practices, and learn from one another
  - Create opportunities for stakeholders in the NYC Department of Health and Mental Hygiene (DOHMH) Healthcare Preparedness Program (HPP) to learn about current projects and provide valuable input to improve programs and enhance readiness
- **Today's meeting is hosted by the Bronx Emergency Preparedness Coalition**

NYC's Healthcare Preparedness Program

- **Mission:**

To support the New York City healthcare system to respond safely and effectively in emergencies.

- **Vision:**
  - Healthcare delivery and public health stakeholders collaboratively prioritize and address preparedness and response gaps.
  - Healthcare facilities of all kinds have the tools and resources they need to care for their patients and NYC residents during an emergency.
  - New York City's healthcare system will better endure emergency events, ensuring continuity of care and the system's ability to meet acute health and medical needs during and post-emergency.

National Hospital Preparedness Program

- DOHMH preparedness programming is supported by a cooperative agreement with the HHS Assistant Secretary for Preparedness and Response (ASPR): the National Hospital Preparedness Program (HPP).
- HPP provides a framework through the 4 Healthcare Preparedness and Response Capabilities, and a robust set of requirements that must be met each year.
  - https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capablities.pdf
- A 5-year project period started on July 1, 2019; we are currently in Budget Period 1 (BP1), which will conclude on June 30, 2020.

BP1 Vision

- **Move the NYCHCC toward a more functional, operational model that can better support members in preparedness and response**
- **All NYCHCC members are able to contribute to the development of annual workplan that supports our shared goal of a prepared and resilient healthcare system in New York City**
- **Working collaboratively, the NYCHCC identifies the highest impact projects to fund with increasingly limited federal funds**
- **What can we achieve if we are able to do this?**
  - Fund joint projects that serve the collective: situational awareness function, improved medical coordination, joint purchasing, standardized training, etc.
  - Make meaningful progress toward a robust healthcare response to emergencies

Values

- Transparency
- Inclusivity
- Consensus
- Impact
- Innovation
- Accountability

Overview of Proposed Process

- **Discuss processes for engaging HCC members in development of activities, workplans, and budget with NYCHCC Governance Board (9/18)**
- **Involve Leadership Council and Governance Board in 2020 Goal-setting process (9/29)**
  - Reflect on current state of NYCHCC and recent projects/activities
  - Beginning discussion around possible priority NYCHCC projects
- **Engage HCC Members at Emergency Preparedness Symposium to generate feedback on current deliverables and propose BP2 activities (Today!!)**
- **Obtain consensus of Governance Board on overall BP2 workplan and budget (January 2020)**
  - Final projects and budgets will be dependent upon the overall award amount

Previous Approaches to HCC Member Engagement

- **Broad stakeholder engagement at strategic level**
  - Healthcare Coalition development process (2012)
  - Healthcare Readiness Project (2014)
  - NYC HPP Program restructuring (2015-2016)
  - Healthcare System Playbook (2017)
  - Strategic Planning for Facilities and Medically Vulnerable Populations unit (2018-2019)
- **DOHMH takes responsibility for ensuring that program activities meet Federal requirements and align with local priorities set through strategic planning processes**
  - Building in flexibility for sub-recipients to address unique needs
  - Involving sub-recipients in annual planning

Why change approach now?

- Federal program requirements and local needs are becoming more focused on system-wide or Citywide solutions
- Evolving NYC HCC structures allow for improved member input while retaining focus on system-wide impact
- New 2019 – 2024 project period should allow for longer-term planning than has been possible during recent years

Recent Accomplishments

- **Restructured the Governance Board to include permanent seats for agency representatives**
- **Eliminated "HMExec"**
  - HMExec functions are now owned by the Governance Board
- **Documented changes in the NYC HCC Charter, approved by Governance Board members**
- **Completed the NYC HCC Response Plan, approved by Governance Board members**

Current NYC HCC Governance Board Members

Permanent Members

- NYC DOHMH
- NYC Health + Hospitals
- GNYHA
- FDNY
- NYS DOH (non-voting)

Agency Partner

- NYC Emergency Management

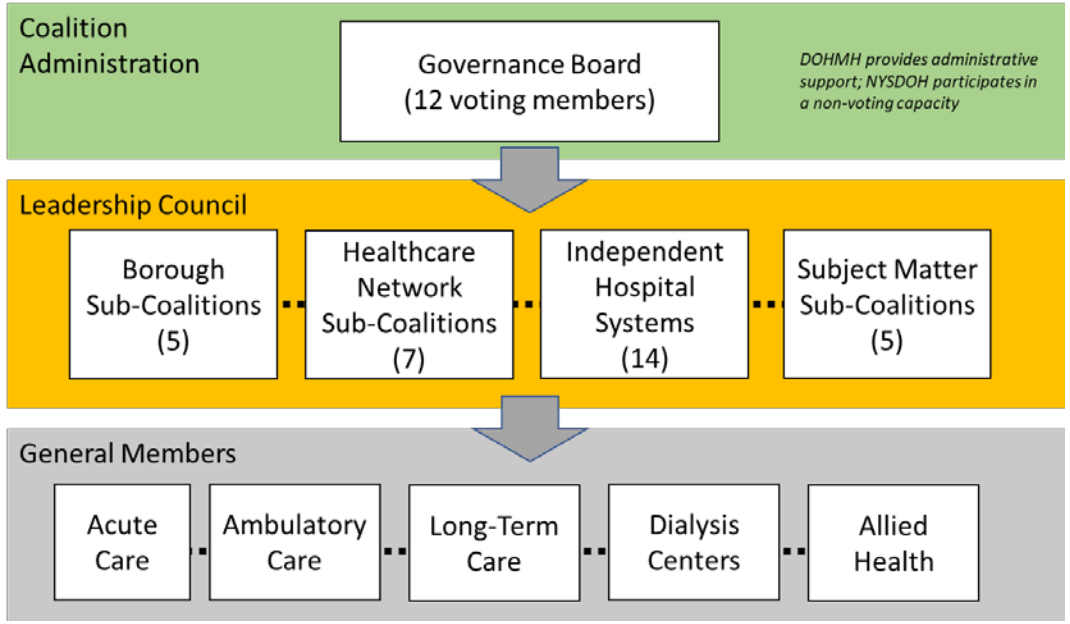
Elected Members (2-year terms)

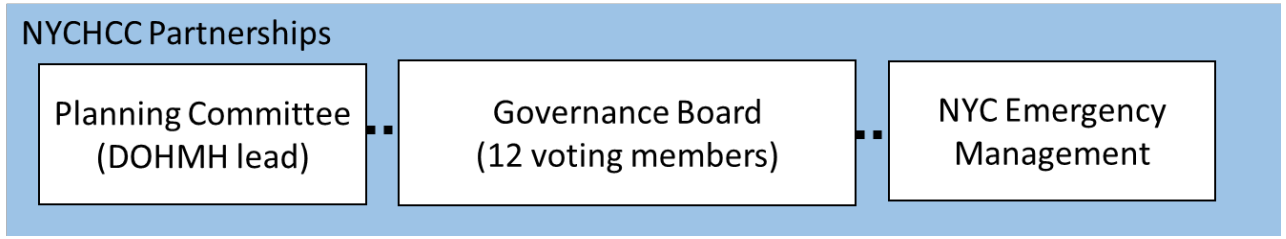
- Networks – Walter Kowalczyk
- Independent Hospitals – Pat Roblin
- Borough Coalitions – Pia Daniel
- Long Term Care – Gabe Oberfeld
- Pediatrics – Mike Frogel
- Primary Care – Alex Lipovstsev

NYC HCC Leadership Council

- Network Leads
- Borough Leads
- Independent Hospital EPCs
- Pediatric Disaster Coalition
- North HELP
- Community Health Care Association of NY State
- Nursing Home Associations

NYCHCC Functional Organization Charts





NYC HCC Standing Meetings

- **Governance Board meetings**
  - Bi-monthly; focused on high-level priorities, strategic planning, and decision making.
- **Leadership Council meetings**
  - 4/year; hosted by Borough Coalitions; focused on engagement with sub-coalition leadership as well as networking and cohesion of the NYC HCC.
- **Emergency Preparedness Symposia (EPS)**
  - 2/year; hosted by Borough Coalitions; broadest level of engagement with healthcare emergency management community and greatest opportunity for networking.

NYC HCC Governance Board 2019 Priorities

- **Improve situational awareness**
  - Describe a situational awareness function that would more fully support healthcare delivery system operations
  - Identify opportunities to improve the use of existing situational awareness systems
- **Coordinate clinical expertise in support of the NYC HCC**
  - Identify clinical leadership for each Borough Coalition
  - Organize clinical advisory groups for subject matter expertise coalitions
- **Investigate models of medical coordination that could work within NYC context**
  - Utilize ASPR resources and conversations with other jurisdictions to understand possible models of medical coordination

Annual HPP Requirements for New Project Period

- Update and maintain Hazard Vulnerability Analysis
- Update and maintain resource inventory assessment
- Engage health care delivery system clinical leaders; engage community leaders
- Update and maintain Preparedness Plan and Charter, and membership roster
- Submit list of planned training activities
- Update and maintain Coalition Response Plan
- Define procedures for sharing Essential Elements of Information (*Note that this refers to specific EEIs that we will get from ASPR by the end of September, 2019)
- HCC member organizations must have access to information sharing platforms used by the HCC
- Provide a communication and coordination role within jurisdiction; intended to interface with the ESF-8 lead agency
- For any purchases of supplies, document inventory management protocols, policies, etc.
- Incorporate surge staffing into HCC and member response plans
- Submit each HCC's full Scope of Work (including all HCC requirements) with the application for the subsequent budget period – early February each year!
- Coalition Surge Test

BP1 HPP Requirements

- Address planning for a Pediatric surge in the HCC Response Plan (or annex)
- Validate Pediatric Care Surge Annex in a standardized tabletop/discussion exercise format and submit results and data sheet to ASPR
- Complete HCC Surge Estimator Tool by January 1, 2020 (and every 2 years after that)

HPP Requirements for BP2-5

- Joint HPP/PHEP exercise (once per project period)
- Develop procedures to rapidly acquire and share clinical knowledge between health care providers and organizations during response (BP2)
- Crisis Standards of Care Concept of Operations (BP2; recipient requirement)
- Integrate jurisdictional Crisis Standards of Care elements into HCC plans (BP3)
- Test Crisis Standards of Care plan in coalition-level exercise (BP3)
- Provide PIO training to HCC members (BP3)
- HCC Continuity of Operation (COOP) plan (BP3)
- Complete a supply chain integrity assessment (BP3)
- Healthcare System Recovery Plan (BP4; recipient requirement)
- Additional Medical Surge Annexes (or incorporate into medical surge response plan), validated by standardized tabletop/discussion exercise:
  - Burn annex (BP2)
  - Infectious Disease annex (BP3)
  - Radiation Annex (BP4)
  - Chemical Annex (BP5)

BP1 Activities: Networks and Hospitals

- Participate in Leadership Council Meetings and Emergency Preparedness Symposia
- Participate in Borough Coalitions
- Participate in a workgroup
- Update contact information
- Complete or update charter and strategic plan (including HVA results)
- Training plan and reporting
- Coalition Surge Test participation
- Mystery Patient Drill
- “Design Your Own”
- Mass Casualty Project

BP1 Activities: Borough Coalitions

- Participate in Leadership Council Meetings and Emergency Preparedness Symposia
- Increase membership
- Update foundational and strategic documents
- Implement Borough Disaster Resource Tool
- Conduct Call-down drill
- “Design Your Own”

BP1 Activities: Pediatric Disaster Coalition (PDC)

- Participate in NYCHCC meetings and workgroups
- Develop Pediatric Clinical Advisory Group and PDC Charter
- Participate in NYCHCC Medical Surge Planning
- Define Essential Elements of Information for coordination of secondary transport of pediatric medical surge
- Conduct a Table Top Exercise
- Complete 3 NICU and 3 Ob/Newborn surge and evacuation plans
- Develop implementation guidance for use of the Pediatric Outpatient Disaster Planning Self-use Toolkit

BP1 Activities: North HELP Coalition

- Participate in Leadership Council Meetings and Emergency Preparedness Symposia
- Convene a clinical advisory group and develop a North HELP Charter
- Conduct Personal Preparedness outreach training program at Dialysis Centers
- Conduct an Emergency Preparedness Conference for Dialysis Center administrators and staff
- Conduct a Table Top Exercise

BP1 Activities: CHCANYS

- Participate in Leadership Council Meetings and Emergency Preparedness Symposia
- Convene a Federally Qualified Health Center Leadership Advisory Council
- Assess preparedness capabilities of NYC-based FQHC networks
- Conduct two notification drills with NYC-based FQHC networks
- Conduct a functional exercise for NYC-based FQHC networks
- Conduct an Emergency Preparedness conference for NYC-based FQHCs
- Contribute to the development of the PDC disaster planning outpatient toolkit

BP1 Activities: Long Term Care Associations

- Participate in Leadership Council Meetings and Emergency Preparedness Symposia
- Plan and coordinate a series of 4 Long Term Care Disaster Preparedness Council meetings
- Conduct a series of webinars for LTC facilities on emergency management topics
- Conduct an Emergency Preparedness Conference for Nursing Homes and Adult Care facilities
- Participate in Coalition Surge Test planning

BP1 Activities: Training, Technical Assistance, Exercises, and other Projects

- Long Term Care Exercise Program
- Hazard-Specific Training Program
- Conduct and evaluation of Coalition Surge Test
- Meetings and site support
- SitStat 2.0 upgrade (red phones)
- Guidance materials, supplies, salesforce licenses, etc.

Today's Meeting

- **Morning (hosted by BEPC)**
  - Impact of recent BEPC projects and programs
  - Facilitated discussion: role and potential of Borough-based Healthcare Coalitions
- **Afternoon**
  - Preparing for Coalition Surge Test
  - Soliciting input for BP2 (July 1 2020 – June 30 2021) activities for all sub-coalitions

Agenda - AM

AM	
8:30 – 9:00	Registration
9:00 – 9:10	Welcome
9:10 – 9:40	Opening Remarks
9:40 – 10:00	The Homecare Experience in a Borough Coalition
10:00 – 10:30	BEPC Presentation: Stop the Bleed
10:30 – 10:45	Networking Break
10:45 – 11:45	Breakout Sessions “ Maximizing BEPC’s Role in Bronx Emergency Preparedness”
11:45 – 12:00	Report Outs

Agenda - PM

PM	
12:00 – 12:30	Networking Lunch
12:30 – 1:15	Facilitated Strategies for SurgeEx Preparation (TTXs)
1:15 – 1:45	SurgeEx Objective – Rapid Patient Discharge
1:45 – 2:00	Overview & Instructions: BP2 Workgroups
2:00 – 2:30	BP2 Workgroups Part 1: Brainstorming
2:30 – 2:45	Networking Break
2:45 – 3:15	BP2 Workgroups Part 2: Synthesizing
3:15 – 3:30	Report Out and Summary
3:30 – 3:40	Announcements, Final Remarks and Adjournment
3:40 – 4:25	Optional; Stop The Bleed - Certification

The Homecare Experience in a Borough Coalition

Emergency Preparedness Home Care Perspective AccentCare

November 7, 2019

Who We Are

AccentCare®, Inc. is a nationwide leader in post-acute healthcare, with innovative partnerships and care models covering the full continuum from personal, non-medical care to care management, skilled nursing, rehabilitation, and hospice care.

