



NYC Health Care Coalition (NYCHCC) Leadership Council Meeting co-hosted with the Emergency Preparedness Coalition of Manhattan (EPCOM)

NYC DOHMH OFFICE OF EMERGENCY PREPAREDNESS AND RESPONSE
BUREAU OF HEALTHCARE AND COMMUNITY READINESS

Thursday, May 19, 2022



Agenda

10:00 – 10:03 AM	Welcome and Opening Remarks	
10:03 – 11:00 AM	Emergency Preparedness Coalition of Manhattan (EPCOM) <ul style="list-style-type: none">• How A Rigorous Exercise Program Led To MCI Success In Brooklyn• National Weather Service 2022 Hurricane Preparedness Tour	
11:00 – 11:10 AM	Break	
11:10 – 12:00 PM	Network Presentations <ul style="list-style-type: none">• New York-Presbyterian Healthcare System• NYC Health + Hospitals• Mount Sinai Health System• NYU Langone Health	<ul style="list-style-type: none">• Northwell Health• Montefiore Medical Center• MediSys Health Network
12:00 – 12:30 PM	Subject Matter Expert (SME) Coalition Presentations <ul style="list-style-type: none">• NorthHELP• Long Term Care: Greater New York Hospital Association Continuing Care (GNYHA-CC)	
12:30 PM	Adjournment	



Emergency Preparedness Coalition of Manhattan (EPCOM)

Note: Presentations provided separately

Break (10 minutes)





Network Coalitions Presentations



WITH WORLD-CLASS DOCTORS FROM
 COLUMBIA  Weill Cornell
Medicine

NewYork-Presbyterian NYCHCC Leadership Council COVID 19 Challenge and Solution for NYP

May 19, 2022

Arthur Ditzel, Jr

Challenge: Morgue Surge Capacity

- Small surges tax current capabilities
 - Limited morgue space
 - Slow turn around with the transfer of decedents
- Maintaining privacy
- Loading dock availability
- Communication/coordination difficulty
- Logistics of Body Collection Points (BCP)



Solution: Nutwell Logistics ResponStor Temporary Morgue

- Add 10 ResponStor Temporary Morgue units to the mass fatality plan allowing for rapid, temporary, expansion of fixed morgue space without the need to deploy a BCP
- Each unit adds surge space for 12 decedents in a respectful 36 sq ft footprint
- Powered by an ordinary 20-amp circuit
- Easily stored and deployed on 3 transport carts



Goal:

Purchase 9 more units by the end of year 2022.

Ownership:

Program managed by Emergency Management, and
maintained by Biomed.

STAY
AMAZING

NewYork-
Presbyterian

Thank you.

NYCHCC Leadership Council Meeting

Active Shooter Training & Exercises Project

Jonas Ballreich, M.A., CHEP
Director, Emergency Management Training & Exercises



Healthcare Facilities - NYC



Memorial Sloan-Kettering, NYC, 2021

Bronx-Lebanon, NYC, 2017



The NYC Health + Hospitals Experience

Elmhurst, 2004

Armed man kidnapped his wife, an Elmhurst employee. Shot another worker.

The New York Times

Gunman Shoots Desk Clerk and Abducts Wife From Hospital in Queens, Police Say

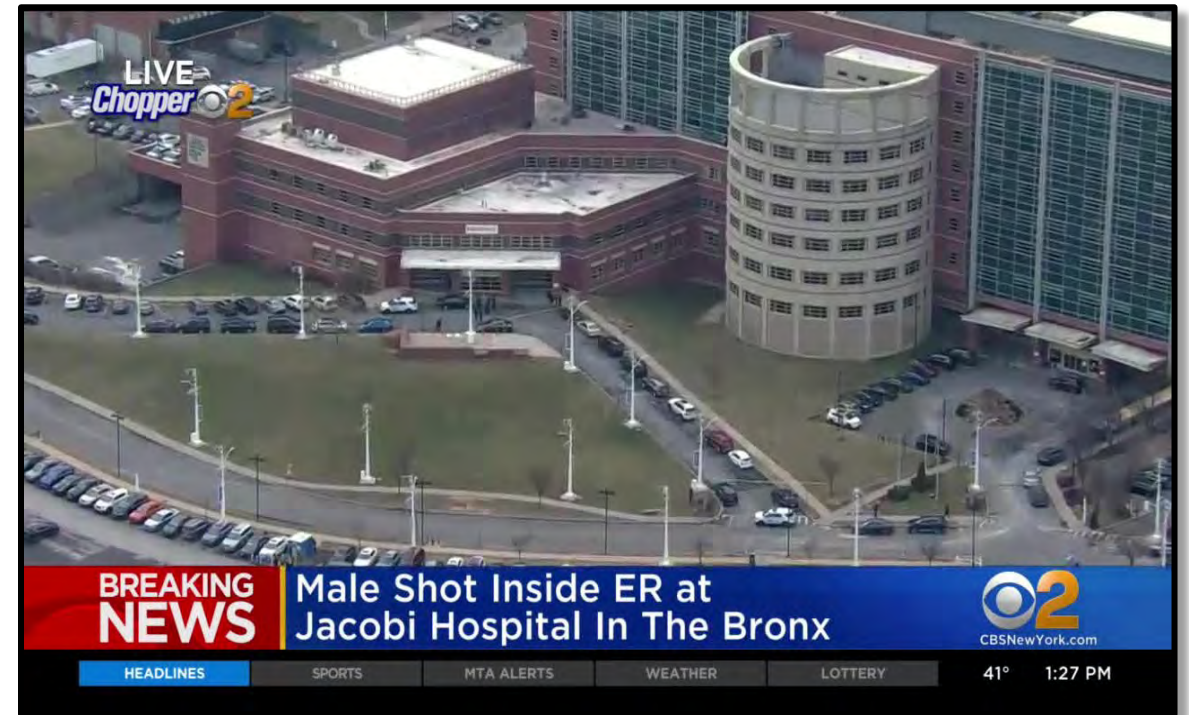
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By Corey Kilgannon
Sept. 12, 2004

A man who was enraged that his wife planned to file for divorce walked into the emergency room of the Queens hospital where she was working yesterday and abducted her after shooting a desk clerk, witnesses and the authorities said.

Around 8 a.m., the authorities said, the man, Miguel Carrasquillo, 33, entered Elmhurst Hospital Center and rushed behind the admitting desk, where his wife, Nancy Carrasquillo, 42, was working with a fellow clerk.

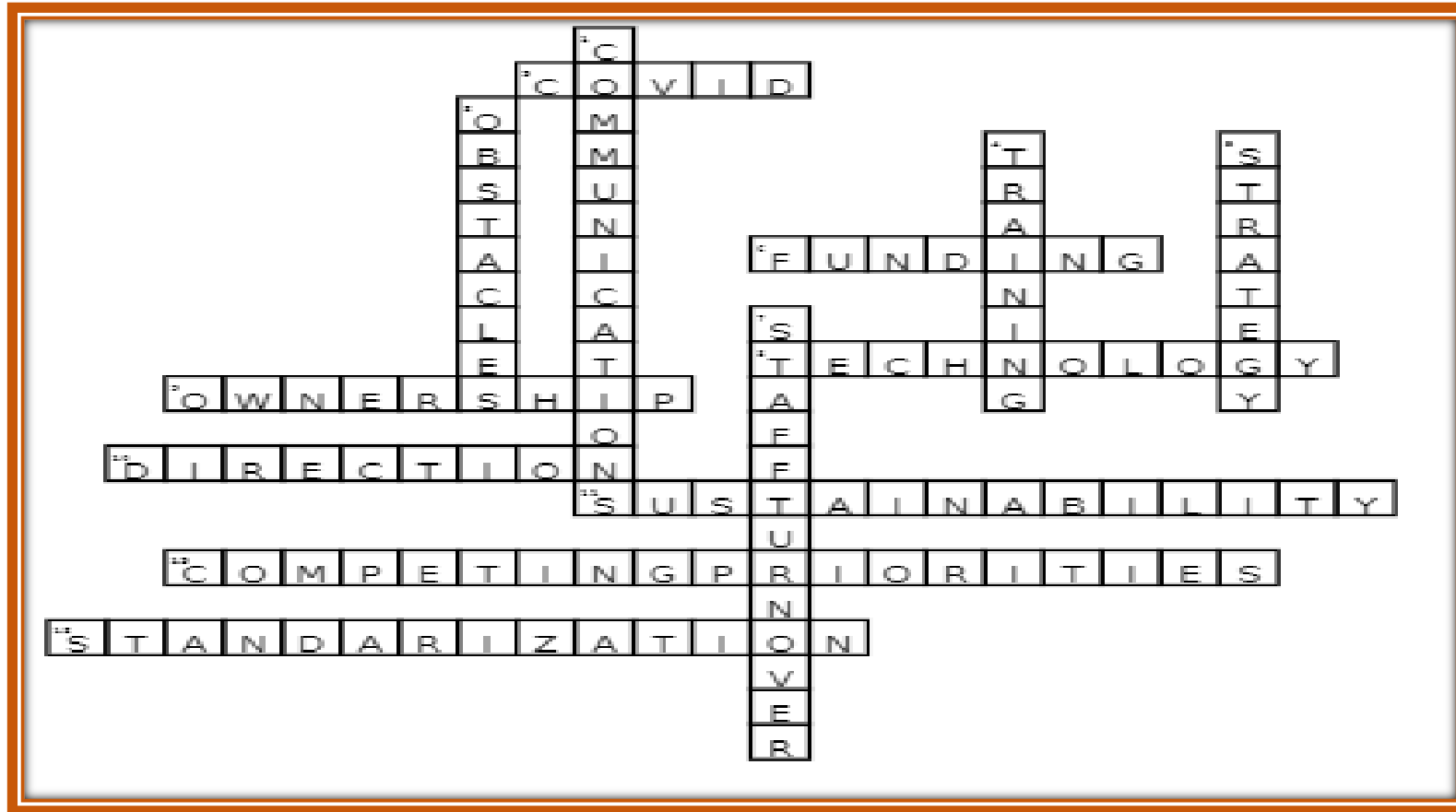
Mr. Carrasquillo grabbed his wife by her hair, threw her to the ground and held the gun to her head, people in the emergency room said. Police officers and security guards began pushing patients away from the area.



Jacobi, 2022

Patient shot a man in the ED waiting area, fled through the hospital

Challenges to Overcome



Active Shooter Training & Exercises Project

Web-based Training

Mandatory, web-based training course

- Launched February, 2022
- System-wide
- 25 minutes, self-paced
- Based on Run/Hide/Fight
- Focuses on response concepts and strategies

In-Person Training

In-person preparedness and response training courses

- Launched in March
- Train-the-trainer model at facility level
- Recaps response concepts and strategies
- Focuses on hands-on drills

Executive Table Top

System-wide executive tabletop

- Planned launch in June
- Focuses on facility-level response protocols and executive decisions-making

Drills & Exercises

Facility-level drills & exercises

- Planned launch second half of 2022
- Focuses on comprehensive testing of individual and facility level response protocols and strategies

Thank You!