24,000+ EMPLOYEES

- 2,600 NURSES
- 1,000 THERAPISTS
- 18,000 ATTENDANTS/AIDES
- 2,500 ADMINISTRATORS

AccentCare

HEADQUARTERED IN **DALLAS** Texas

FOUNDED IN **1999** Irvine, California

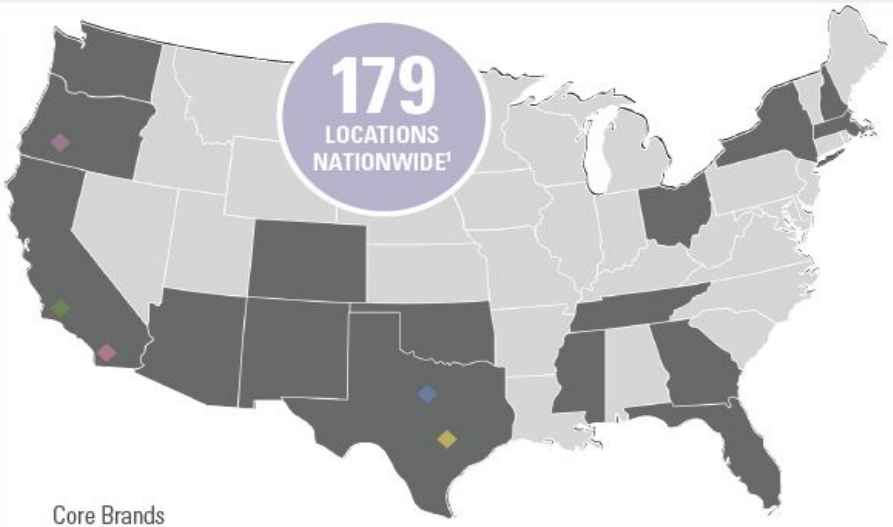
Who We Serve

123,000+
PATIENTS/CLIENTS ANNUALLY

- 97,400 **HOME HEALTH** CA, CO, FL, GA, MA, MS, NH, NM, OH, OK, OR, TN, TX
- 21,200 **PERSONAL CARE SERVICES** AZ, CA, NY, OH, TX, WA
- 4,200 **HOSPICE** CA, CO, MA, MS, TN, TX
- 600 **MEDICAL HOME CARE** CA, OH

2,100+ FACILITIES (HOSPITALS, SNFs AND REHABS)

17,700+ PHYSICIANS/ PHYSICIAN GROUPS



Core Brands

AccentCare® in Arizona, California, Colorado, Florida, Massachusetts, New Hampshire, New Mexico, Ohio, Oklahoma, and Washington

AccentCare® of New York and Alliance For Health in New York

Guardian Home Health & Hospice in Georgia and Tennessee

Sta-Home Home Health & Hospice in Mississippi

Texas Home Health in Texas

[1]Locations counted include all offices that deliver patient care

JOINT VENTURES

- AccentCare a home healthcare affiliate with ASANTE
- at home with AccentCare UCLA Health
- AccentCare UC SAN DIEGO HEALTH AT HOME
- Texas Home Health Group an AccentCare® Company a home healthcare affiliate with Baylor Scott & White Health
- Texas Home Health Home Care • Hospice • Personal Care an AccentCare® Company

a partnership with Austin Regional Clinic and Premier Family Physicians

What Sets Us Apart

TRAINING, DEVELOPMENT AND RECOGNITION

- AccentCare Education (LMS with over 2,000 online courses, books, and videos)
- Clinical Ladder Advancement Program
- Rewards and Recognition
  - Make A Difference
  - AccentCare Culture Awards
  - Annual clinical and sales awards

DISTINCTIONS

- HomeCare Elite designations
- CHAP accreditations
- 4.5 overall CMS quality star rating[1]
- We Honor Veterans partnership

[1] April 2019: End-of-care OASIS assessment dates (7/1/17 - 6/30/18) and Medicare fee-for-service claims data dates (1/1/17 - 12/31/17) for legacy home health agencies.

PHILANTHROPY

- Employee Assistance Fund: Financial resources for employees, by employees
- Hospice Foundation: A nonprofit organization providing financial aid to hospice patients and families with needs unmet by traditional funding sources *guidestar.org/profile/26-0871391*

October 2019

NEW YORK

Home Health & Personal Care Service Areas

SERVICES WE PROVIDE:*

HOME HEALTH SERVICES:

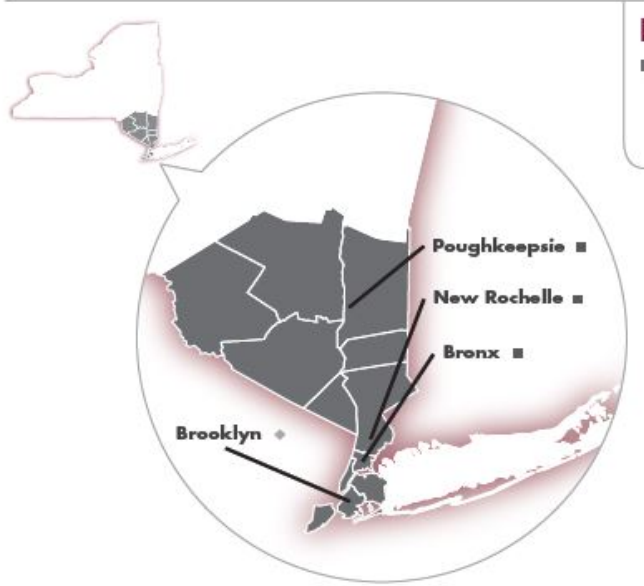
- Skilled Nursing
  - Assessment and observation
  - Teaching and training
  - Health procedures
  - Management and evaluation

PERSONAL CARE SERVICES:

- Bathing
- Dressing
- Transferring
- Grooming
- Transportation
- Assistance with incontinence
- Meal preparation
- Light housekeeping
- Medication reminders

PAYERS MAY INCLUDE:

- Employer group health plans
- Government-funded programs
- Private insurance plans
- Workers' compensation
- Private pay



NEW YORK*

HOME HEALTH & PERSONAL CARE

- AccentCare® of New York
- Alliance For Health

COUNTIES SERVED

Bronx	New Rochelle
Bronx	Bronx
Kings	Putnam
New York	Rockland
Queens	Westchester

Brooklyn	Poughkeepsie
Bronx	Dutchess
Kings	Orange
New York	Putnam
Queens	Sullivan
Richmond	Ulster
Westchester	Westchester

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*Availability of specific services may vary by location.

ALICE Training

June 2018 at Jacobi Medical Center

ALiCE
TRAINING INSTITUTE

CERTIFICATE OF TRAINING

AWARDED TO:

Michael Arenella

Who has successfully completed the:
ALICE Instructor Certification

Greg Crane
President & Founder, ALICE Training Institute

June 5, 2018	June 5, 2020
Issue Date	Expiration Date

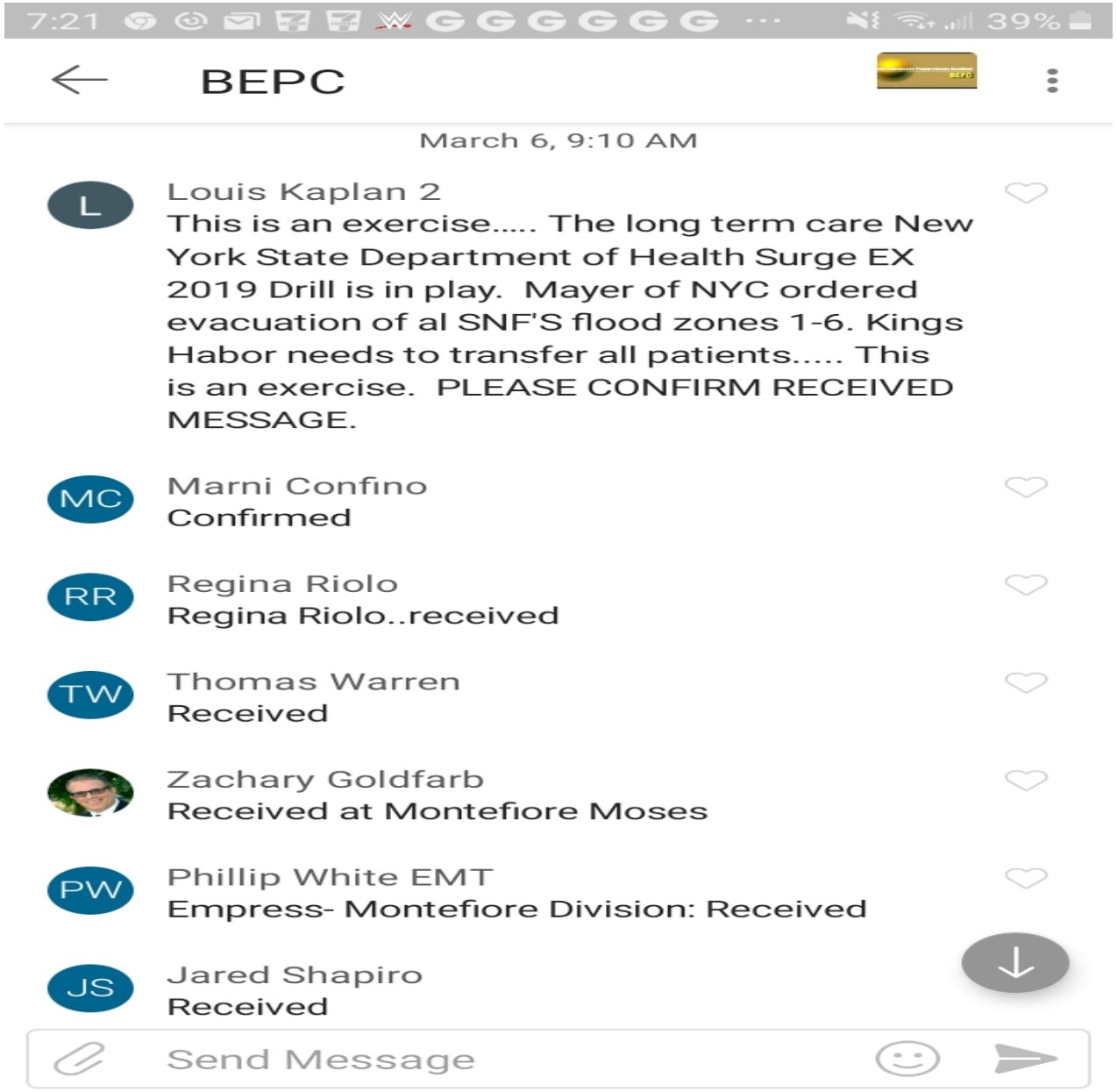
Consisting of: **16 hours on-site training, 1 hour online testing**

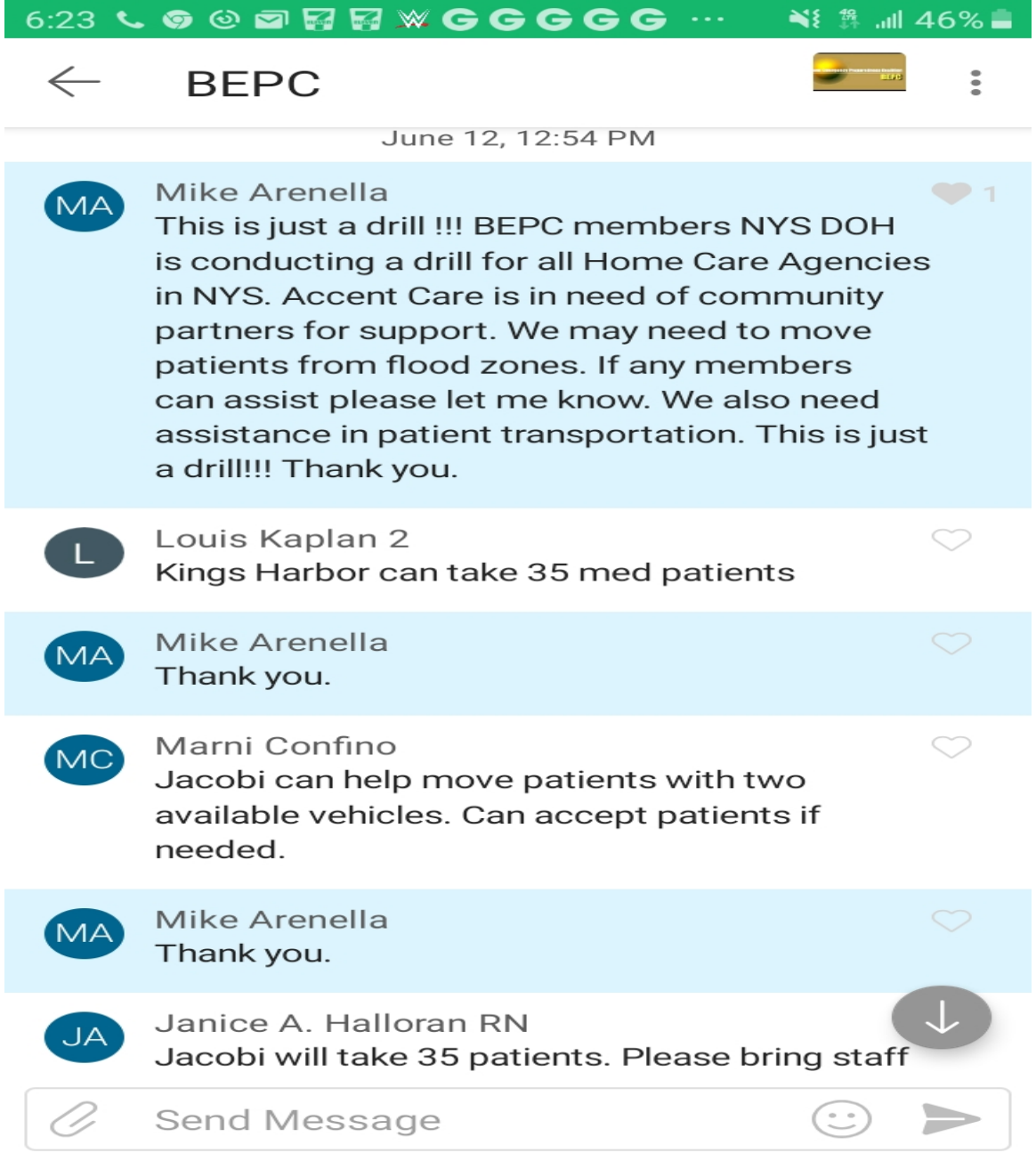
CERTIFIED INSTRUCTOR

CERTIFICATE NUMBER: **Y9445WF8**


P.T. Student Work
$15.25 base pay
workforstudents.com
MAXIMUM SEATING CAPACITY
37