Mount Sinai Health System Emergency Management

Leadership Council Meeting
May 19, 2022



**Mount
Sinai**

Program Success

▣ Hospital Emergency Response Training (HERT)

Implement standardized System-wide Hospital Emergency Response Training for Mass Casualty Incidents to prepare for hospital surge due to a hazardous material incident

- **September 2021:** FEMA Center for Domestic Preparedness (CDP) HERT Train-The-Trainer course at the Mount Sinai Health System
 - Trained personnel from across the System
- **April 2022:** First site-specific MSHS HERT training
 - Trained personnel from MS Downtown
- **Next Steps**
 - Formalize the MSHS HERT Curriculum
 - Initiate System-wide personnel recruitment strategy
 - Train 20-25 personnel at each hospital location



Program Challenge

▣ HERT Staff Recruitment

– Staff burnout

- COVID-19
- Staff Shortages

– Time Commitment

- 3 or 4 Day Initial Training
- Future Trainings/Exercises + Incident Response

– Incentives

- Special Team Wear
- Other?



Thank you!



NYCHCC Leadership Council Meeting

NYU Langone Network Coalition Report

NYCHCC LCM | *Thursday, May 19, 2022, | 10:00am –12:30pm*



Enterprise-wide Mystery Patient Drills (MPD)

Lessons Learned and Improvement Plan Items

- **Each ED completed MPD in 1Q 2022**
 - ✓ Validated the use of a draft standardized MPD toolkit
 - ✓ Tested triage and isolation protocols for various IDs
 - ✓ Validated PPE checklists within HID plans
 - ✓ Shared findings across locations

- **Disease of Interest by Location**
 - ✓ Lassa Fever – NYU Langone Hospital – Brooklyn
 - ✓ Monkeypox – NYU Langone Hospital – Long Island
 - ✓ Tuberculosis – NYU Langone Tisch Hospital
 - ✓ Lassa Fever – NYU Cobble Hill Emergency Department

NYU Langone Hospital - Brooklyn

Disease of Interest: *Lassa Fever*

- **Key Lessons Learned:**

- ✓ Use of mobile phone worked well with patient
- ✓ Notifications for escalation, EM+ER, Security, IPC were timely

- **Improvement Plan Items:**

- ✓ Review protocol for placement of HID signage on the Isolation Room door



NYU Langone Hospital – Long Island

Disease of Interest: *Monkeypox*

- **Key Lessons Learned:**

- ✓ What do we do with Family Member?
 - Send home or keep with patient
- ✓ Proper use of contact precaution signage on door

- **Improvement Plan Items:**

- ✓ Continue to work on EPIC recent travel CDC notification
- ✓ Improve communication and notification of isolated patient



NYU Langone Tisch Hospital

Disease of Interest: *Tuberculosis*

- **Improvement Plan Items:**

- ✓ Review HID patient placement to Isolation Room
 - Actor placed back in waiting room after identification
- ✓ Patient Actor and Registration
 - Actor's real SSN located
- ✓ Confirmation of negative pressure room
 - "Tissue Test"



Phase	Identify	Isolate	Inform	Total Time
Description	<i>Time from patient entering ED to identification of possible HID patient</i>	<i>Time from identification to isolation in appropriate room</i>	<i>Time from isolation to time calling IPC/DOHMH</i>	<i>Time from patient entering ED to Inform/EndEx</i>
2021 Average <i>(in minutes)</i>	5	6	N/A	23
Most Recent Drill <i>(in minutes)</i>	12 <i>9:58 – 10:10 a.m.</i>	11 <i>10:10 – 10:21 a.m.</i>	7 <i>10:21 – 10:28 a.m.</i>	35 <i>9:58 – 10:33 a.m.</i>

NYU Langone Health - CHED

Disease of Interest: *Lassa Fever*

- **Improvement Plan Items:**

- ✓ Need to determine appropriate phone for communication
- ✓ Remind medical staff where to discuss sensitive patient information
- ✓ Ensure appropriate PPE and HID signage is available in proximate location



THANK YOU

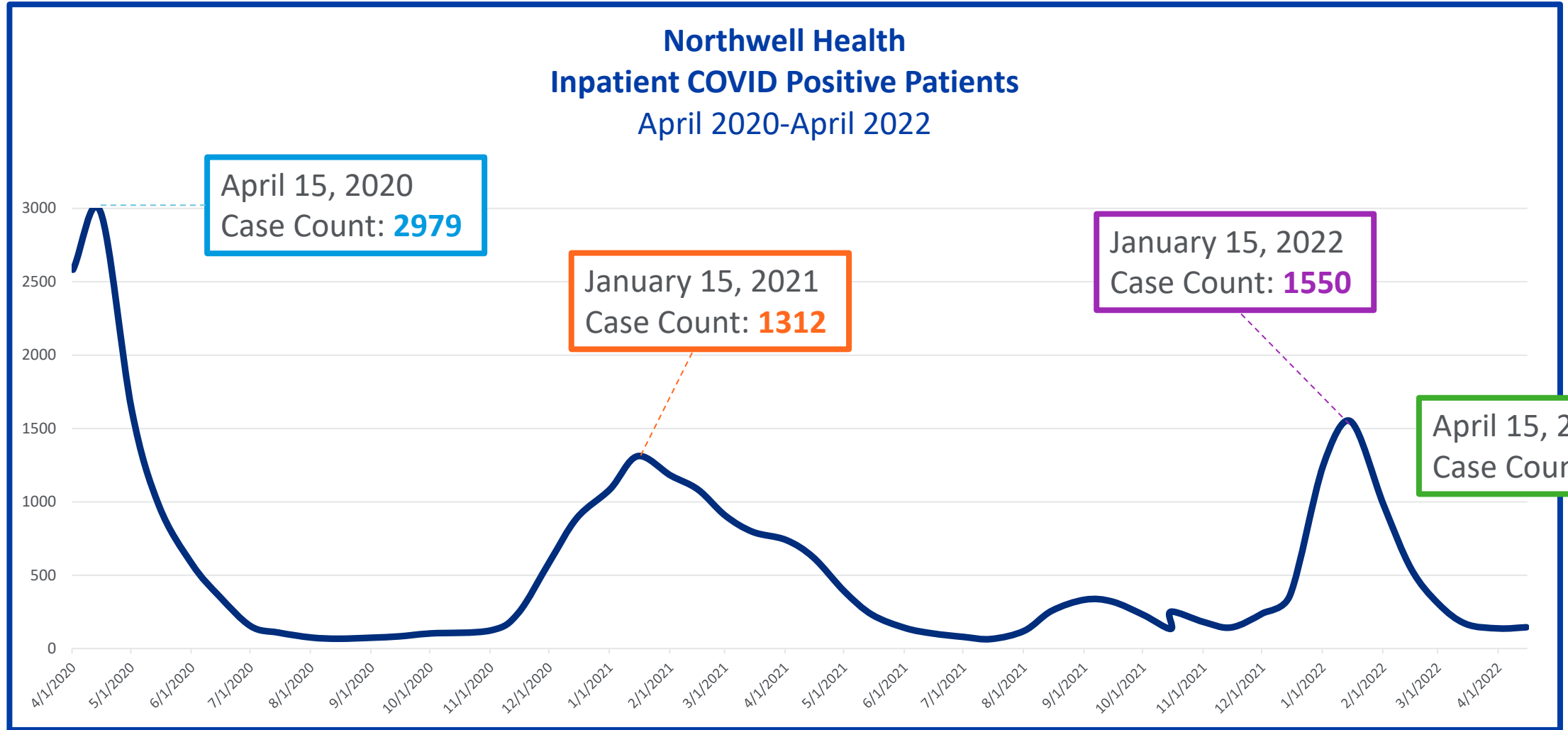


COVID Sustainability Plan

May 19, 2022



COVID Situational Status



Analyzing Lessons Learned to Develop Sustainability

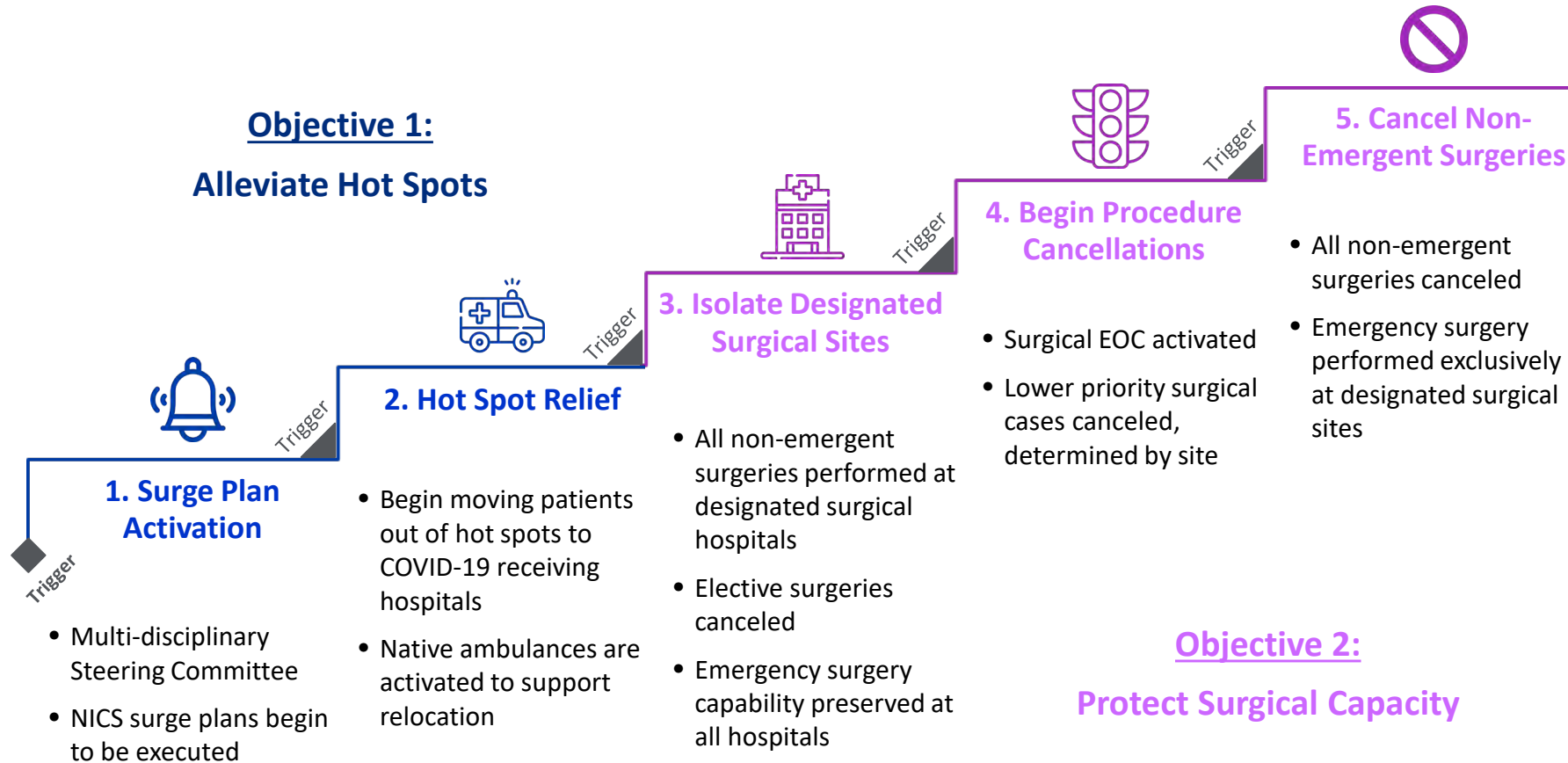
- In mid-December of 2021, the **Omicron variant** arrived in NY and was more transmissible than originally predicted, **presenting differently than previous variants**
- Unstructured monitoring of COVID and system trends led to a **reactive testing approach**
- The rapid increase in positivity and exposure created an **overnight surge in testing demand**
- Testing demand began to create **bottlenecks in emergency departments**, risking access to emergency care for non-COVID patients
- Increased employee illness, vaccination mandate and holidays created the perfect storm that **increased staffing constraints**
- **Break-through infections** among the fully vaccinated were far more frequent than expected



*Christopher Morely Park
Drive-Through Testing Site*

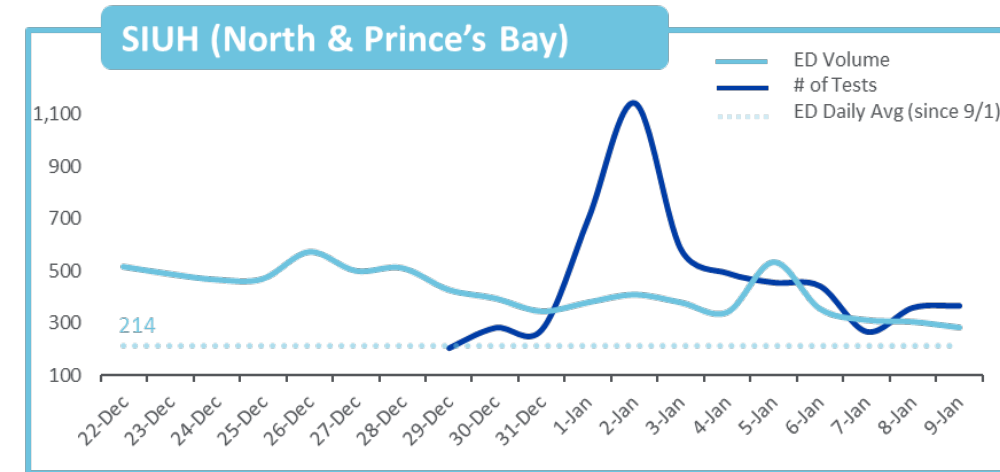
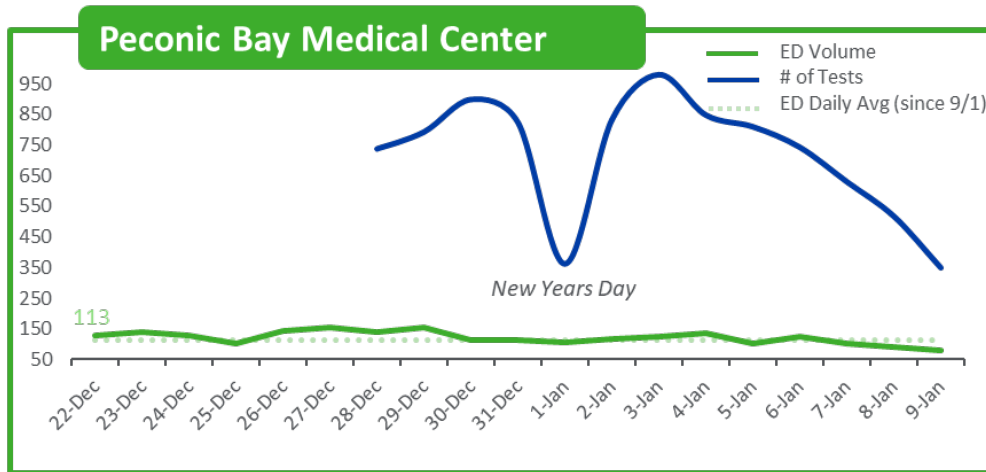
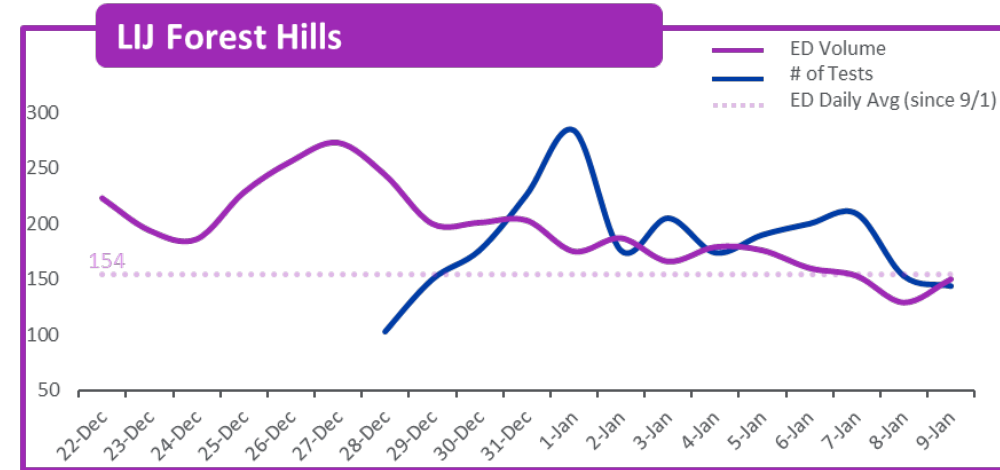
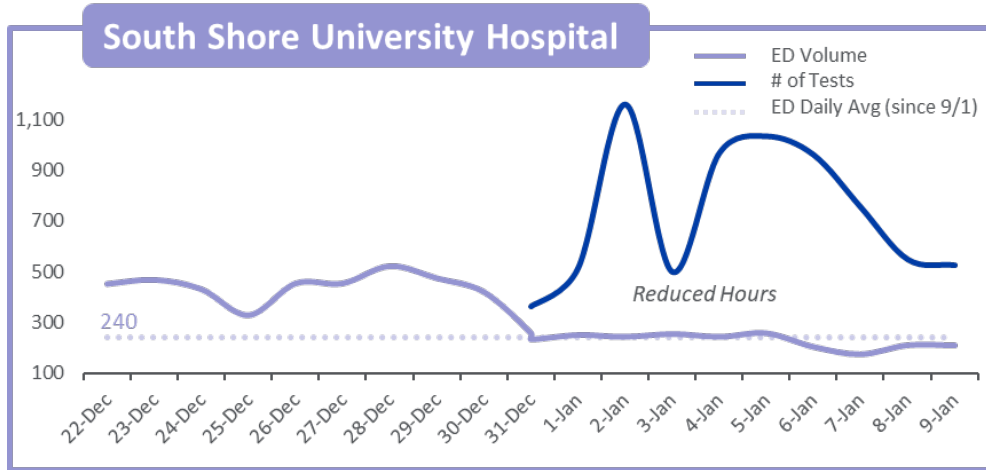
Original Resurgence Operational Framework

Predefined framework with built-in triggers to indicate when proactive action is needed.



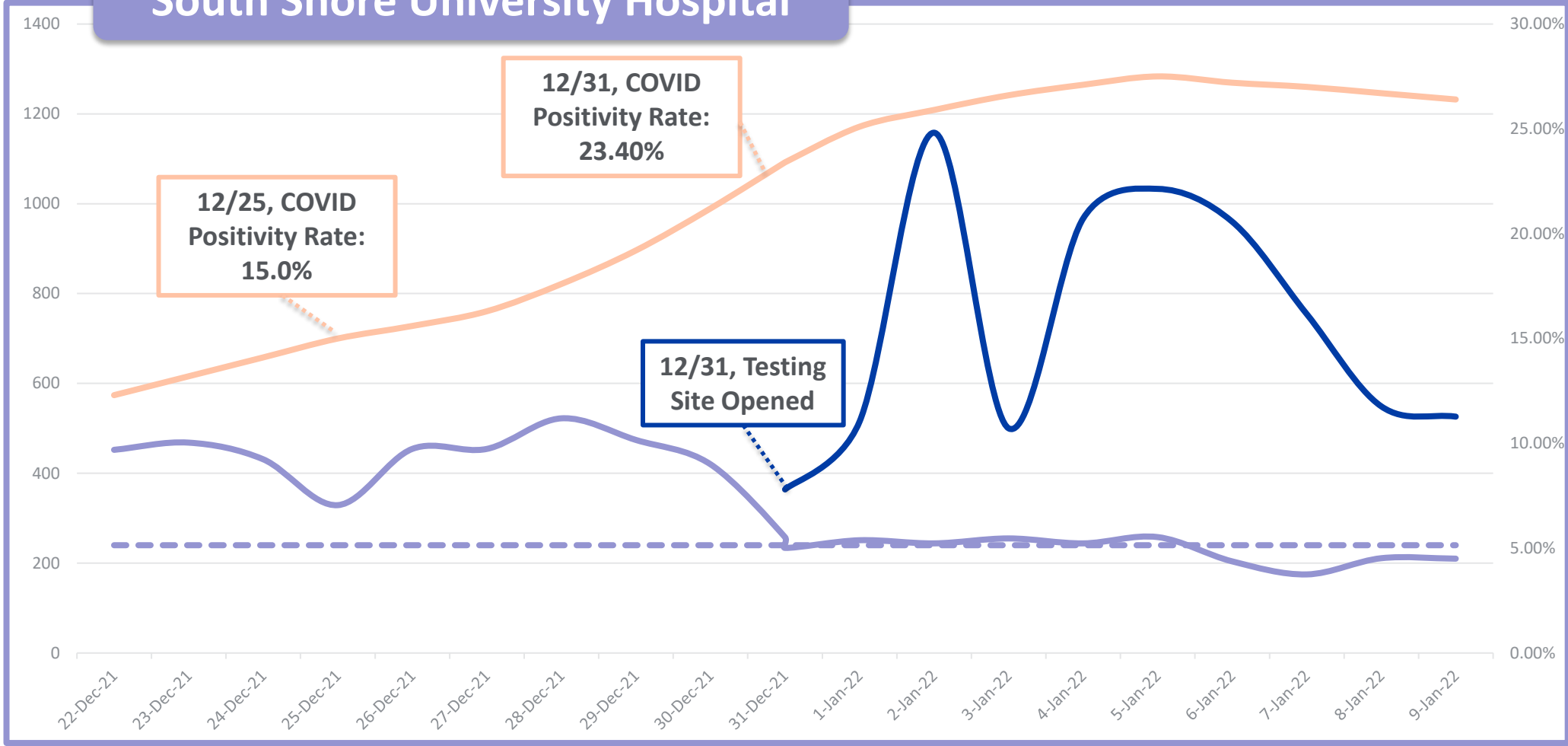
Protection of Clinical Operations

Initial community sites failed to relieve pressure on the EDs, requiring more immediately adjacent operations to protect targeted clinical operations.