NYS DOH Drills


7:21
39%
BEPC
March 6, 9:10 AM
L
Louis Kaplan 2
This is an exercise..... The long term care New York State Department of Health Surge EX 2019 Drill is in play. Mayer of NYC ordered evacuation of al SNF'S flood zones 1-6. Kings Habor needs to transfer all patients..... This is an exercise. PLEASE CONFIRM RECEIVED MESSAGE.
MC
Marni Confino
Confirmed
RR
Regina Riolo
Regina Riolo..received
TW
Thomas Warren
Received
Zachary Goldfarb
Received at Montefiore Moses
PW
Phillip White EMT
Empress- Montefiore Division: Received
JS
Jared Shapiro
Received
Send Message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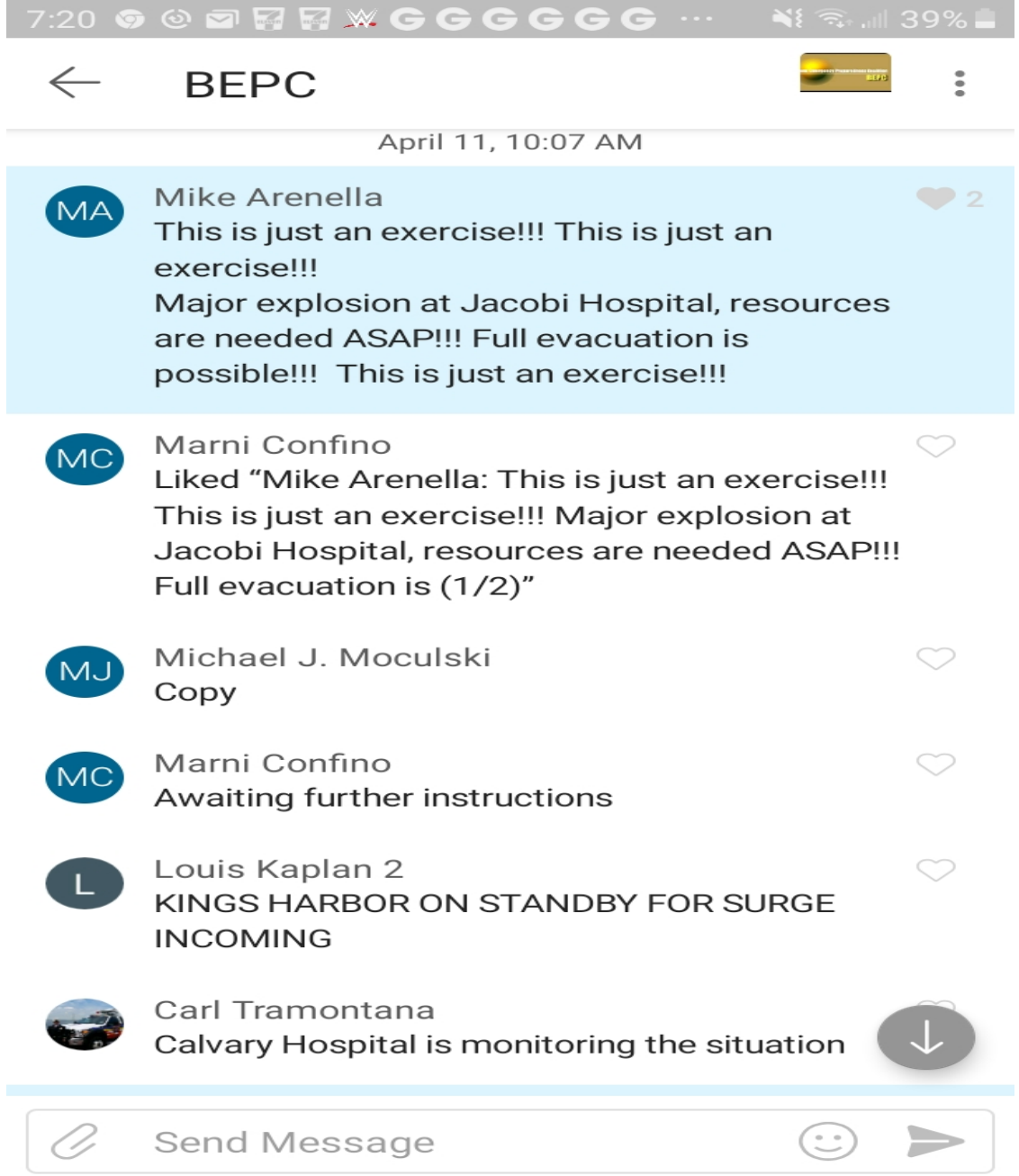
46%
BEPC
June 12, 12:54 PM
MA
Mike Arenella
1
This is just a drill !!! BEPC members NYS DOH is conducting a drill for all Home Care Agencies in NYS. Accent Care is in need of community partners for support. We may need to move patients from flood zones. If any members can assist please let me know. We also need assistance in patient transportation. This is just a drill!!! Thank you.
L
Louis Kaplan 2
Kings Harbor can take 35 med patients
MA
Mike Arenella
Thank you.
MC
Marni Confino
Jacobi can help move patients with two available vehicles. Can accept patients if needed.
MA
Mike Arenella
Thank you.
JA
Janice A. Halloran RN
Jacobi will take 35 patients. Please bring staff
Send Message

BEPC Call Down Drill

April 11, 2019

AccentCare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39%
BEPC
April 11, 10:07 AM
MA
Mike Arenella
2
This is just an exercise!!! This is just an exercise!!!
Major explosion at Jacobi Hospital, resources are needed ASAP!!! Full evacuation is possible!!! This is just an exercise!!!
MC
Marni Confino
Liked “Mike Arenella: This is just an exercise!!! This is just an exercise!!! Major explosion at Jacobi Hospital, resources are needed ASAP!!! Full evacuation is (1/2)”
MJ
Michael J. Moculski
Copy
MC
Marni Confino
Awaiting further instructions
L
Louis Kaplan 2
KINGS HARBOR ON STANDBY FOR SURGE INCOMING
Carl Tramontana
Calvary Hospital is monitoring the situation
Send Message

BRONX EMERGENCY PREPAREDNESS

COALITION CALL-DOWN DRILL

APRIL 11, 2019

AFTER ACTION REPORT / IMPROVEMENT PLAN

APRIL 18, 2019

Participating Organizations

- AccentCare of New York
- Ambulatory Surgery Center of Greater New York, LLC
- AMSC, LLC Downtown Bronx ASC
- BronxWorks
- BronxCare Health System
- Calvary Hospital
- DOHMH
- Express Ambulance Services
- Jacobi Medical Center
- James J. Peters VAMC
- Kings Harbor
- Lincoln
- Montefiore - All Campuses and Sites
- North Central Bronx Hospital
- Saint Barnabas
- NY Disaster Interfaith Services
- NYS Office of Victim Services

NYC Blackout-Upper West Side

July 13, 2019

Stop The Bleed

July 30, 2019


STOP
THE BLEED®
SAVE A LIFE

Health + Hospitals/Jacobi
FDNY/EMS/US ARMY
Multi – Casualty Decontamination Exercise

September 29, 2019

MASS CASUALTY DECONTAMINATION EXERCISE

BEPC Presentation: Stop The Bleed

STOP THE BLEED®

SAVE A LIFE

STOP THE BLEED® Course
American College of Surgeons

Version 2

BLEEDINGCONTROL.ORG

STOPTHEBLEED.ORG

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This educational program is the product of a cooperative effort by:

The Hartford Consensus

The American College of Surgeons Committee on Trauma

The Committee on Tactical Combat Casualty Care

The National Association of Emergency Medical Technicians

Why Do I Need This Training?

The #1 cause of preventable death after injury is bleeding.

Where Can I Use This Training?

WARNING! Some of the images shown during this presentation are graphic and may be disturbing to some people.

Goals

1. Identify

Recognize life-threatening bleeding

2. Stop the Bleed

Take steps to STOP THE BLEEDING

✓ Pressure

✓ Packing

✓ Tourniquets

Personal Safety

YOUR safety is YOUR first priority

- **If you are injured, you cannot help others**
- **Help others only when it's safe to do so**
- **If the situation changes or becomes unsafe:**
  - ✓ **Stop**
  - ✓ **Move to safety**
  - ✓ **If you can, take the victim with you**

Personal Safety

YOUR safety is YOUR first priority

- Wear gloves if you can
- If you get blood on you, be sure to clean any part of your body that the blood has touched
- Tell a health care provider that you got blood on you, and follow his or her direction

ABCs of Bleeding Control

A Alert 911

B Bleeding

C Compress

A Alert 911

- Call 911
- Know your location
- Follow instructions provided by 911 operator

B Bleeding

- Find source of bleeding
- Look for:
  - ✓ Continuous bleeding
  - ✓ Large-volume bleeding
  - ✓ Pooling of blood

B • Bleeding

Find where the victim is bleeding from

- Open or remove the clothing so you can see the wound

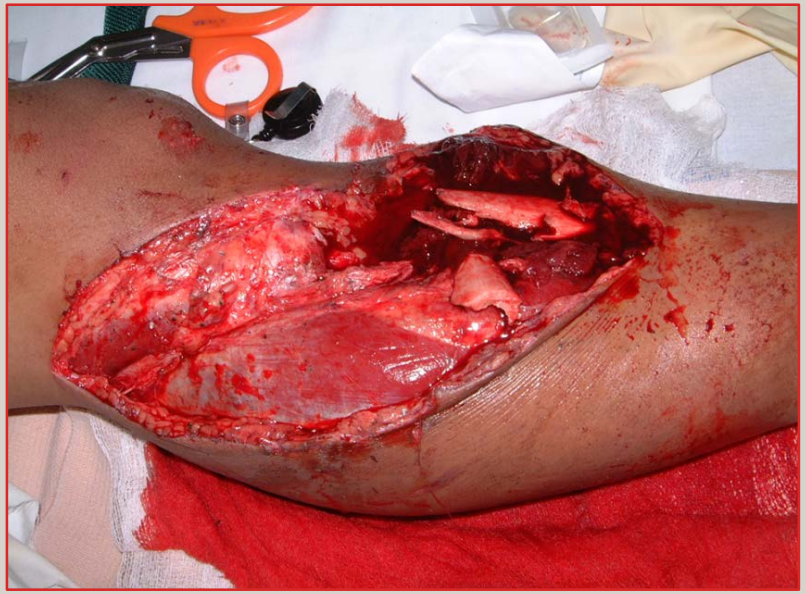
Look for and identify “life-threatening” bleeding

- Blood that is spurting out of the wound
- Blood that won’t stop coming out of the wound
- Blood that is pooling on the ground
- Clothing that is soaked with blood
- Bandages that are soaked with blood
- Loss of all or part of an arm or leg
- Bleeding in a victim who is now confused or unconscious

B • Bleeding (continued)

What is “life-threatening” bleeding?

Blood spurting out of a wound

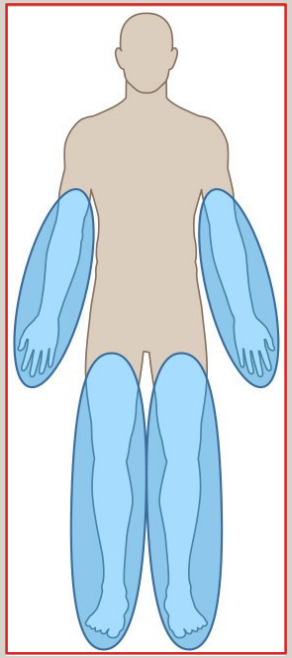


Blood soaking the sheet or clothing

Photo courtesy of Norman McSwain, MD, FACS, NREMT-P.

B • Bleeding (continued)

Wounds That Can Lead to Death from Bleeding (1 of 3)



Arm and Leg Wounds

- Most frequent cause of **preventable** death from injury
- Bleeding from these wounds can be controlled by **direct pressure** or a **tourniquet**

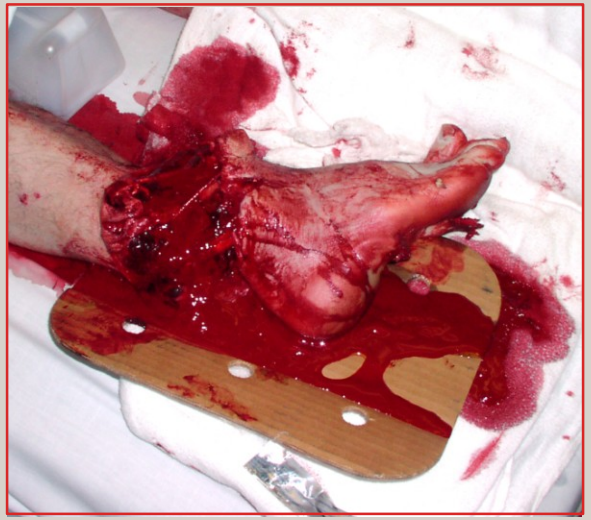
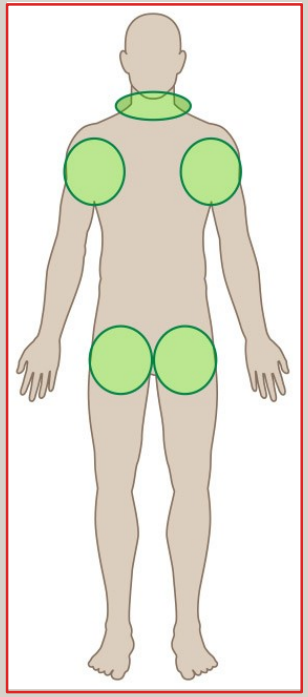


Photo courtesy of Peter T. Pons, MD, FACEP.

B • Bleeding (continued)

Wounds That Can Lead to Death from Bleeding (2 of 3)

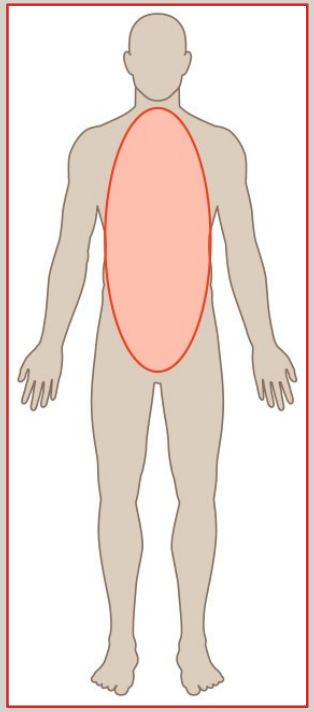


Torso Junctional Wounds

- Neck, shoulder, and groin
- Bleeding can be controlled by direct pressure and wound packing

B • Bleeding (continued)

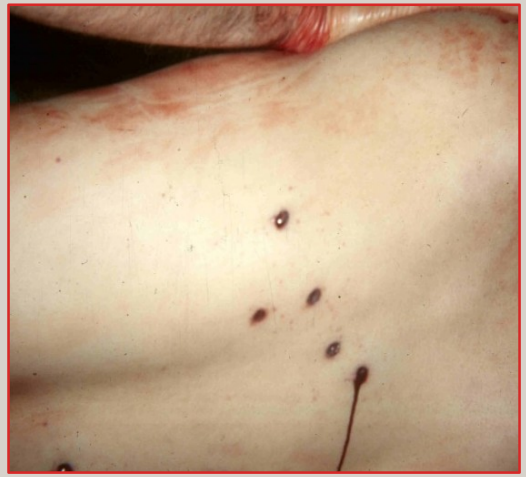
Wounds That Can Lead to Death from Bleeding (3 of 3)



Chest and Abdominal Injuries

- Front, back, or side
- Usually cause internal bleeding

  - This bleeding CANNOT be stopped outside the hospital
  - These victims need rapid transport to a trauma center
  - Identify these patients to EMS providers when they arrive



Multiple gunshot wounds

Photo courtesy of Peter T. Pons, MD, FACEP.