COVID Positivity Rate

South Shore University Hospital



- ED Volume
- Suffolk County 7 Day Rolling Positivity Rate
- # of Test
- - - ED Daily Average

COVID Sustainability Planning Priorities

Planning priorities have been developed from the lessons learned throughout the Pandemic.

1. Space Utilization

- Advanced knowledge of testing locations and strategic phased deployment
- Plan for hot spot load balancing
- Plan for surgical capacity preservation



2. Staff Availability

- Harden staffing capabilities
- Pre-establish credentialing and emergency training
- Advanced Agency resource planning
- National partnerships and reciprocal agreements



Data Surveillance:
*the driving force for
actionable responses to
ensure the continuation
of care.*

3. Supply Levels

- Equipment and supply chains diversity
- PPE and test kit safety stock
- Redeploy equipment procured in the first surge
- Pre-packaged surge unit bundles



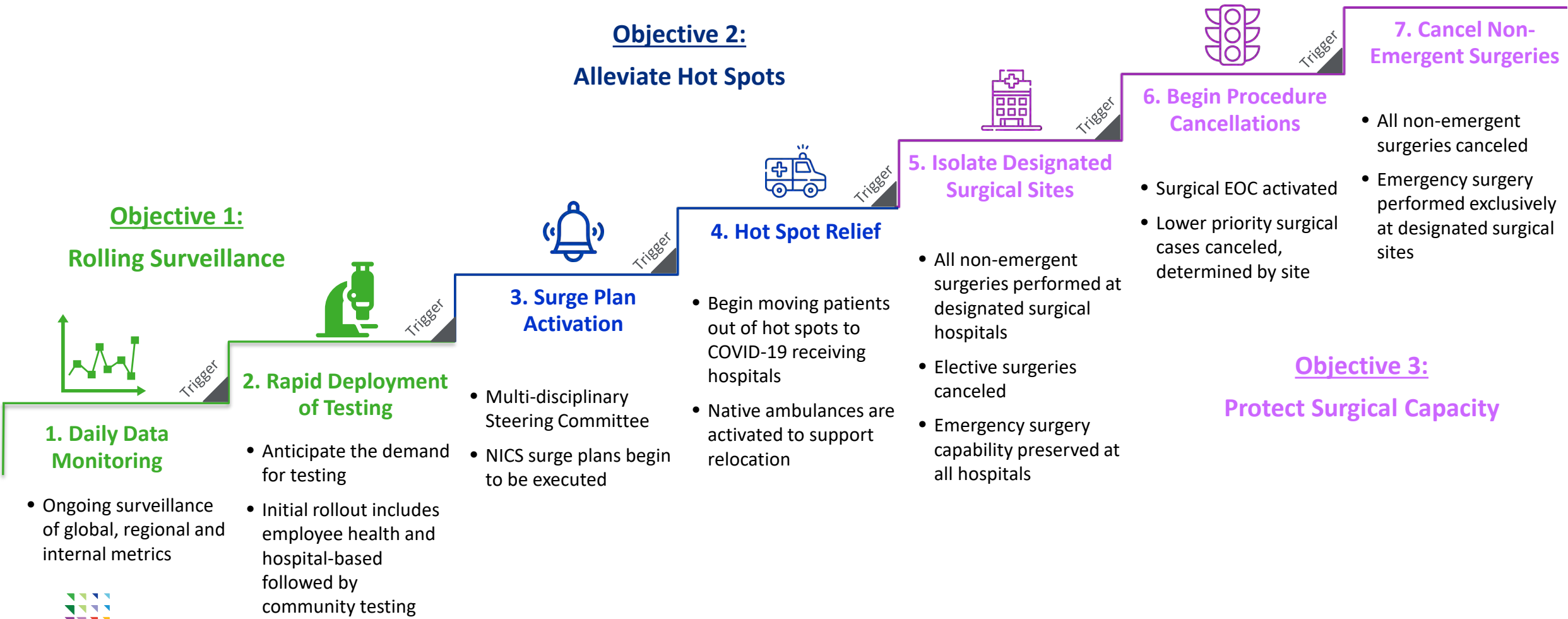
4. Testing Capacity

- Self-sufficient hospital testing capacity
- Predetermine mode of testing
- Increased Core Lab capacity



Remodeled Resurgence Operational Framework

Inclusion of ongoing data surveillance and proactive rapid deployment of testing to help mitigate operational impact.

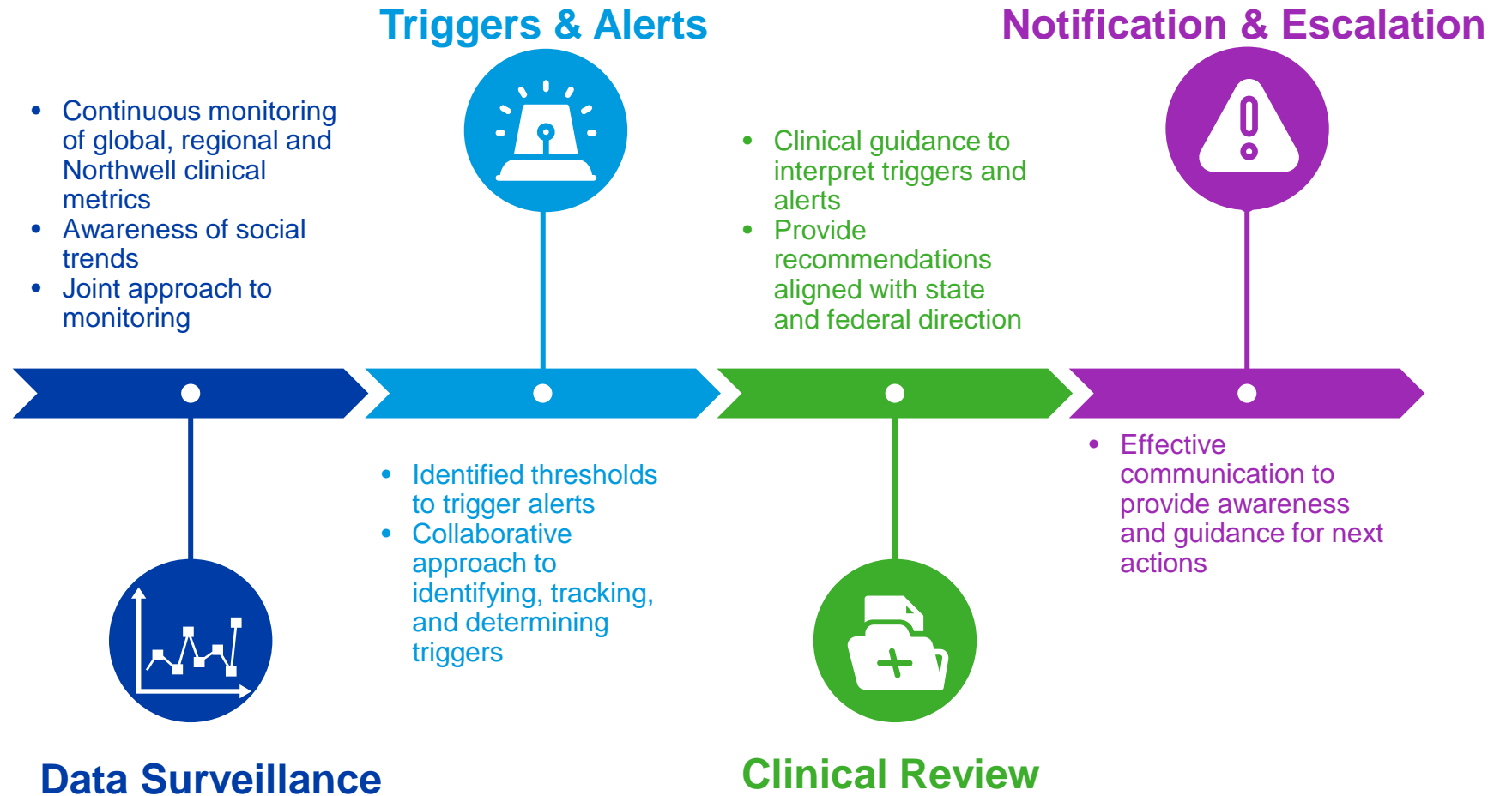


Rolling Surveillance Track and Trend:

Ongoing surveillance and efficient communication processes will better prepare the system for a resurgence.

The implementation of tracking and trending data can lead to:

- Increased understanding of the current situation
- Ability to better anticipate demand needs
- Decrease time needed to deploy testing sites



Daily Surveillance



Northwell ED
Volume



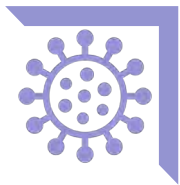
Northwell Inpatient
Rates



Go Health
Volume and
Appointments



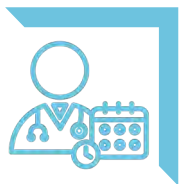
Northwell Employee
Sick Calls



Regional COVID-
19 Positivity Rate



Global , National
and Regional
COVID-19 Trends



Monoclonal
Antibody
Appointments



Antiviral Prescription
and Inventory

Overview:

Potential **trigger combinations** have been identified by a **multi-faceted team** comprising of data intelligence, lab, infectious disease and crisis management.

Data Sources:

- Internal:
 - ED/Inpatient Volume Dashboards
 - GoHealth Volume Dashboards
 - Pharmacy Metrics
- External:
 - NYS COVID-19 Dashboard
 - CDC COVID-19 Dashboard

Clinical Guidance

Multistep clinical guidance to determine if actionable approaches are appropriate.



- Designated clinical staff **will review all metrics** that reach **predetermined thresholds**
- If single metric or metric combination **triggers a concern** escalation to immediate **clinical response group** will follow

Initial Review



- **Further investigation** and analyses are aligned with recommended guidance from local and federal government
- Based on current trends, historical trends and available data the group will determine if **actionable response** is necessary

Immediate Clinical Response Group



- If actionable response is advised by clinical advisory group, then notification process to **operations and clinical operations** begins
- Recommended response is **data driven** with the goal to **mitigate impact** on operations

Notification and Escalation

Immediate Clinical Response Group

System Goal

Maintain **normal operations** during times of stress

Group Overview

Flexible and scalable group of **subject matter experts** whose responsibility is to collaborate and **guide the system** on operational and clinical operational response efforts.



Crisis Management



Physician Leadership



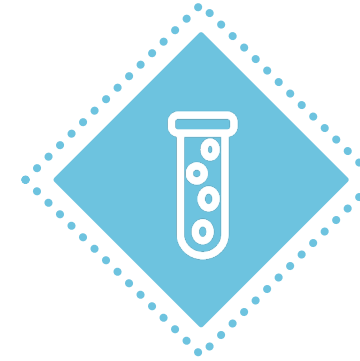
Nursing Leadership



Pharmacy



Infection Prevention



Core Lab



Public Health and Epidemiology

Notification and Activation

Resurgence Plan Activated

Priorities:

1. Protect Employees
2. Alleviate Hotspots
3. Protect Surgical Capacity

Operations



Asset protection through surge control, load balancing and hot spot relief



Human resource management



Reliable and **diversified supply chains** for resources

Clinical Operations



Guidance on appropriate PPE



Protect surgical capacity



Cancellation of procedures and non-emergent surgical cases in alignment with decisions by operations

Constant and Efficient Communication Efforts

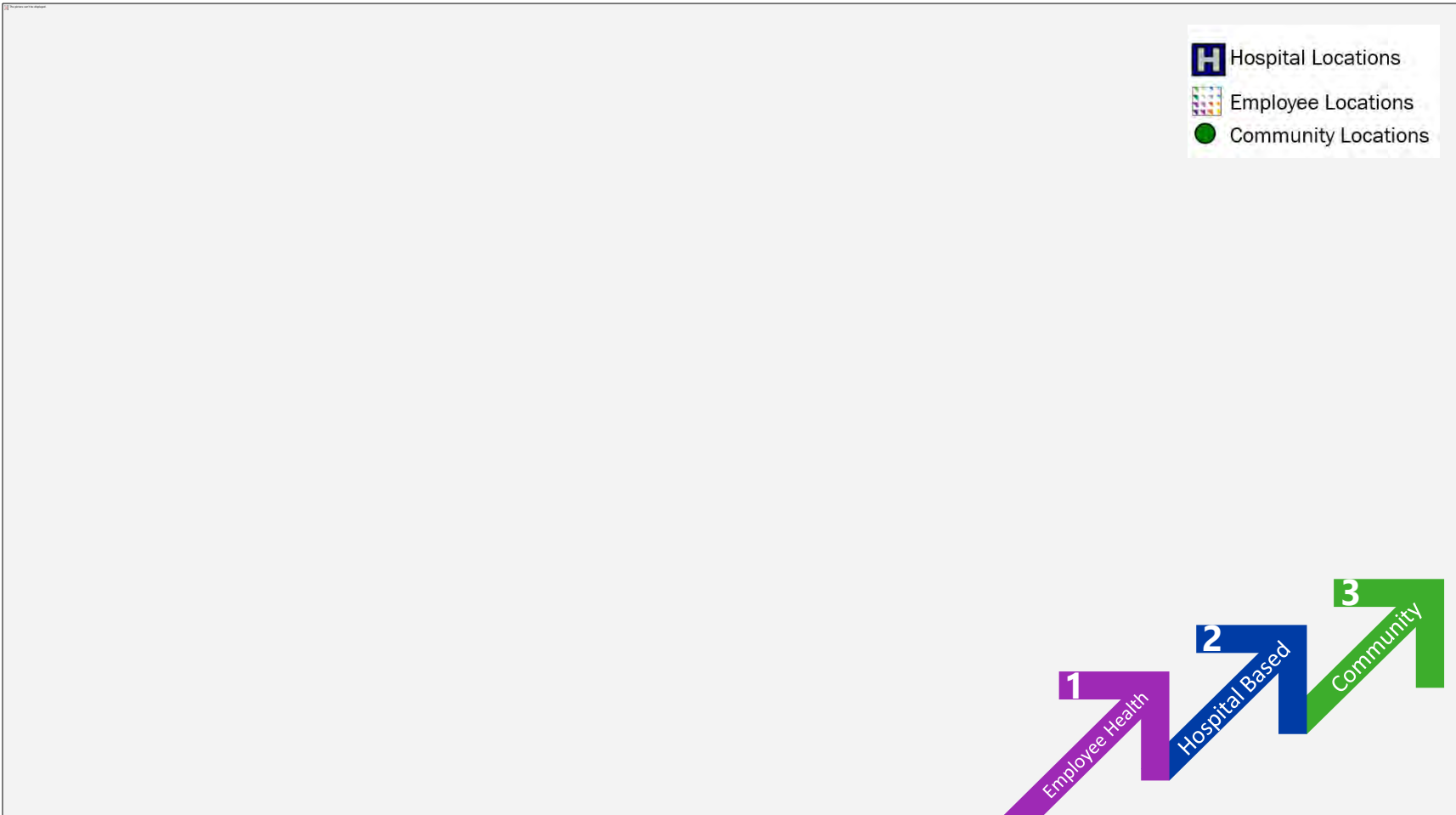


Rapid Deployment of Testing



Testing Strategy:

Adapted previous testing strategies from lessons learned to develop a strategic phased testing deployment.



Prepared by Strategic Planning

Employee Health Regional Sites:

- 1 Marcus Avenue, New Hyde Park
- 755 New York Avenue, Huntington
- South Oaks Hospital
- 1333 Roanoke Avenue, Riverhead
- 480 Bedford Avenue, Chappaqua
- Lenox Hill Hospital

Predetermined Hospital Sites:

- Peconic Bay Medical Center
- LIJ Forest Hills
- Lenox Hill
- Staten Island
- LIJ Valley Stream
- North Shore University Hospital
- Glen Cove Hospital
- Huntington Hospital
- South Shore Hospital

Community Sites:

- Jewish Community Center, Staten Island
- Hamilton Madison House, New York
- Forest Hills Jewish Center, Forest Hills Perfecting Faith Church, Freeport
- Belmont Backstretch Workers, Elmont
- Bay Shore Mall, Bay Shore
- First Baptist Church of Riverhead, Riverhead

Employee Health Testing Sites



Staffing/Training

- EHS sites completed **competency training** in PCR specimen collection, developed **staffing models** and **scheduling tools**



Procurement

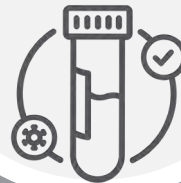
- Sites will continuously **monitor inventory** needs and **expiration dates**



Communication

- **Standard communication templates** and predetermined distribution lists for internal and external groups

EHS Testing Playbook*



Testing Flow



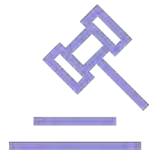
- Corporate EHS to communicate testing updates with site leadership
- **Detailed workflow** for team member testing

Locations



- Site assessment to ensure all staff members have **access to testing**
- **Early engagement** with ambulatory site to launch multiple testing sites.

Legal



- Determine best practices for access to employee results included **encrypted emails** and **authorization forms**

Hospital Based Testing Sites

Analysis of testing demand and Emergency Department volumes during previous surges drove decisions for predetermined site selections.

Predetermined ED Adjacent Testing Sites

Lenox Hill 240 test/day	Staten Island 1000 test/day	LIJ Forest Hills 300 test/day
LIJ Vallev Stream 250 test/day	North Shore 250 tests/day	Glen Cove 100 test/day
Huntington Weekday: 300 Weekend: 200	Peconic Weekday: 1000 Weekend: 650	South Shore 1000 test/day

Key:

- Western Region
- Central Region
- Eastern Region

Testing Capacity: **4,440***

* Capacity is dependent on total Northwell Health Laboratory capacity. Stated number reflects LabGold testing, traditional PCR testing is a viable option.

Testing Deployment Playbook:



Identified mode of testing and **maximum testing capacity.**



Predetermined location, fixture type and facility requirements.



Established testing **workflows.**



Comprehensive **resource** list and sourcing type.



Thorough **FTE analyses** for set-up, full operation and de-escalation phases.

Community Testing

Utilize community partnerships to address testing demands and support vulnerable populations.

Mission

Prepare to stand up multiple community testing sites in **24-48 hours** in response to a surge in COVID-19 positivity and community demand for testing in our service areas.

Maximum Testing Capacity

Seven community testing locations identified with the ability to complete **2,100 tests per day**.

Additional Considerations

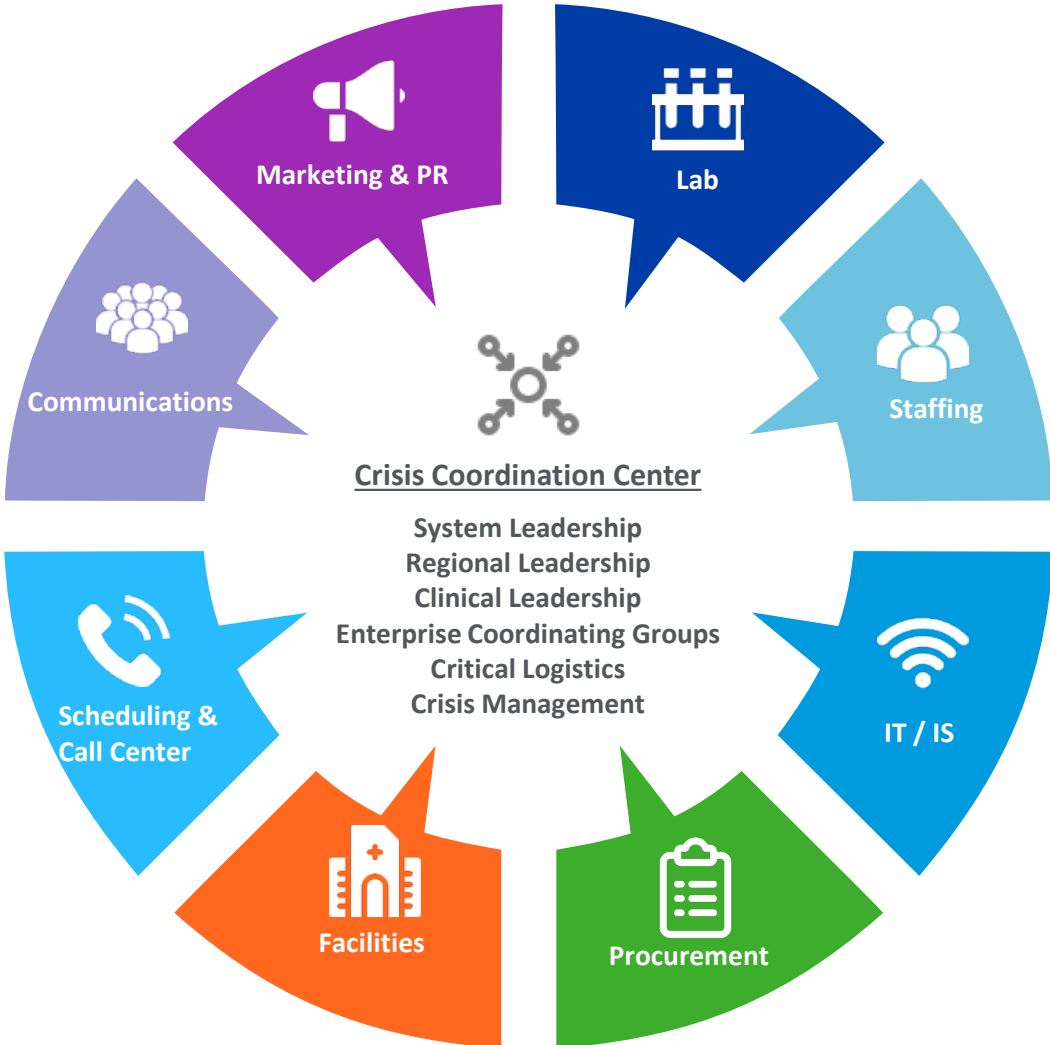
- Testing site locations are determined by internal, local, state, or federal **data that justify a request** from a willing community partner
- Intended to be **complimentary** to Emergency Departments and GoHealths
- Prior evaluation of testing and staffing **resource availability**
- Target **vulnerable communities** that were identified as **areas of opportunity** by Community Population Health



Enterprise Support

Continuous, effective and transparent communication is the key to successful COVID management.