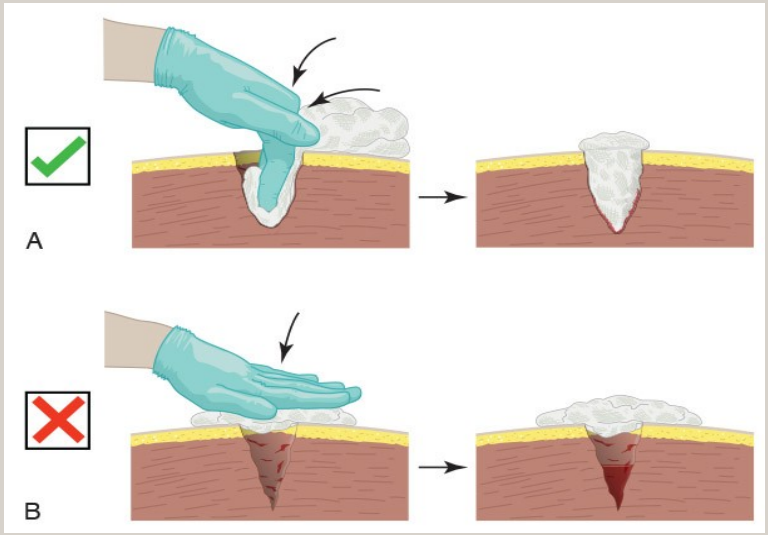
C Compress - Pressure

- Apply direct pressure to wound
- Focus on the location of the bleeding
- Use just enough gauze or cloth to cover injury
- If pressure stops the bleeding, keep pressure on wound until help arrives

ABCs of Bleeding Control

C Compress - Packing

- For large wounds, superficial pressure is not effective
- If bleeding is from a deep wound, pack gauze tightly into the wound until it stops the bleeding; hold pressure until help arrives



C Compress - Tourniquet

- Apply 2 to 3 inches above wound
- Do not place over the elbow or knee
- Tighten tourniquet until bleeding stops
- Do NOT remove the tourniquet

C Compress - Tourniquet

- Can apply to others or on yourself
- Can be applied over clothes
- Tourniquets HURT
- A second tourniquet may be required to stop the bleeding

C • Compression: Stop the Bleeding (continued)

Tourniquet Application

- **Apply immediately if life-threatening bleeding is seen from an arm or a leg**
- **The tourniquet can be placed right on top of clothing, if necessary**
- **Place 2 to 3 inches above the bleeding wound (higher on the arm or leg)**
  - **BUT…**
    - **DO NOT apply directly over the knee or elbow joints**
      - The bones of the joint will prevent the tourniquet from compressing the artery, so you won't stop the bleeding
    - **DO NOT apply directly over a pocket that contains bulky items**
      - Anything in a pocket that is underneath a tourniquet will interfere with the function of the tourniquet
- **Tighten the tourniquet until bleeding stops**

ABCs of Bleeding Control

Bleeding control in children

- **In all but the extremely young child, the same tourniquet used for adults can be used in children.**
- **For the infant or very small child (tourniquet too big), direct pressure on the wound as described previously will work in virtually all cases.**
- **For large, deep wounds, wound packing can be performed in children just as in adults using the same technique as described previously.**

FAQs

- Impaled objects?
- Improvised tourniquets?
- Loss of arm or leg?
- Pain?
- Other questions?

Summary

✓Personal safety

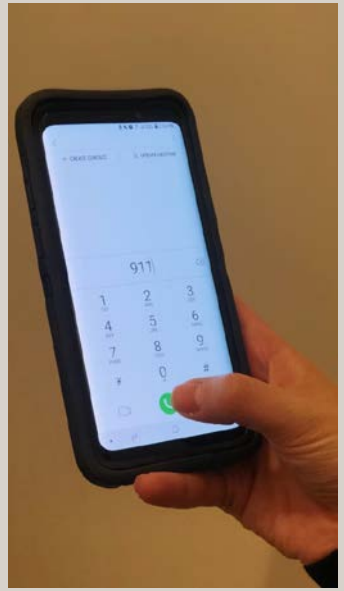
A Alert 911

B Find bleeding

C Compress with pressure and/or packing

C Compress with a tourniquet

✓ Wait for help to arrive



For more information:

BLEEDINGCONTROL.ORG

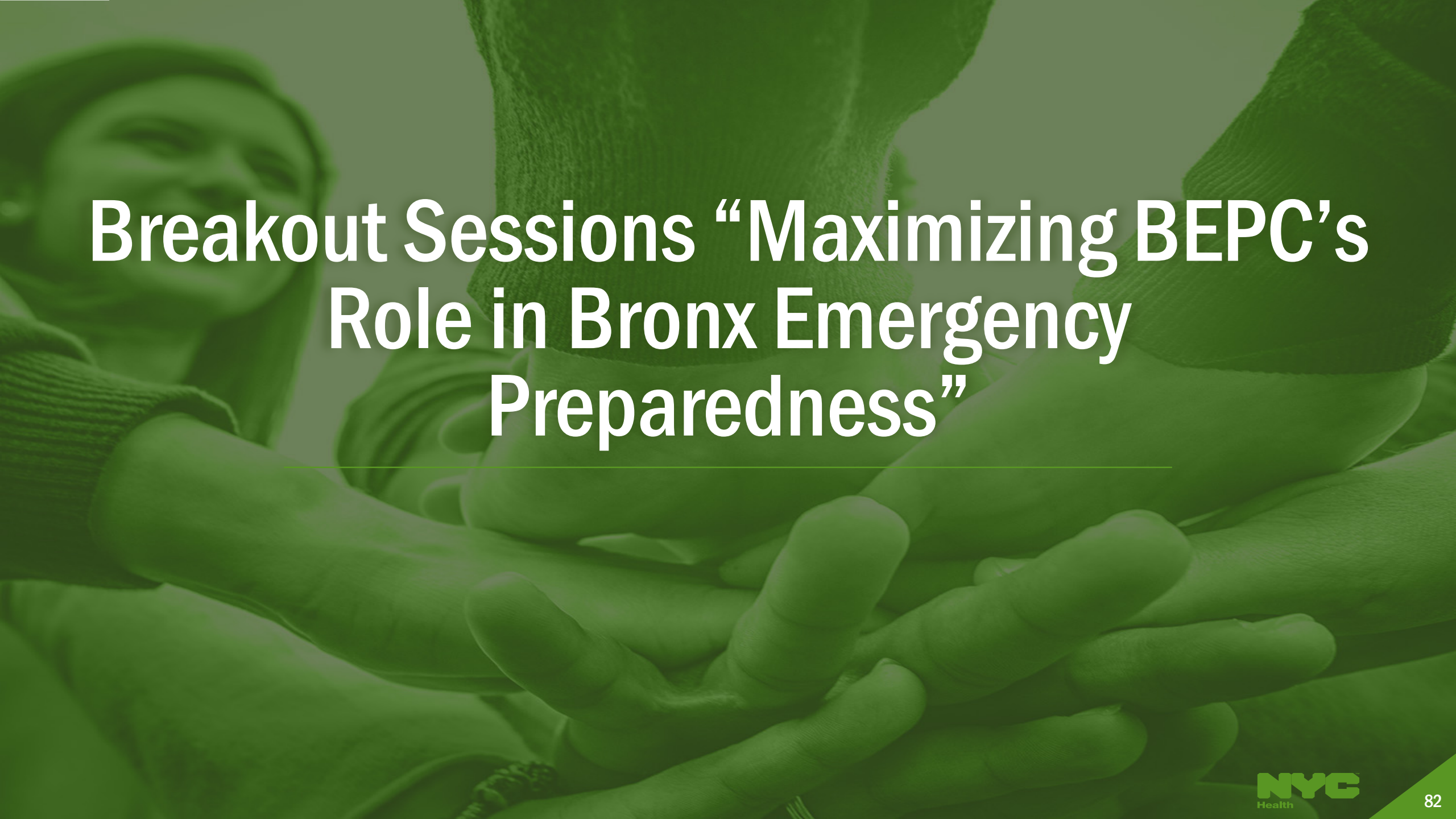
STOPTHEBLEED.ORG

STOP THE BLEED®

The only thing more tragic than a death…

is a death that could have been prevented.

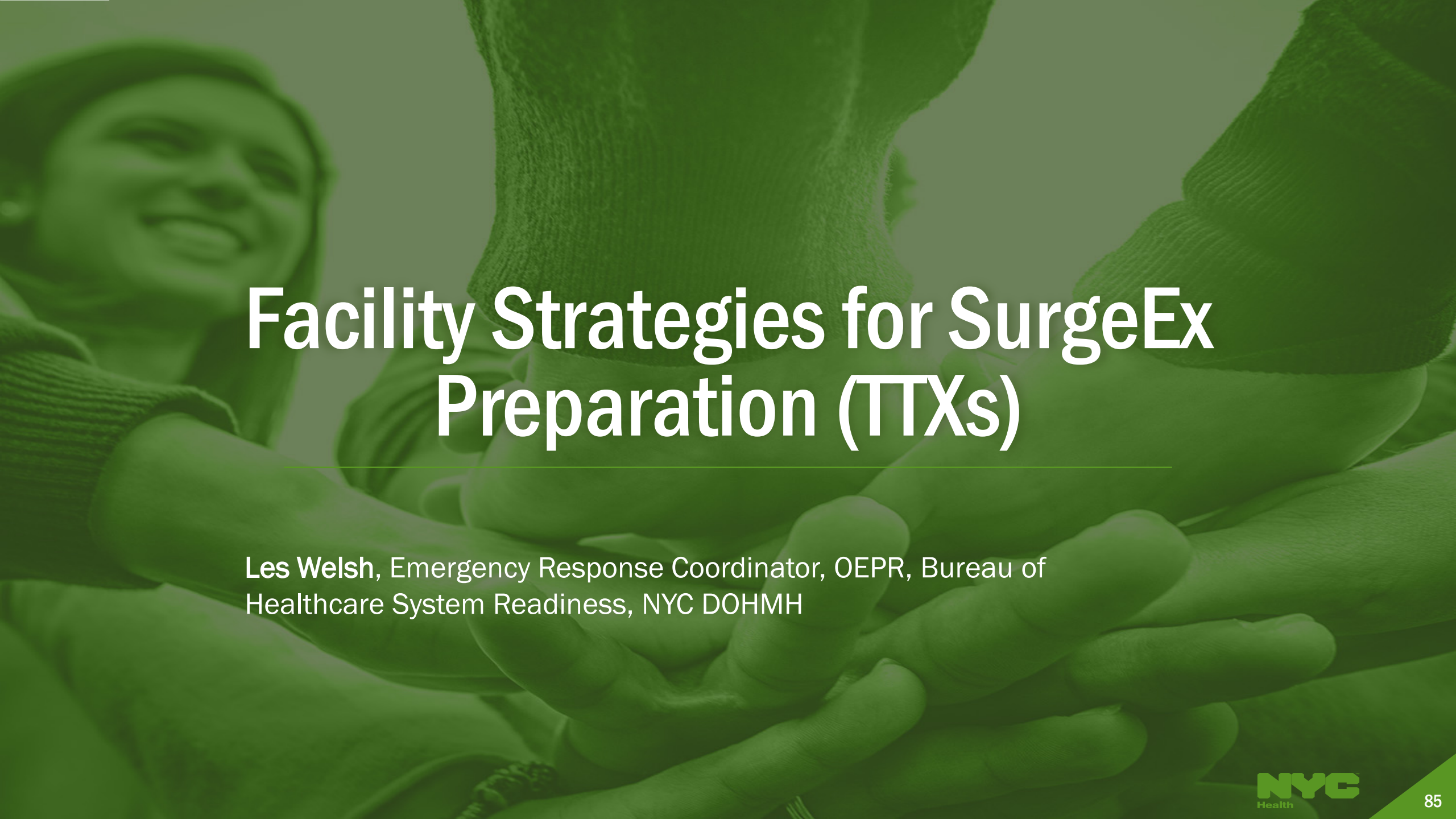
Networking Break



Breakout Sessions “Maximizing BEPC’s Role in Bronx Emergency Preparedness”

Report Outs

Networking Lunch



Facility Strategies for SurgeEx Preparation (TTXs)

Les Welsh, Emergency Response Coordinator, OEPR, Bureau of Healthcare System Readiness, NYC DOHMH

SurgeEx 2020 Pre-Exercise Checklist

EMERGENCY PREPAREDNESS SYMPOSIUM

NOVEMBER 7, 2019

Agenda

- ASPR Coalition Surge Test (CST) (“SurgeEx”) Requirements
- SurgeEx 2018 / 2019 Lessons Learned
- SurgeEx 2020 Background Information
- Checklist Pyramid
- SurgeEx 2020 Pre-Exercise checklist
- Questions

ASPR CST Requirements

- Simulate an evacuation of at least 20% of NYCHCC acute care beds
- NYCHCC considered one single coalition
- Exercise is a low / no-notice functional exercise
- Exercise designed to be challenging
- Exercise will test / improve NYCHCC response readiness
- Conduct hot wash after exercise leading to AAR

Key SurgeEx Lessons Learned

2018

- Standardized coalition level policies & plans
- Assign / update patients' TAL level during admission and as needed
- Educate staff on TAL levels
- Standardize bed categories for NYCHCC
- Hospitals should document number of beds they can receive
- Coordinate with NYS OMH for behavioral health surge beds