Cross-Functional Teamwork and Communication



Northwell Health Laboratory

Flexible plan to address system demands during Pandemic surges



Internal Laboratory Meeting

- Biweekly to daily **strategy meetings**
- Determine pulse of Pandemic



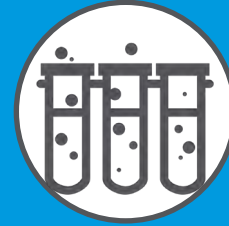
Continual Communication

- Daily reporting** on COVID specimens and **twice weekly** leadership meetings for **trend reporting**



Vendor Diversity

- Widespread instrumentation vendors and platforms for **high and low volume options**



Centralized Allocation of Supplies

- Leverage size, relationships and buying power to **centrally purchase COVID instruments**



Biweekly Vendor Calls

- Laboratory leadership communicates with vendors to maintain **appropriate inventory**



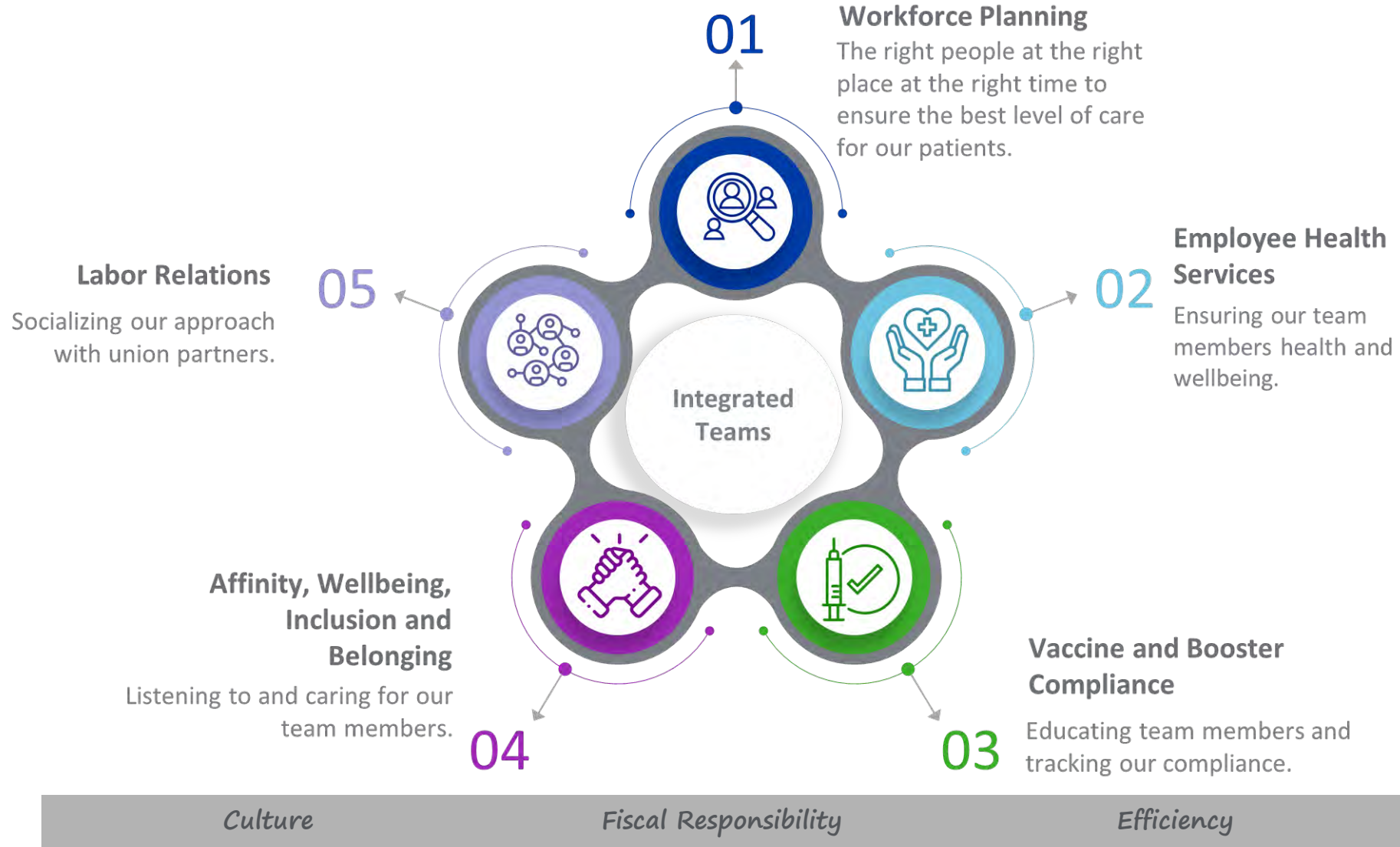
Warehouse and Refrigeration Space

- Expansion of warehouse and refrigerator space by 4 times to **increase storage capacity**

Northwell Health Laboratory has a total testing capacity of **48,500/day**. Current LabGold test capacity is **12,000/day** with abilities to **flex up to 40,000/day**.

Human Capital Sustainability Group






Coordination of team members to prepare and strengthen human capital forces.



Workforce Planning

Current State

New For Fall 2022

	Proactive Workforce Planning 	Flex Staff 	Quarantine Sick Call 	Surge Compensation 	Redeployment Pools 
	<p>Predicting Regional Staffing Ratios</p> <ul style="list-style-type: none"> -Quarantine, sick time trends and traveler contracts help predict ratios. -Coordinated effort with Flex Staff, HR and Nursing. <p>Pipeline Placement Decision</p> <ul style="list-style-type: none"> -Using workforce planning to inform placement decisions. <p>Expedited Hiring</p> <ul style="list-style-type: none"> -Ability to expedite our onboarding processes <p>Perm Hiring Between Surges</p> <ul style="list-style-type: none"> -Using workforce planning to prehire for critical roles 	<p>Flex Pool Development</p> <ul style="list-style-type: none"> - Building the bench. <p>Staffing Fulfilment</p> <ul style="list-style-type: none"> - Prioritized by CNO or Regional Workforce Planning Teams. <p>External Agency</p> <ul style="list-style-type: none"> -As needed. 	<p>Quarantine Trends</p> <ul style="list-style-type: none"> -Regularly tracking quarantines. -Key indicator of future resurgence. <p>Sick Call Data in Kronos</p> <ul style="list-style-type: none"> - Continuously monitoring, however data lags by two weeks. <p>EML Process</p> <ul style="list-style-type: none"> -New pay codes assisted with leave transitions. 	<p>Home Sight Moonlighting</p> <ul style="list-style-type: none"> -Keeps staff at their home location when all other staffing alternatives have been insufficient. <p>Crisis Rates</p> <ul style="list-style-type: none"> - Ability to flex rates in order to incentivize appropriately given the changing climate. 	<p>Internal Pools</p> <p>Functional RNs</p> <ul style="list-style-type: none"> - Priority determined by nursing. <p>Non-Clinical Swabbers</p> <ul style="list-style-type: none"> -Critical to support PODs. <p>Workforce Agents</p> <ul style="list-style-type: none"> -Manage time and pay for deployed team members. <p>Admins</p> <ul style="list-style-type: none"> -Critical to POD Operations.
	<ul style="list-style-type: none"> -Regional WFP meetings occur regularly to keep ahead of gaps & prioritize hiring. 		<ul style="list-style-type: none"> -Enhanced sick call report is being developed. -Monitoring quarantine data to provide warning 		<ul style="list-style-type: none"> - Proactively build redeployment pools for fall of 2022, including manager and senior leadership sign off.

Enterprise Support:

Updated plans to support the COVID Sustainability strategy and ensure continuity of mission essential functions.

Information Technology



Ongoing equipment support of Alternate Care Sites:

- EHS locations
 - Testing
 - Vaccination
- Hospital locations
 - Alternate care / treatment locations
 - Testing
 - Vaccinations
- Community locations
 - Testing
 - Vaccination

Procurement



Ongoing support of all clinical functions, through vendor diversity and ensuring vendor continuity in all contracts:

- Medical Supplies
- Pharmaceuticals
- Biomedical Equipment

Facilities



Ongoing support to provide a safe clinical environment:

- EHS locations
 - Testing
 - Vaccination
- Hospital locations
 - Alternate care / treatment locations
 - Testing
 - Vaccinations
- Community locations
 - Testing
 - Vaccination

Communications



Ongoing messaging support to provide clear, concise, accurate messages to:

- Employees
- Physicians
 - Faculty
 - Voluntary
- Community
 - Testing
 - Vaccination

Proactive Planning for the Future



Continue to enhance system's Pandemic preparedness, response and resiliency through **integration of system-wide Watch Command situational update and active surveillance program**



Ensure system, shared services, hospital, ambulatory and joint venture **preparedness plans are current, staff are trained, and plans are regularly exercised**



Ongoing review of Hospital **surge plans for compliance** with system strategy and regulatory standards



Integrate OCIO into system preparedness planning strategies and provide support to strengthen the system's ability to **prepare, prevent, identify, respond and recover from potential cyber threats**