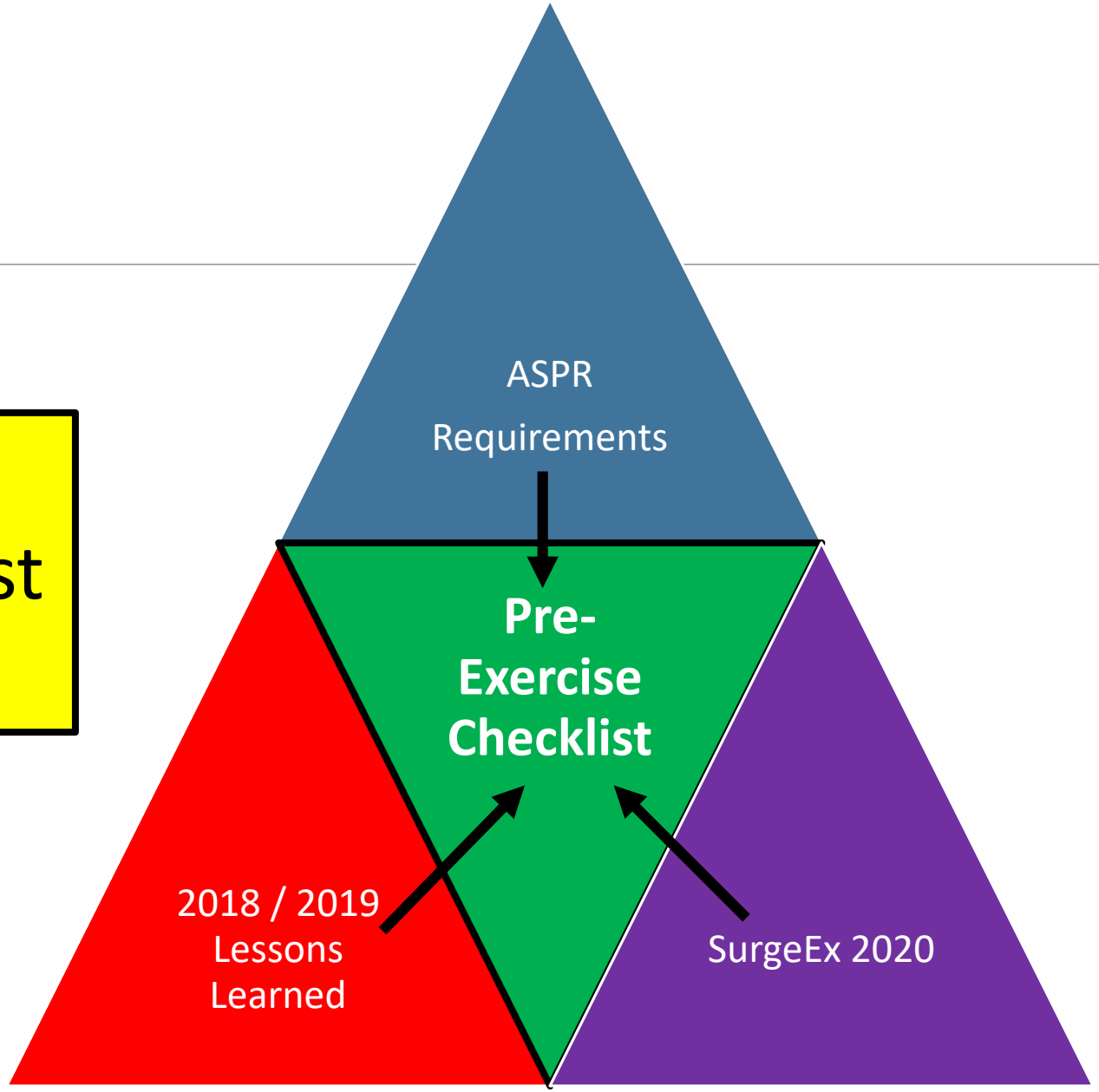
2019

- Review / exercise Rapid Patient Discharge (RPD) process
- Leverage electronic tools to support surge & evacuation plans
- Review / update facility & network level surge & evacuation plans
- Educate clinicians, especially physicians on TAL levels
- Better patient bed-matching coordination / understanding amongst facilities

SurgeEx 2020

- Functional exercise scheduled for February 2020
- Exercise builds on lessons learned from SurgeEx 2018 & 2019
- Includes response by NYCEM Health & Medical ESF-8 cell, NYCHCC Governance Board
- Scenario is realistic, changes up send-receive arrangements
- Requires healthcare facilities to conduct pre-exercise checklist, table top exercise, and post-exercise hot wash

SurgeEx 2020 Pre-exercise Checklist Pyramid



Pre-Exercise Hospital Checklist

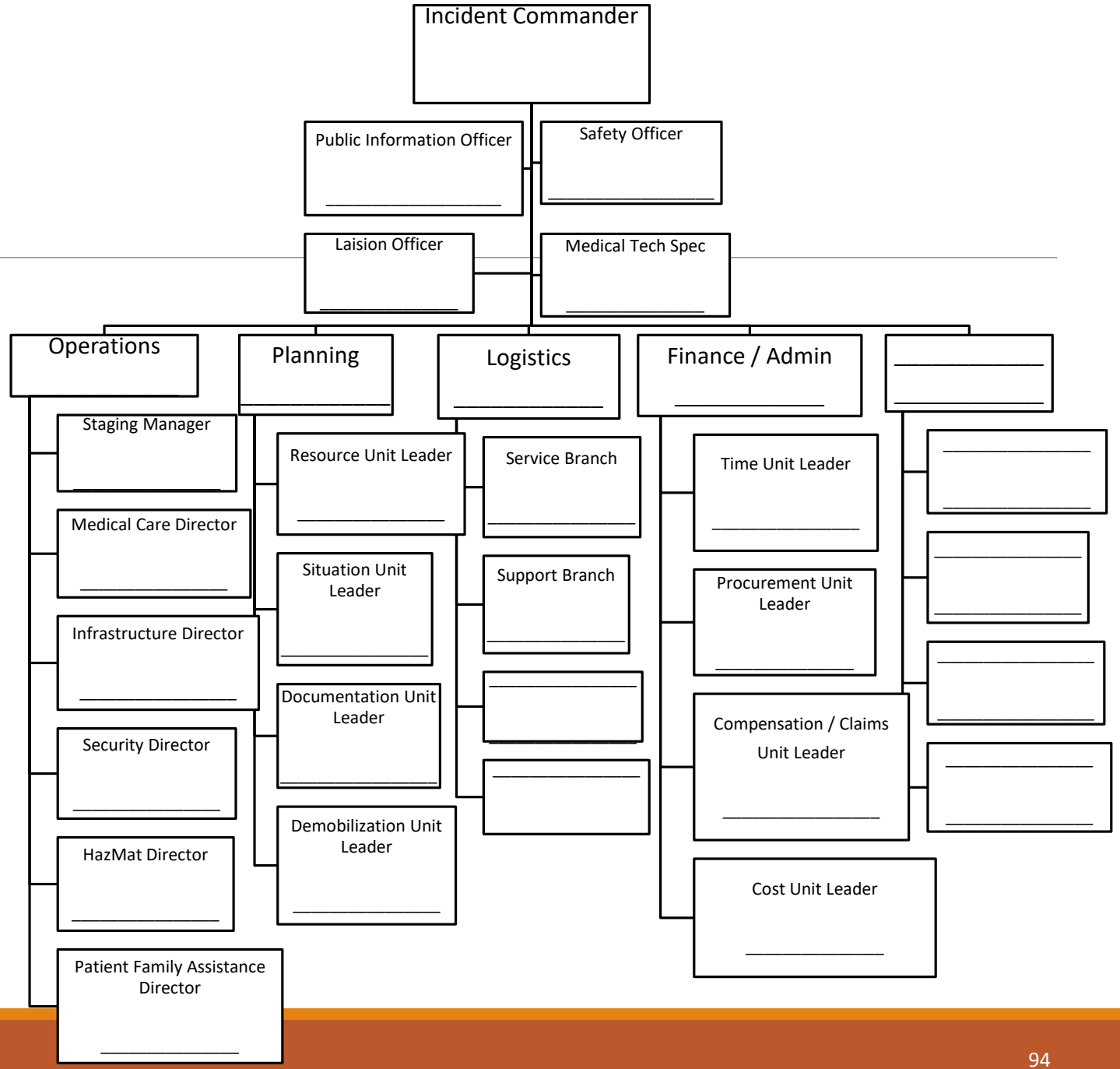
Actions to be completed in October – December 2019
1. Review corrective actions from SurgeEx 2019
2. Identify what evacuation tools you will use (reference Patient Evacuation Toolkit). At a minimum, ensure your staff understand and are trained on o bed category definitions o required medical & demographic information needed to transport patients to another facility o Patient Evacuation TAL 1 worksheet
3. Ensure staff are trained on eFINDS (scanners, mobile apps, etc.) and any other equipment needed to evacuate patients
4. Train applicable staff on Transportation Assistance Levels (TAL) using TAL tool
5. Review and identify who you will contact to transport patients during rapid patient discharge (RPD), regularly scheduled discharges, evacuations.
6. Review information in the GNYHA emergency contact directory and provide any updates directly to GNYHA. Also review information in the Sit Stat 2.0 Resource Detail View for your facility. o Gather contact information on healthcare facilities with whom you have send/receive relationships
7. Train applicable staff on how to log into Sit Stat 2.0, access the Resource Detail View and other views, and update event information as requested. Link: https://emresource.juvare.com/gnyha/login
8. Review your plans on who you are you sending patients to and who you are accepting patients from; identify long term care LTC) facilities, nursing homes, shelters, home, etc.
9. Review and update surge plans
10. Review and update evacuation plans

Pre-Exercise Hospital Checklist

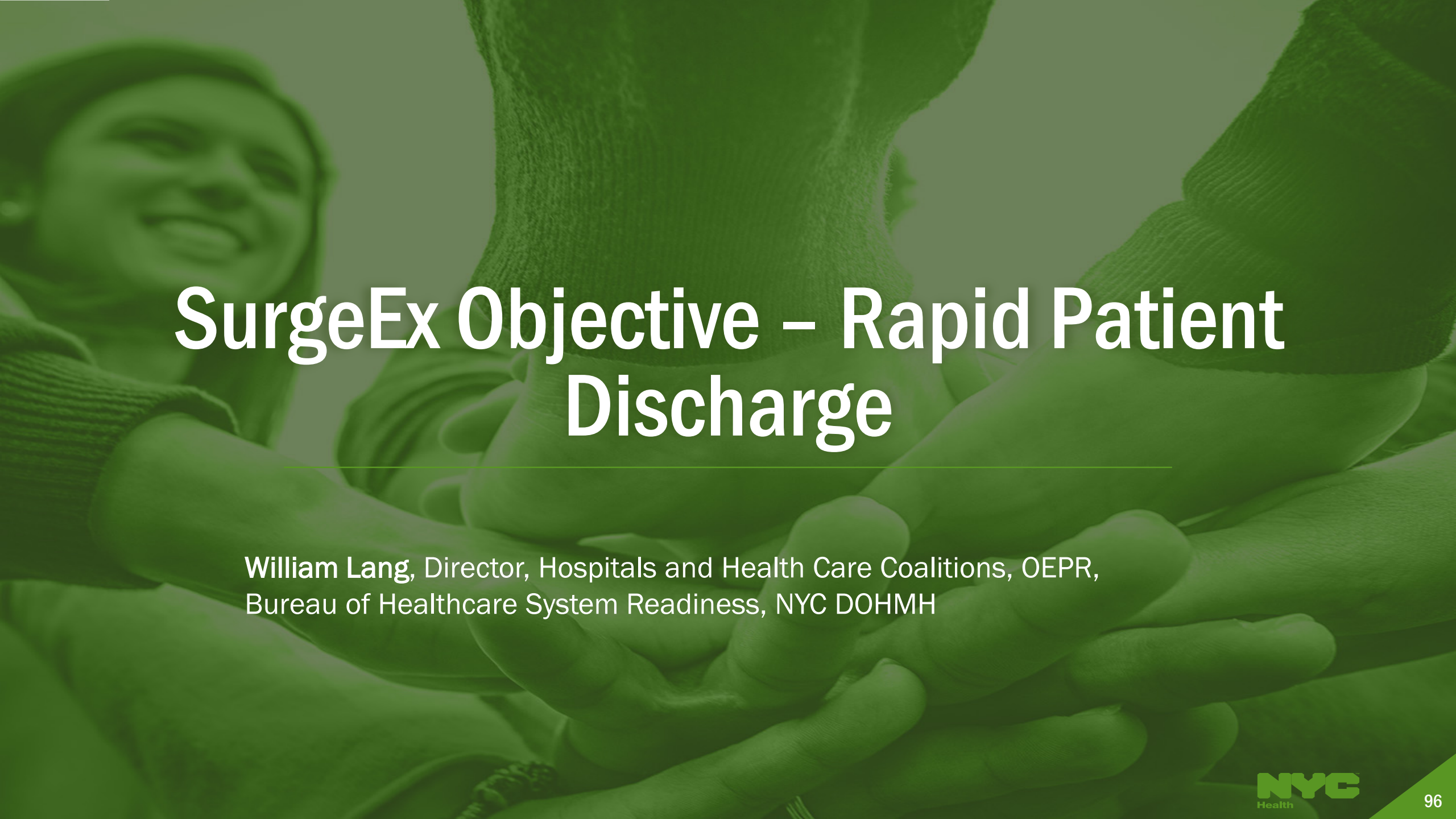
Actions to be completed within January 31, 2020
11. Review and update send-receive arrangements “for all-hazards” in the Healthcare Commerce System (HCS) Facility Evacuation Planning Application
12. Conduct pre-SurgeEx Tabletop Exercise using DOHMH provided exercise guidance document (To be distributed in November after MPM), at minimum the TTX must include: • For independent hospitals (facility level TTX) • For hospitals in networks (network level TTX) • An alert call-down notification must precede the TTX • An RPD component, refer to DOHMH RPD toolkit and assessment documents for guidance https://www1.nyc.gov/site/doh/providers/emergency-prep/hospitals.page • How information will be gathered at unit and hospital level and then communicated to hospital and network command center, respectively. Include the interactions and management between clinicians during bed matching. Note: It is expected that each network hospital will conduct its own TTX prior to the network level TTX

Documents and Tools
• DOHMH provided TTX exercise guidance document (to be distributed in November 2019) • Transportation Assistance Level tool Patient Evacuation Toolkit • Sit Stat 2.0 application and tool Link: https://emresource.juvare.com/gnyha/login • DOHMH Rapid Patient Discharge toolkit & assessment guidance documents https://www1.nyc.gov/site/doh/providers/emergency-prep/hospitals.page • GNYHA Patient Evacuation Toolkit

SurgeEx Sign-in Roster HICS Diagram



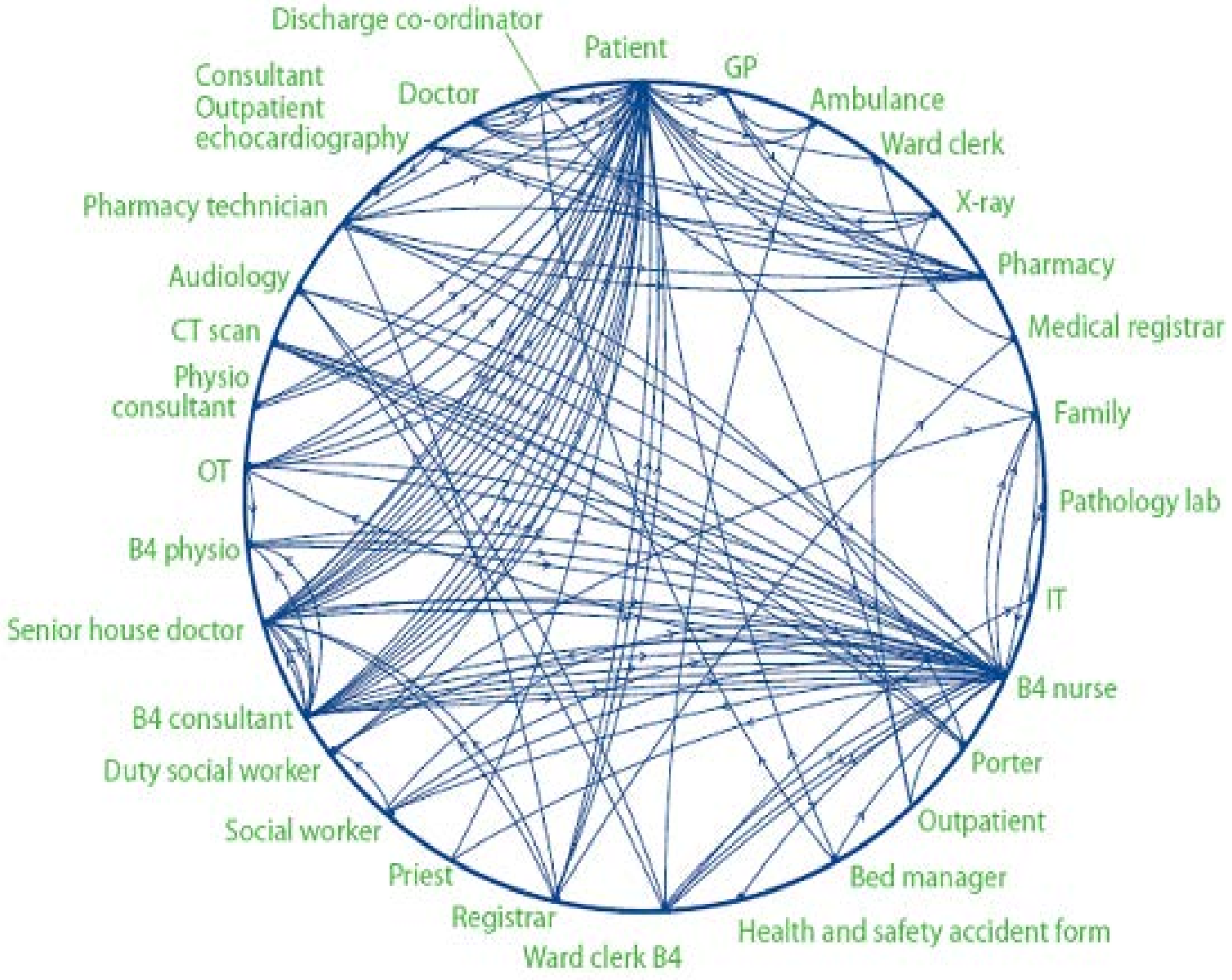
Questions



SurgeEx Objective – Rapid Patient Discharge

William Lang, Director, Hospitals and Health Care Coalitions, OEPR,
Bureau of Healthcare System Readiness, NYC DOHMH

Rapid Patient Discharge (RPD)



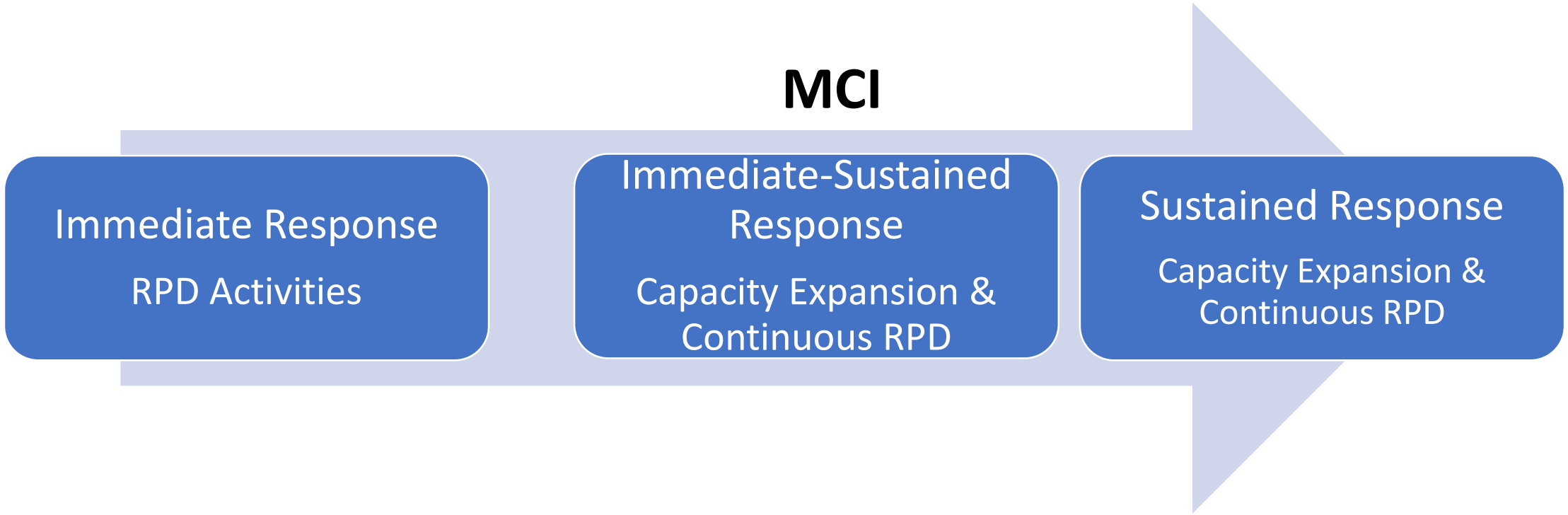
Rapid Patient Discharge

In any large-scale disaster where there will be an immediate demand for additional, available beds, the two most effective methods for quickly increasing bed capacity are:

- ***Rapid Discharge***
- ***Capacity Expansion***

Capacity Expansion

- Traditional Clinical
- Non-Traditional Clinical
- Non-Clinical



RPD – Rapid Patient Discharge
A Process, not a Definition

Rapid Discharge is a process that often includes the following 4 activities/ interventions:

1. **Standing up a Bed Management Committee (Bed Board)**
2. **Activating Unit-Based Rapid Discharge Teams**
3. **Engaging Physicians**
4. **Activating small "Walk-Through Teams"**

RPD - **Process**

As a process, RPD component activities may vary according to healthcare facility:

- Type, size and location;
- Discharge practices;
- Staff training and experience (real life/exercises) with RPD;
- Hospital culture, including bylaws, supporting (or not) a more aggressive approach to bed management

RPD - **Process**

RPD component activities may also vary according to disaster scenario:

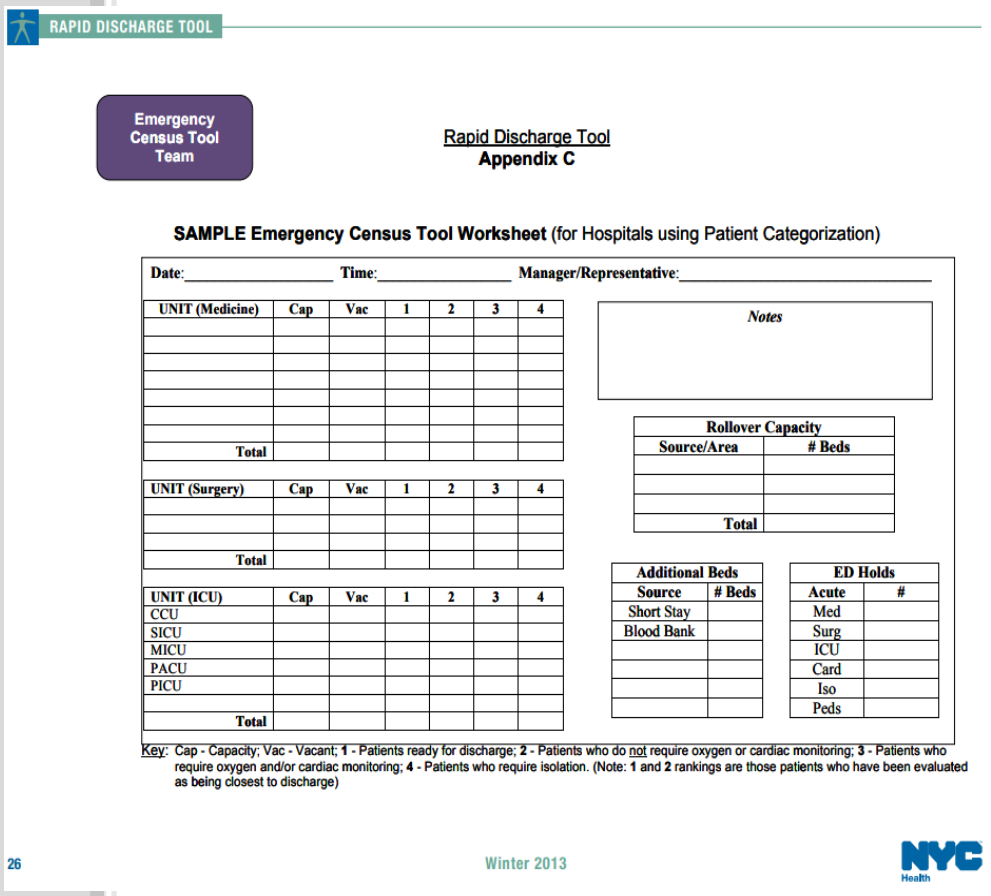
- RPD may not apply in certain disaster scenarios (e.g., low-/no-notice events) where timing would not allow the RPD process to play out

RPD - Activity/Intervention #1

- **Stand up a Bed Management Committee (Bed Board)**

  Bed Management Committee should remain standing for duration of disaster response; same committee may be involved in expanding capacity.

  Objective: to obtain an accurate census of all Patient Care Units (PCUs), identify patients who are at or near discharge, and bed-assign incoming patient transfers, ED holds and direct admits).



RAPID DISCHARGE TOOL

Emergency Census Tool Team

Rapid Discharge Tool
Appendix C

SAMPLE Emergency Census Tool Worksheet (for Hospitals using Patient Categorization)

Date:_____ **Time:**_____ **Manager/Representative:**_____

UNIT (Medicine)	Cap	Vac	1	2	3	4
Total						

UNIT (Surgery)	Cap	Vac	1	2	3	4
Total						

UNIT (ICU)	Cap	Vac	1	2	3	4
CCU						
SICU						
MICU						
PACU						
PICU						
Total						

Notes

Rollover Capacity	
Source/Area	# Beds
Total	

Additional Beds	
Source	# Beds
Short Stay	
Blood Bank	

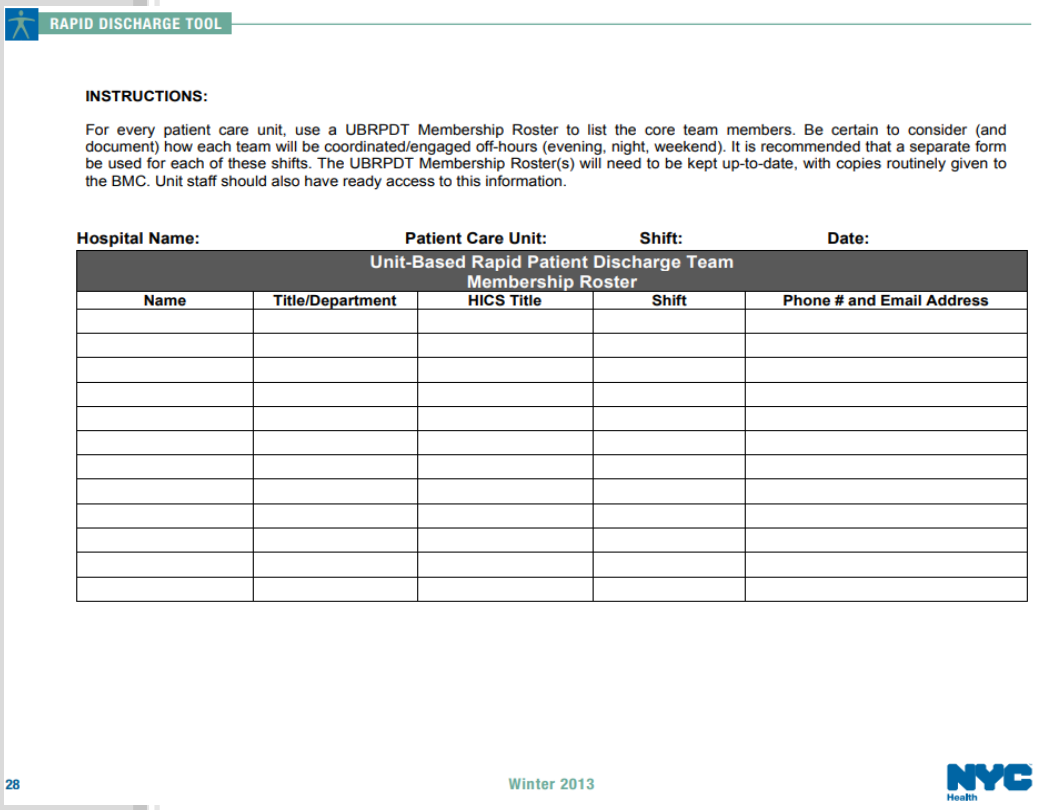
ED Holds	
Acute	#
Med	
Surg	
ICU	
Card	
Iso	
Peds	

Key: Cap - Capacity; Vac - Vacant; **1** - Patients ready for discharge; **2** - Patients who do not require oxygen or cardiac monitoring; **3** - Patients who require oxygen and/or cardiac monitoring; **4** - Patients who require isolation. (Note: **1** and **2** rankings are those patients who have been evaluated as being closest to discharge)

RPD - Activity/Intervention #2

- **Activate Unit-Based Rapid Discharge Teams**

  Objective: to provide a clear picture of patient through-put delays and inefficiencies, determine discharge potential of all inpatient areas, assure appropriate interventions with medical staff and support services to facilitate timely patient discharging for the duration of emergency).



RAPID DISCHARGE TOOL

INSTRUCTIONS:

For every patient care unit, use a UBRPDT Membership Roster to list the core team members. Be certain to consider (and document) how each team will be coordinated/engaged off-hours (evening, night, weekend). It is recommended that a separate form be used for each of these shifts. The UBRPDT Membership Roster(s) will need to be kept up-to-date, with copies routinely given to the BMC. Unit staff should also have ready access to this information.

Hospital Name: **Patient Care Unit:** **Shift:** **Date:**

Unit-Based Rapid Patient Discharge Team Membership Roster

Name	Title/Department	HICS Title	Shift	Phone # and Email Address

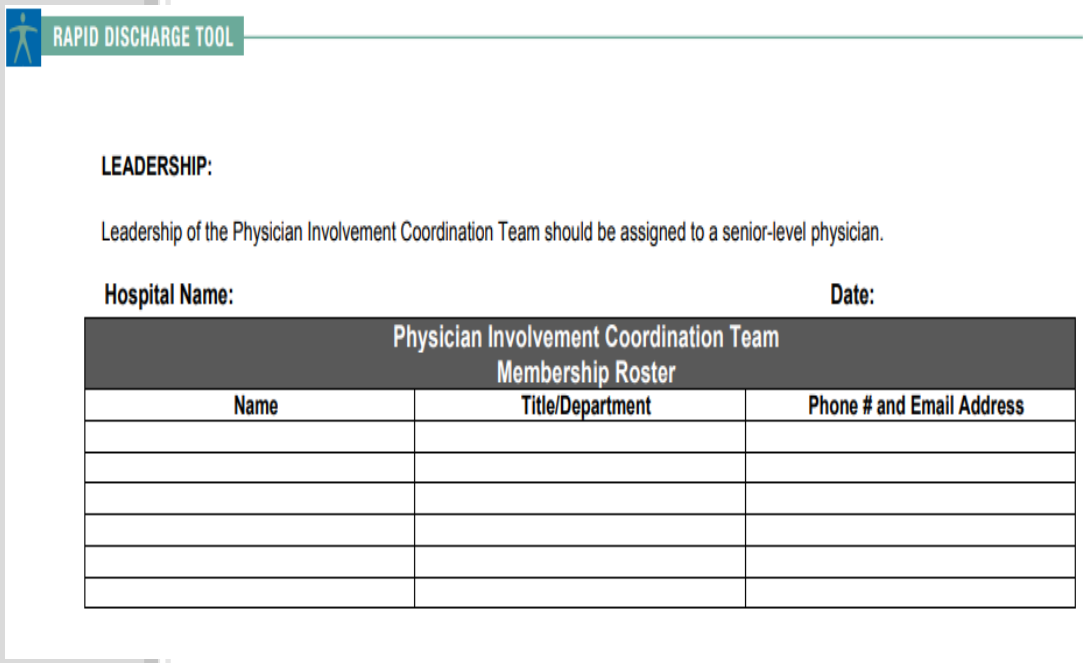
28 Winter 2013

NYC Health

RPD - Activity/Intervention #3

- **Engage Physicians** in the rapid discharge process (house staff, hospitalists, attendings)

  Objective: to evaluate telemetry patients, prevent unnecessary internal transfers to off-service beds, assist with receiving external transfers, and write discharge orders).