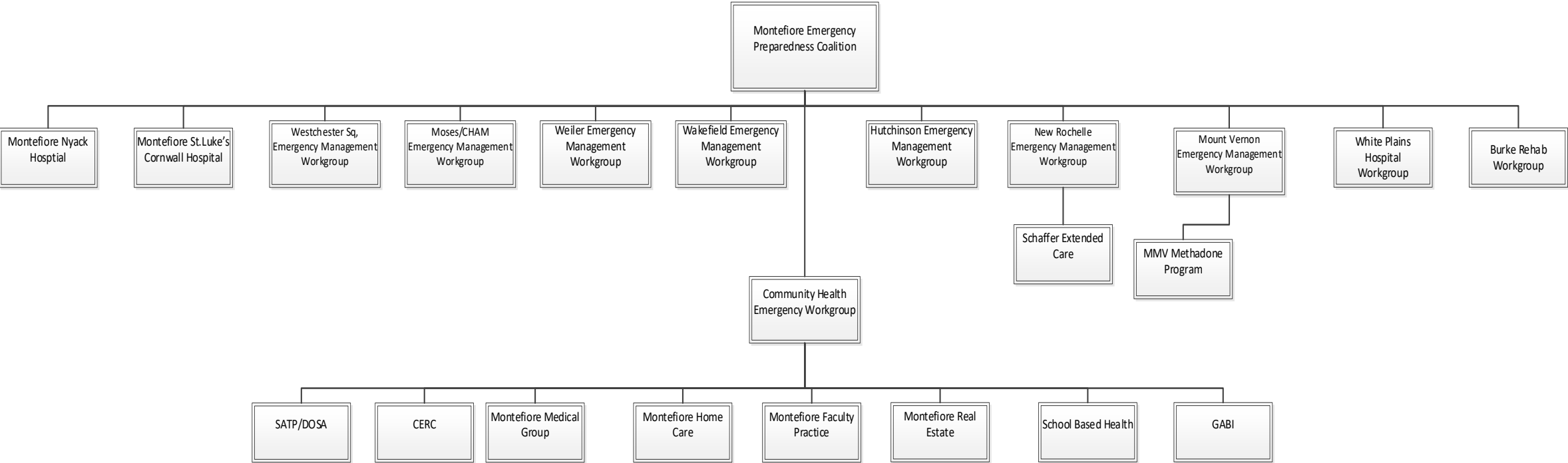
Thank You





Network Emergency Management *Budget Period Three Highlights*

Montefiore Integrated Emergency Management Program



Success Story: The Integrated Health System Emergency Management Annex

Montefiore Health System
Emergency Management Manual

Montefiore

INTEGRATED HEALTH SYSTEM
EMERGENCY MANAGEMENT ANNEX

HOSPITAL MUTUAL AID PLAN

To activate this Integrated Health System Emergency Management Annex,
requesting Incident Commander/Senior Administrator shall:

- NOTIFY HOSPITAL OPERATOR (Dial 718.920.2222)
- State: **"This is a Health System Alert"**
- DESCRIBE LOCATION, SITUATION and SPECIFIC ASSISTANCE NEEDED

Annex V:21.02.00-01 Document Date: 05/01/22 Print Date: 5/10/22

Montefiore
DOING MORESM

Origin: Problem Statement

- Complex or catastrophic disasters require an all-of-system approach for coordination, planning, resource allocation, patient and service distribution, and other needs
 - Examples: Superstorm Sandy (2012); COVID-19 pandemic (2020-21)
- CMS and Joint Commission considerations
- Pre-COVID development
 - MEPC evolution
 - Intra-network Service Area Healthcare Hazard Vulnerability Analysis
 - Intra-network mutual aid agreements and plan
 - Network incident command system and organization

Solution: Success Story

- Post-COVID (first wave) activities
- Montefiore Health System Integrated Emergency Preparedness Program and Annex
- Supports Health System needs through collaborative and coordinated planning, preparedness, and response activities
- Provides an outline of general principles and guidelines for system-wide emergency management activities
- Establishes buy-in and consistency across the system
- Led to evolution of System-wide continuity of operations (COOP) planning
- Future plans: Network-wide exercising of the integrated system plan



Challenge: The Epic Disaster Chart

The screenshot displays the Epic Disaster Chart interface. At the top, there are navigation tabs for various patient categories: Ready for Reg/Identify (0), To Be Admitted (0), Ready for Discharge (0), All Patients (147), Expected (0), Disaster (0), IP Bed Assigned (0), IP Bed Assigned (0), and Ready for Copy (0). Below these are filter buttons for Status alert: Yellow and Status alert: Disaster. The main table lists patient information including Status, Care Area, Bed, MRN, Patient Name, COVID-19 Result, Age, Complaint, ED, Nurse, Attending, Clinician, Disposition, Reg, Pt Class, FYI, and ED Com.

Status	Care Area	Bed	MRN	Patient	COVID-19 Result	Age	Complaint	ED	Nurse	Attending	Clinician	Disposition	Reg	Pt Class	FYI	ED Com
Waiting for Trl...	West	W-14	05167	Doe, John A (122 y.o. M)		122 y.o.		04:40		ABRAMS						Emergency
Waiting for Trl...	West	W-14	05123	Zzzrdiology, Alex (58 y.o. M)		55 y.o.	Head injury and neck pain. Motor ve...	42156 19								Emergency
Waiting for Trl...	West	W-14	05127	Zzzrdiology, Johann (64 y.o. M)		52 y.o.	lower leg numbness	41871 55								Emergency
Waiting for Trl...	West	W-14	05173	ZzTRNRAD, Alex-RISTECH (55 y.o. M)		55 y.o.	Head injury and neck pain. Motor ve...	06 19								Emergency
Waiting for Trl...	West	W-14	05173	Albran, Alex-RISTECH (55 y.o. M)		55 y.o.	Head injury and neck pain. Motor ve...	06 19								Emergency
Waiting for Trl...	West	W-14	05173	Almondelight, Alex-RISTECH (5...		55 y.o.	Head injury and neck pain. Motor ve...	06 19								Emergency
Waiting for Trl...	West	W-14	05173	Alphabits, Alex-RISTECH (55 y.o. M)		55 y.o.	Head injury and neck pain. Motor ve...	06 19								Emergency
Waiting for Trl...	West	W-14	05173	Applejacks, Alex-RISTECH (55 y.o. M)		55 y.o.	Head injury and neck pain. Motor ve...	06 19								Emergency
Waiting for Trl...	West	W-14	05173	Basicfour, Alex-RISTECH (55 y.o. M)		55 y.o.	Head injury and neck pain. Motor ve...	06 19								Emergency
Waiting for Trl...	West	W-14	05173	Banybonykix, Alex-RISTECH (55 y.o. M)		55 y.o.	Head injury and neck pain. Motor ve...	06 19								Emergency
Waiting for Trl...	West	W-14	05173	Brainflakes, Alex-RISTECH (55 y.o. M)		55 y.o.	Head injury and neck pain. Motor ve...	06 19								Emergency
Waiting for Trl...	West	W-14	05173	Bucorheats, Alex-RISTECH (55 y.o. M)		55 y.o.	Head injury and neck pain. Motor ve...	06 19								Emergency
Waiting for Trl...	West	W-14	05173	Buzzblasts, Alex-RISTECH (55 y.o. M)		55 y.o.	Head injury and neck pain. Motor ve...	06 19								Emergency
Waiting for Trl...	West	W-14	05173	Capn Crunch, Alex-RISTECH (55 y.o. M)		55 y.o.	Head injury and neck pain. Motor ve...	06 19								Emergency
Waiting for Trl...	West	W-14	05173	Cheerios, Alex-RISTECH (55 y.o. M)		55 y.o.	Head injury and neck pain. Motor ve...	06 19								Emergency
Waiting for Trl...	West	W-14	05173	Chex, Alex-RISTECH (55 y.o. M)		55 y.o.	Head injury and neck pain. Motor ve...	06 19								Emergency
Waiting for Trl...	West	W-14	05173	Chococrunch, Alex-RISTECH (55 y.o. M)		55 y.o.	Head injury and neck pain. Motor ve...	06 19								Emergency
Waiting for Trl...	West	W-14	05173	Clusters, Alex-RISTECH (55 y.o. M)		55 y.o.	Head injury and neck pain. Motor ve...	06 19								Emergency
Waiting for Trl...	West	W-14	05173	Cocacrispias, Alex-RISTECH (55 y.o. M)		55 y.o.	Head injury and neck pain. Motor ve...	06 19								Emergency
Waiting for Trl...	West	W-14	05173	Cocapables, Alex-RISTECH (55 y.o. M)		55 y.o.	Head injury and neck pain. Motor ve...	06 19								Emergency
Waiting for Trl...	West	W-14	05173	Cocapuffs, Alex-RISTECH (55 y.o. M)		55 y.o.	Head injury and neck pain. Motor ve...	06 19								Emergency
Waiting for Trl...	West	W-14	05173	Cocosoos, Alex-RISTECH (55 y.o. M)		55 y.o.	Head injury and neck pain. Motor ve...	06 19								Emergency
Waiting for Trl...	West	W-14	05173	Concantalope, Alex-RISTECH (55 y.o. M)		55 y.o.	Head injury and neck pain. Motor ve...	06 19								Emergency
Waiting for Trl...	West	W-14	05173	Cookiering, Alex-RISTECH (55 y.o. M)		55 y.o.	Head injury and neck pain. Motor ve...	06 19								Emergency
Waiting for Trl...	West	W-14	05173	Conchex, Alex-RISTECH (55 y.o. M)		55 y.o.	Head injury and neck pain. Motor ve...	06 19								Emergency
Waiting for Trl...	West	W-14	05173	Comflakes, Alex-RISTECH (55 y.o. M)		55 y.o.	Head injury and neck pain. Motor ve...	06 19								Emergency
Waiting for Trl...	West	W-14	05173	Counschocula, Alex-RISTECH (55 y.o. M)		55 y.o.	Head injury and neck pain. Motor ve...	06 19								Emergency
Admitted	TRN IPRN TA...		05171	Apple, Taylor-Moses (60 y.o. M)		60 y.o.	Abdominal Pain	29 10				Admit				Inpatient
Admitted	TRN IPRN TA...		05171	Apricot, Taylor-Moses (60 y.o. M)		60 y.o.	Abdominal Pain	29 18				Admit				Inpatient
Admitted	TRN IPRN TA...		05171	Banana, Taylor-Moses (60 y.o. M)		60 y.o.	Abdominal Pain	29 18				Admit				Inpatient
Admitted	TRN IPRN TA...		05171	Blackberry, Taylor-Moses (60 y.o. M)		60 y.o.	Abdominal Pain	29 18				Admit				Inpatient
Admitted	TRN IPRN TA...		05171	Blueberry, Taylor-Moses (60 y.o. M)		60 y.o.	Abdominal Pain	29 18				Admit				Inpatient
Admitted	TRN IPRN TA...		05171	Cantalope, Taylor-Moses (60 y.o. M)		60 y.o.	Abdominal Pain	29 10				Admit				Inpatient
Admitted	TRN IPRN TA...		05171	Cherry, Taylor-Moses (60 y.o. M)		60 y.o.	Abdominal Pain	29 18				Admit				Inpatient
Admitted	TRN IPRN TA...		05171	Fig, Taylor-Moses (60 y.o. M)		60 y.o.	Abdominal Pain	29 15				Admit				Inpatient

The Patient Lookup dialog box is open, showing search criteria for Name-MRN, SSN, Birth date, Sex, and Service area. It also includes an 'Open Patients' table with columns for Patient Name, MRN, ID Type, Sex, DOB, and Street Address.