RAPID DISCHARGE TOOL

LEADERSHIP:

Leadership of the Physician Involvement Coordination Team should be assigned to a senior-level physician.

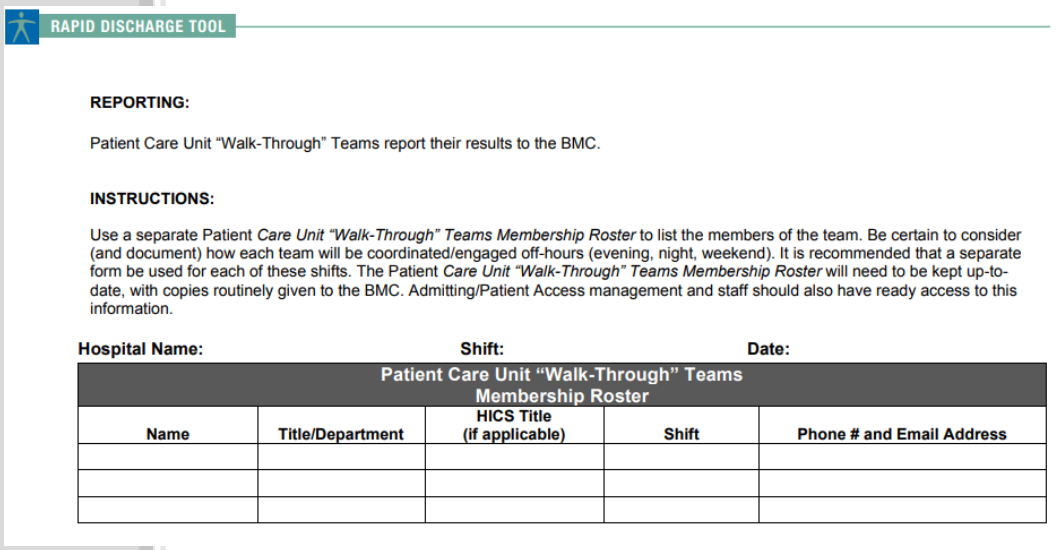
Hospital Name: **Date:**

Physician Involvement Coordination Team Membership Roster		
Name	**Title/Department**	**Phone # and Email Address**

RPD - Activity/Intervention #4

- **Activating small *Walk-Through Teams*** in between Bed Management Committee meetings

Objective: to manually reconcile identified versus actual patient discharges, increase monitoring, and capture unreported discharges and vacant beds on all PCUs).



RAPID DISCHARGE TOOL

REPORTING:

Patient Care Unit "Walk-Through" Teams report their results to the BMC.

INSTRUCTIONS:

Use a separate Patient *Care Unit "Walk-Through" Teams Membership Roster* to list the members of the team. Be certain to consider (and document) how each team will be coordinated/engaged off-hours (evening, night, weekend). It is recommended that a separate form be used for each of these shifts. The Patient *Care Unit "Walk-Through" Teams Membership Roster* will need to be kept up-to-date, with copies routinely given to the BMC. Admitting/Patient Access management and staff should also have ready access to this information.

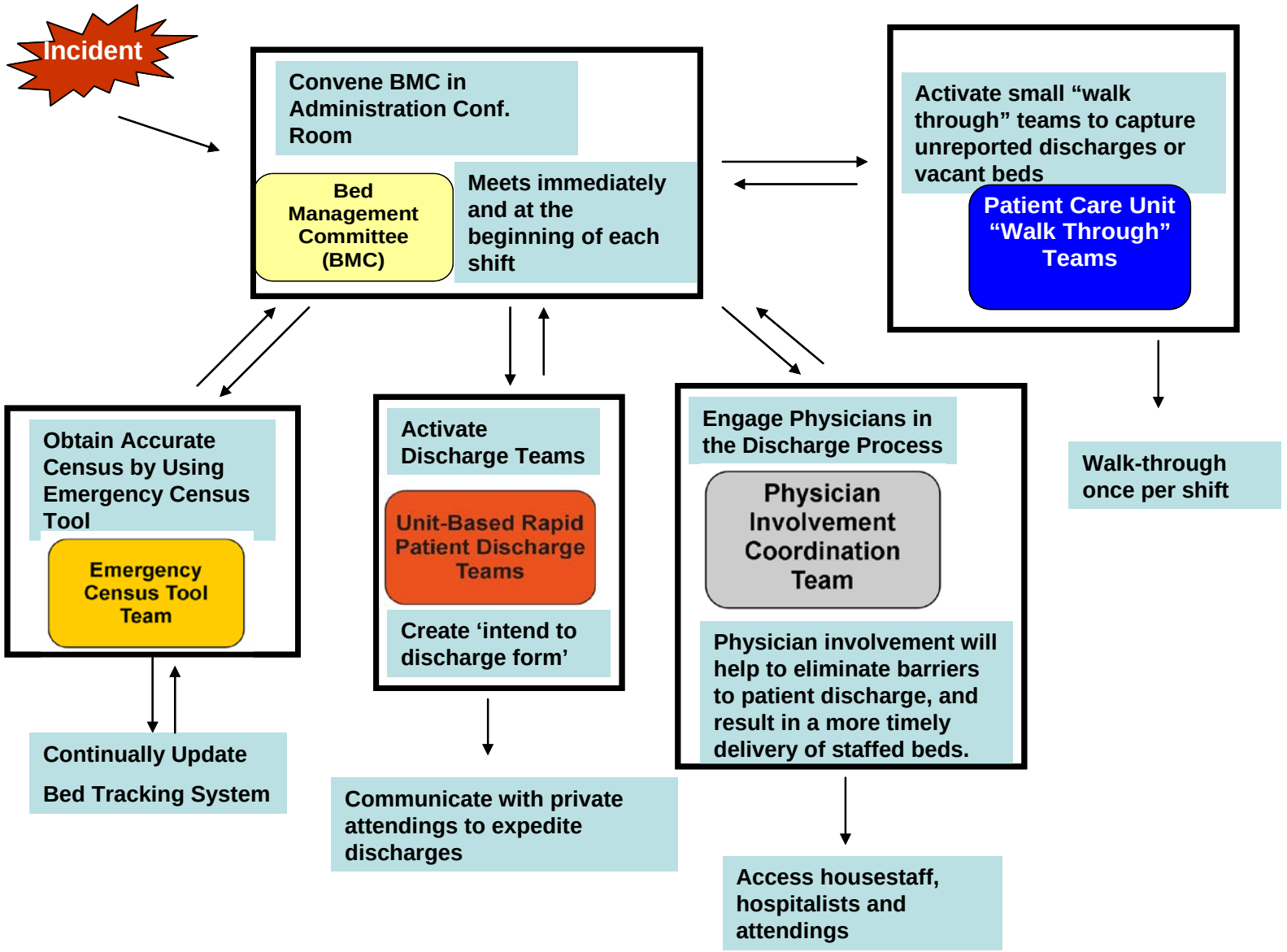
Hospital Name: **Shift:** **Date:**

Patient Care Unit "Walk-Through" Teams Membership Roster				
Name	**Title/Department**	**HICS Title (if applicable)**	**Shift**	**Phone # and Email Address**

RPD - Combined Strategies

- RPD activities help emergency managers to keep essential activities coordinated and results maximized.
- As with many processes, RPD activities work off of each other, so the effectiveness of the combined efforts is proportionate to the time invested in collaborative preparedness planning and exercising.

RPD - Combined Strategies



RPD - Top Barriers to Discharge (internal/external)

- MD availability
- Homecare availability
- Reaching family/family support
- Communication among hospital staff;
- Medical supplies and medication (e.g., pharmacy support)
- Test results
- Sufficient nurses
- Undocumented patients
- No designated waiting area for discharged patients unable to leave

RPDs - Often Easiest to Discharge

Patients who:

- Have limited or no aftercare needs;
- Can walk;
- Have sufficient family support and documentation.

RPDs - Often Difficult to Discharge

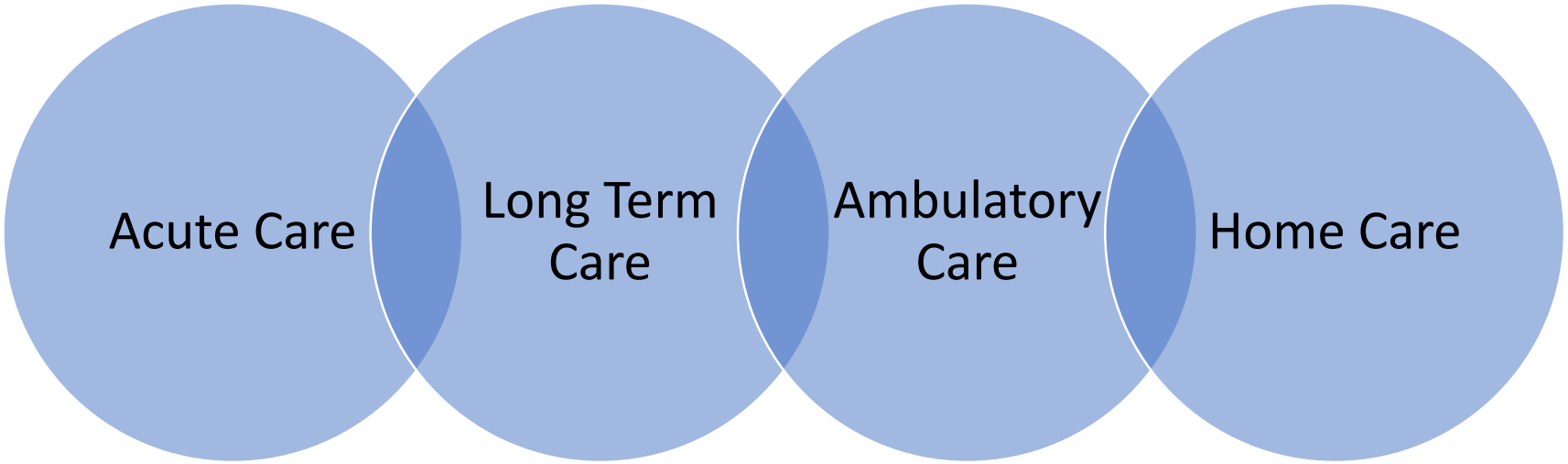
Patients who:

- Need clinical aftercare services (e.g., dialysis);
- Equipment and training in its use (e.g., ventilators);
- Lack insurance;
- Lack family support and/or documentation.

RPD – Benefits Throughout Disaster Response

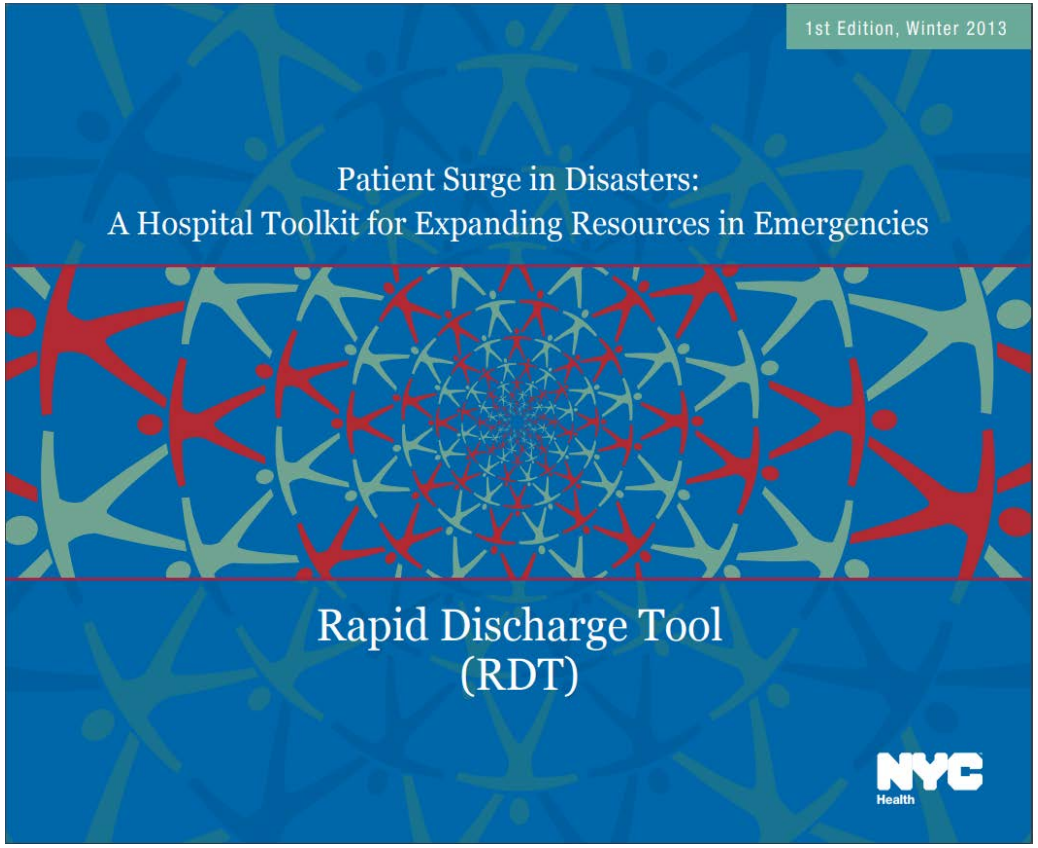
- Improved bed turnover with continuous monitoring;
- Reliable, timely delivery of ancillary services;
- Accurate, ongoing reporting of patient census;
- Assessment of hospital infrastructure and supply;
- Elimination of patient throughput delays;
- Ability to capture charges of all services.

RPD - **Partners in Discharge**



RPD - Tool

- RPD Planning and Response Strategies
- Guidance Documents for:
  - Bed Management Committee
  - Unit-Based RPD Teams
  - Physician Involvement
  - Patient Care Unit 'Walk-Through' Teams
  - Coordination Team
  - Emergency Census Tool Worksheet
  - Off-hours Management of RPD (including a Micro Tabletop Exercise)



DOHMH Rapid Discharge Tool can be downloaded (in PDF) at: https://www1.nyc.gov/site/doh/providers/emergency-prep/hospitals.page

For modifiable tools and templates, email healthcareprep@health.nyc.gov

RPD - References

1. “Lean Thinking for the NHS” published by the NHS Confederation © NHS Confederation 2008
2. Patient Surge in Disaster: A Hospital Toolkit for Expanding Resources in Emergencies, **Surgehttps://www1.nyc.gov/site/doh/providers/emergency-prep/hospitals.page**

Thank You!

Bill Lang
wlang1@health.nyc.gov

Overview & Instructions: BP2 Workgroups

Celia Quinn, Executive Director, OEPR, Bureau of Healthcare System Readiness, NYC DOHMH

Purpose and Goals

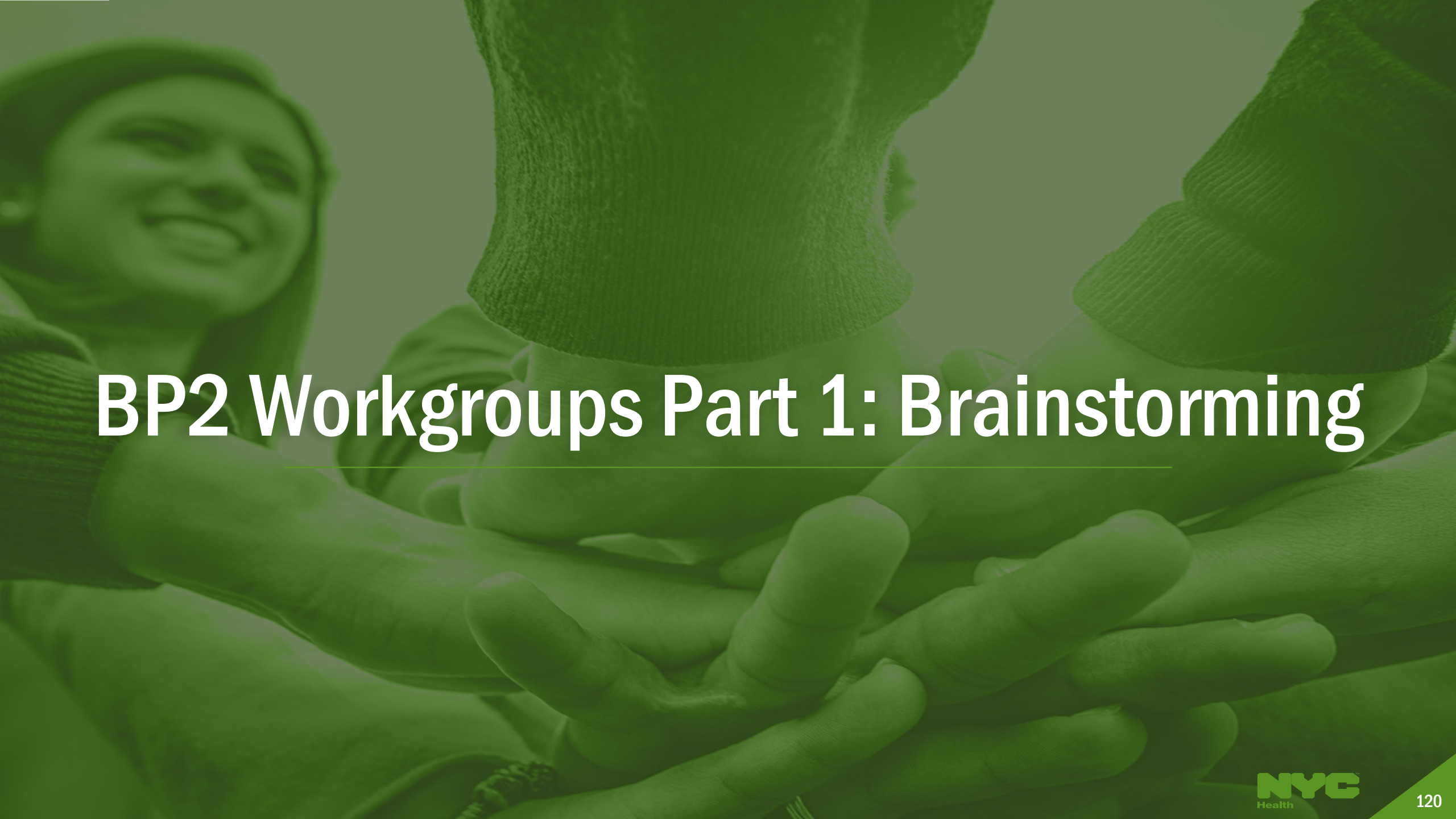
Purpose: solicit engagement of NYC HCC members in developing and prioritizing activities to be funded in BP2 (July 2020 – June 2021)

Goals:

- Encourage coalition members to think broadly about their efforts in the context of the entire NYC HCC
- Promote synergy across sub-coalitions to support more effective development of NYC HCC capabilities and capacity
- Develop ideas for BP2 HPP funded activities for NYC HCC sub-coalitions and members

Overview of Activity

- **Part 1: Gallery Walk**
  - Review current preparedness program deliverables and approaches to federal requirements and provide input for improvement
  - Brainstorm activities to promote further HCC development
- **Part 2: Review and synthesize comments in small groups**
  - Collaborate to identify themes and prioritize ideas or activities generated during the gallery walk
- **Part 3: Report-out and discussion in large group**
  - Share themes, ideas, and proposed activities with the full group



BP2 Workgroups Part 1: Brainstorming

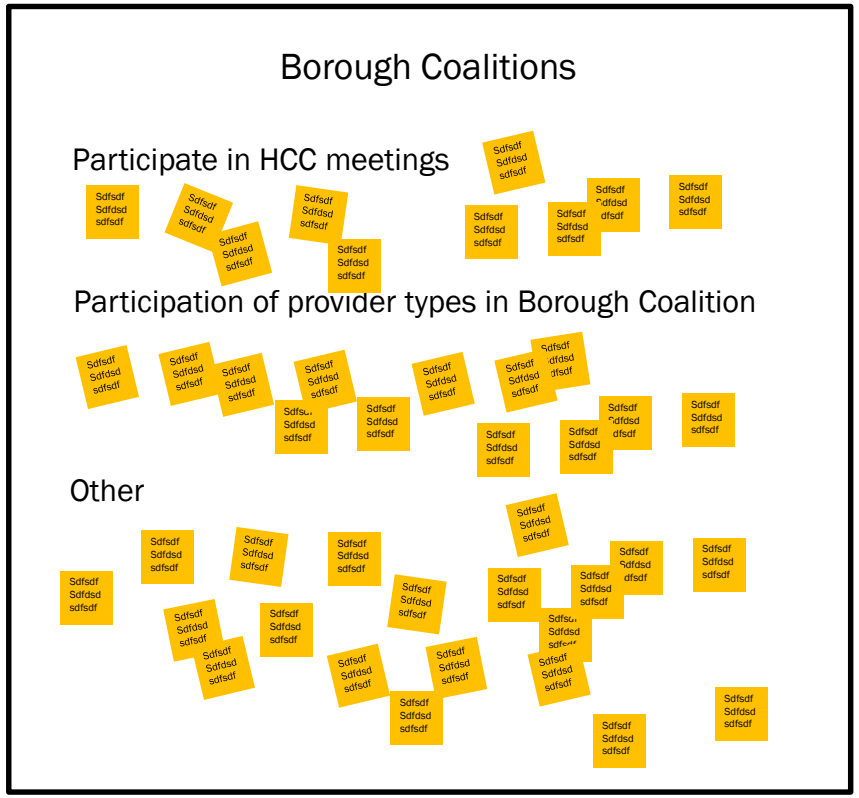
Instructions for Part 1

- **Set up**
  - Posters for each sub-coalition are staged in the small conference rooms
  - Posters are pre-populated with activities based on requirements or ongoing work
  - Each participant has a small stack of post-it notes
- **Activity**
  - Independently, place comments on posters under each deliverable or in the blank space if a new proposed activity
  - Everyone should place at least one comment on each poster (you are encouraged to place as many comments as you would like!)
  - Feel free to discuss with other participants, but this is NOT a group activity!

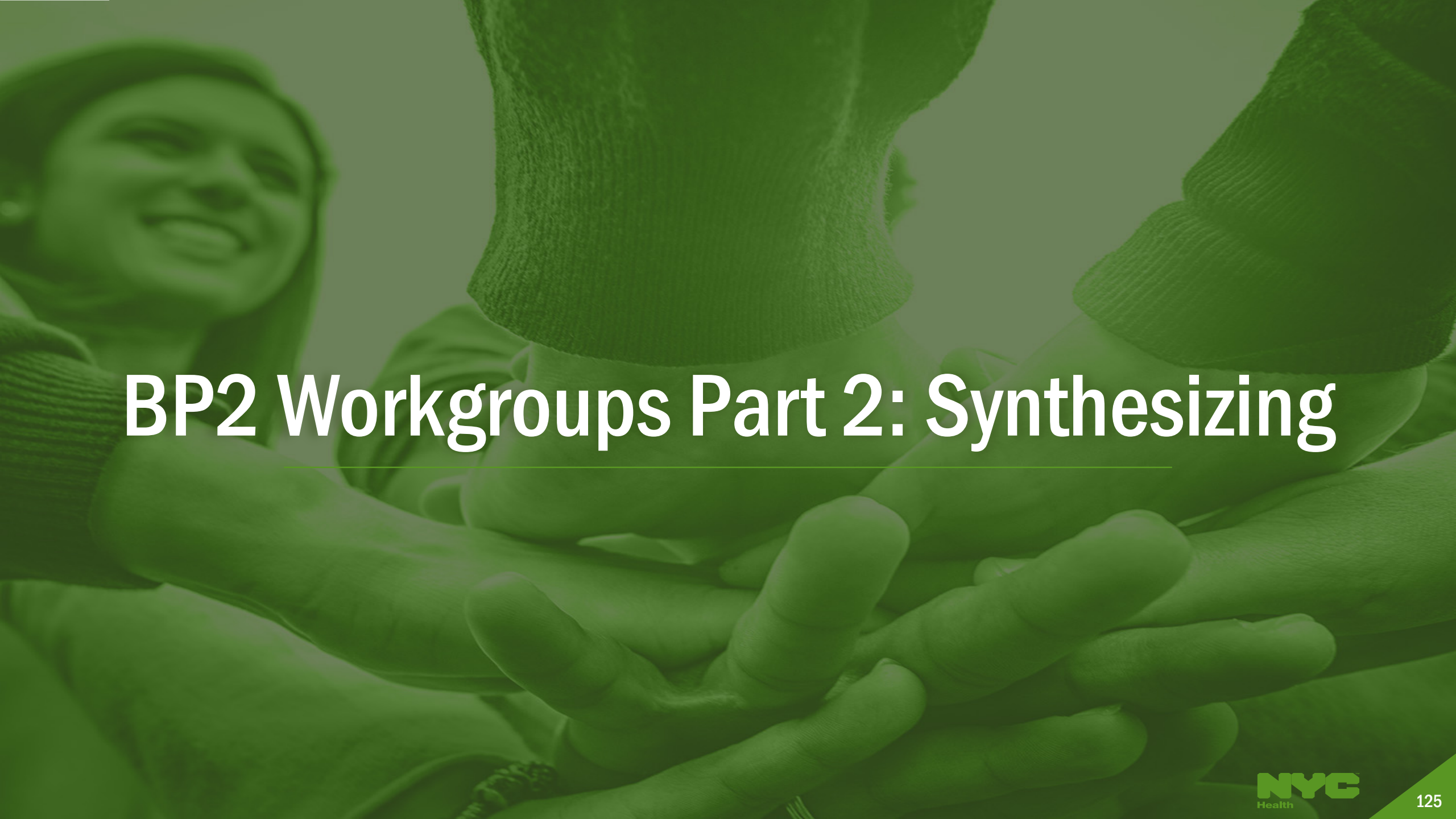
Instructions for Part 1, Continued

- **Comments can be about:**
  - Value in an existing activity, positive or negative
  - Ways to make the activity more meaningful, or to refine or make the activity more specific
  - Ideas for new activities or proposals
- **Tips:**
  - Write legibly
  - If an idea doesn't fit with an existing sub-coalition, or involves a new sub-coalition or entity, place it on the poster labeled "Other"
  - Circulate through all of the conference rooms until you have provided comments on all 7 sub-coalition posters

What we expect to see at the end of Part 1



Networking Break



BP2 Workgroups Part 2: Synthesizing

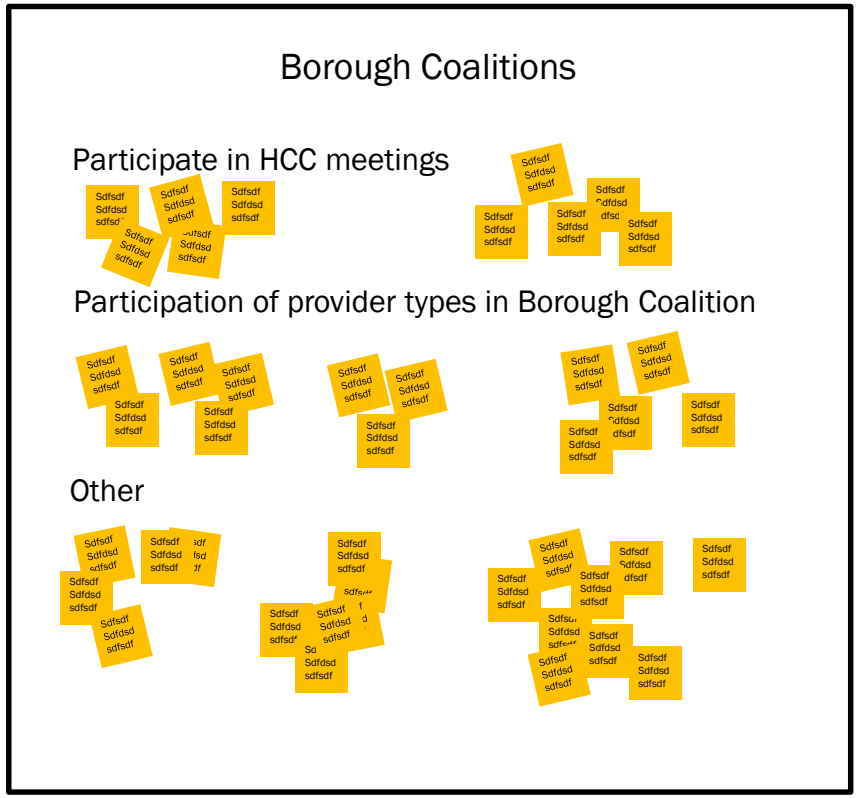
Instructions for Part 2

- **Set up:**
  - Participants will be divided into small groups of 10-12
  - Each group will be assigned a set of posters corresponding to a sub-coalition
- **Activity:**
  - Identify a note taker/reporter
  - Review the sticky notes across the poster(s) your group was assigned
  - Sort the sticky notes into themes or “big ideas”
  - Rank the priority/importance of the themes you have identified
  - Pay attention to ideas that strike the group as most beneficial to the coalition or most innovative

Assignments

- **Each group should start the gallery walk at their assigned sub-coalition poster**
  - You do not need to complete the gallery walk as a group but this will help to distribute the crowd!
- **For Part 2, work with your group to sort the comments into themes or activities**
  - Group 1: Networks and Hospitals
  - Group 2: Borough Coalitions
  - Group 3: Federally Qualified Health Centers
  - Group 4: Pediatric Disaster Coalition
  - Group 5: Dialysis Centers (North HELP) and Nursing Home Associations
  - Group 6: Other work/TA Programs/HPP Requirements

What we expect to see at the end of Part 2



Report Out & Summary

Instructions for Part 3

- Reassemble as one group
- Each group's note taker/reporter provide a 2-3 minute summary of findings
- Give any notes and the posters with sticky notes to DOHMH staff

Announcements, Final Remarks and Adjournment