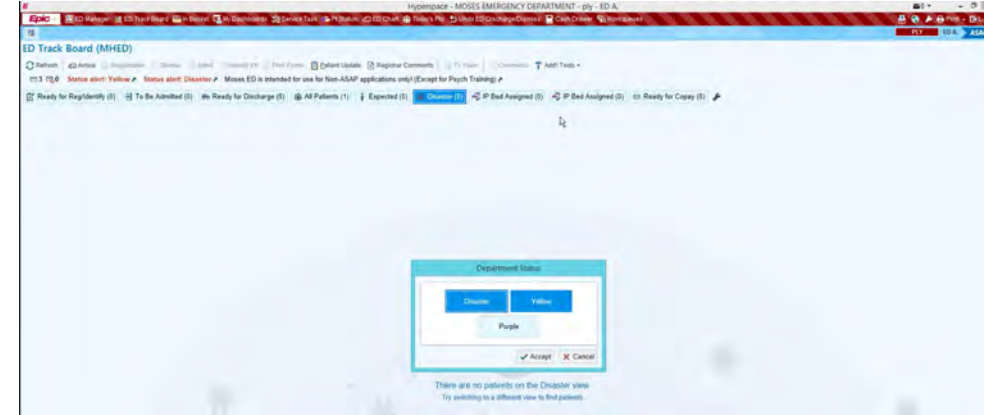
Challenge: Patient Registration During MCI Influx

- Recent mass casualty patient influx exercise, all campuses
- No sites used the Epic Disaster Screens for registration
- All sites used paper downtime charts, or improvised with notepaper or post-it notes
- When queried, most were not familiar with the Disaster Screens
- Paper records create several problems
 - Delay patient processing for radiology, labs, operating rooms, and other services
 - Require duplicative work for registration
 - Inhibit patient tracking and accountability
 - Add to HIPAA violation risks
 - Are more subject to loss, damage, or errors



Solutions: Under Development

- Recognition/understanding of the problem
- Training for Registration/Admissions staff
- Policy adjustment to increase permissiveness for disaster activation
- Culture adjustment to encourage utilization
- Technology adjustment to enable “Playground” entries to be more broadly experienced; or to enable “disaster” screens to operate in ASAP mode
- Software adjustment to enable patients to be entered by triage tag number
- Practice regularly through the routine use of disaster screens to initiate patient arrival at designated times on each shift



Conclusion

- This was a brief representation of a selected highlight and challenge
- The NYC healthcare coalition program has been instrumental in focusing our work toward improved coordination, planning, and mobilization for disasters
- Future growth and expansion of the network coalition is anticipated at Montefiore



Montefiore

DOING MORESM



Flushing Hospital Medical Center 1982 Building Fire

NYCHCC Leadership Council Meeting

May 9, 2022

John Keogh, Senior Planner

MediSys Emergency Management

MediSys Health Network

The MediSys Health Network is comprised of

- Jamaica Hospital Medical Center
- Flushing Hospital Medical Center
- Jamaica Hospital Nursing Home
- Network of Neighborhood Based Healthcare Centers
 - MediSys Family Care Centers
 - Outpatient Mental Health Centers
 - Faculty Practices

Flushing Hospital Medical Center



Flushing Hospital Medical Center



1982 Building Occupants

6	Finance, MIS Training, HIM Coding
5	Auditorium, Board Room
4	O/P Mental Health, Maternal Fetal Medicine, Faculty Practice
3	Faculty Practice, Mental Health Administration
2	O/P OB/Gyn, OB/Gyn Administration, Faculty Practice
1	Ambulatory Care Center, Retail Pharmacy
C	Building Services, Data Center, Mailroom/Printshop

1982 Building Fire

At approximately 10:00 PM on Sunday June 27, 2021, a fire started on the 2nd floor in one of the outpatient OB/Gyn treatment rooms. The cause of the fire was determined to likely have been caused by an overloaded power strip, which had a portable A/C unit plugged in and left on over the weekend.

1982 Building Fire



- Fire was contained to a single suite (Suite 207)
- Fire/Water damage to the 1st & 2nd floors
- Smoke damage to floors 3,4,5 & 6

Immediate Recovery Priorities

Relocation of essential services

- Critical Outpatient Services
 - OB/Gyn
 - Maternal Fetal Medicine
 - Adult and Pediatric Ambulatory Care Center
 - Faculty Practices
 - Private Physician Practices
 - Mental Health/Addiction Services
 - Retail Pharmacy
- Critical Administrative Offices
 - Mental Health
 - OB/Gyn
 - Surgery
 - Finance Departments

What helped

- No impacts to the inpatient units
- Building was unoccupied at time of the fire
- Between COVID surges - inpatient census was relatively low
- Swing space available within the facility
- Finance staff was working remotely until 7/1/2021
- Telehealth Outpatient Mental Health
- Ability to combine faculty practice appts at alternate locations

Areas for Improvement/ Recovery Challenges

- Communications
- Limited fire protection
- Asbestos Identified
- Fire Investigation
- Private & Faculty Practice equipment/supplies inventories
- Expense tracking
- Re-construction Coordination
- Joint Commission Survey Window
- Hurricane IDA ** Sept 1st Significant Flooding to the facility

Biggest Lesson Learned

This was a relatively small, contained fire. Several factors have resulted in an extended recovery (which continues today). These include a full-building asbestos abatement, subflooring issues from original construction, and Hurricane Ida response and recovery.



Flushing Hospital Medical Center 1982 Building Fire

NYCHCC Leadership Council Meeting

May 9th, 2022

John Keogh, Senior Planner

MediSys Emergency Management



SME Presentations

North HELP Coalition

Improving the emergency preparedness of medically vulnerable populations.

NYCHCC Leadership Council Meeting, May 19, 2022

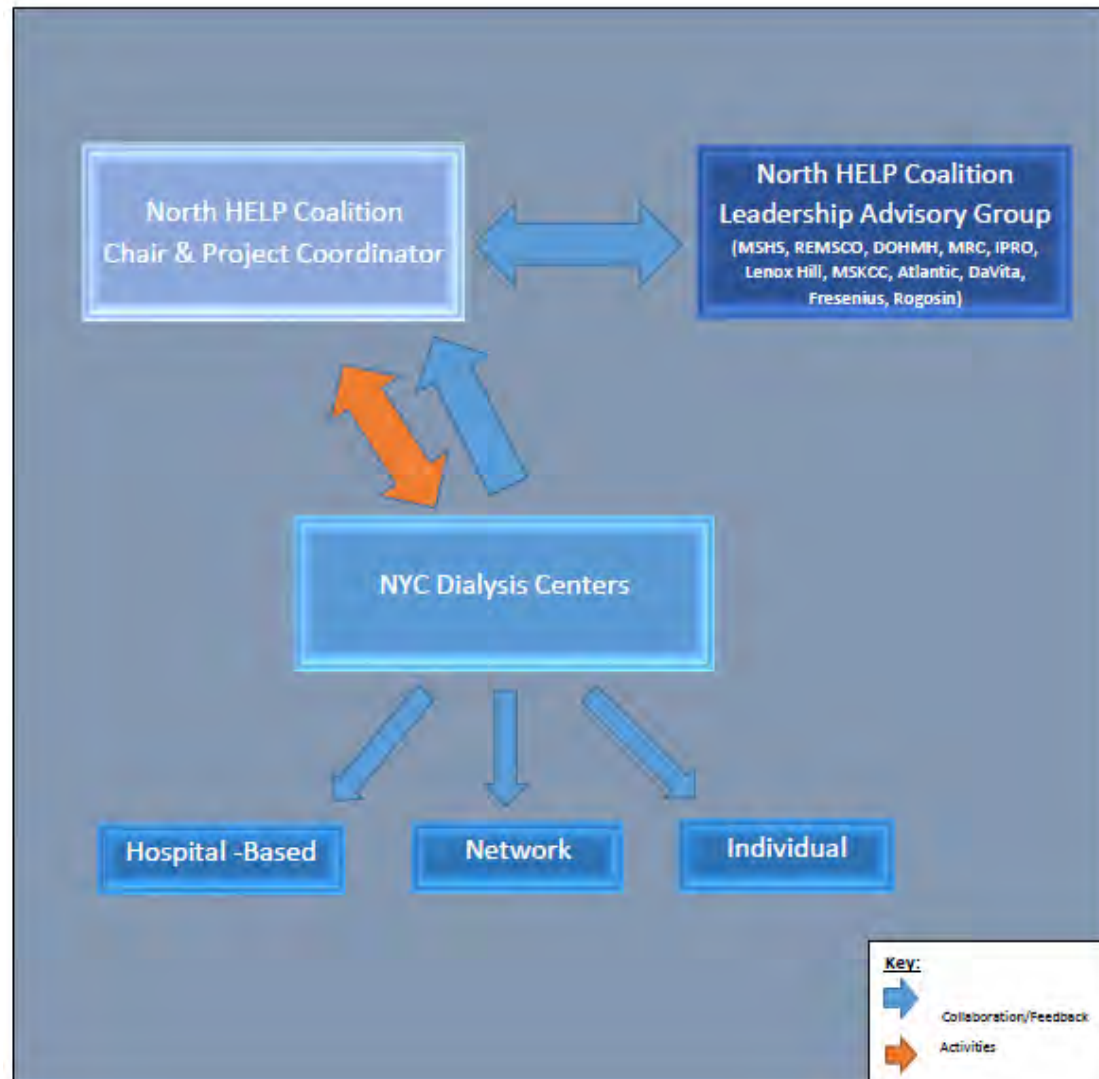
Kevin Chason, DO, FACEP
Senior Director, Access Services
The Mount Sinai Health System

Yosef Travis, MPH
Project Coordinator, North HELP Coalition
The Mount Sinai Health System



**Mount
Sinai**

What is the North HELP Coalition?



- ▶ The Coalition’s mission is to improve the emergency preparedness of medically vulnerable populations.
- ▶ The Coalition brings together community partners and agencies to improve the resiliency of the NYC outpatient dialysis (OPD) sector through preparedness activities and advocacy efforts.
- ▶ Initiatives include:
 - Workshops
 - Drills and exercises
 - Training
 - Advocacy

NYC OPD Sector

- ▶ Outpatient dialysis includes: center-based hemodialysis, home-based hemodialysis, and home-based peritoneal dialysis.

Characteristics of NYC Dialysis Centers	
Organization	
National	80 centers (50%)
Local	46 centers (29%)
Independent	10 centers (6%)
Affiliation	
Hospital	24 centers (15%)
Non-Hospital	136 centers (85%)
Vulnerability	
SOVI \geq 70%	91 centers (57%)
SOVI $<$ 70% or undetermined	69 centers (43%)
Hurricane Risk	
Zone 1	10 centers (6%)
Zone 2	8 centers (5%)
Zone 3	9 centers (5.6%)
Zone 4	14 centers (8.7%)
Zone 5	15 centers (9%)
Zone 6	9 centers (5.6%)
No Zone	95 centers (59%)

Success: Care Transition

Identified issue with patients receiving routine dialysis in EDs.

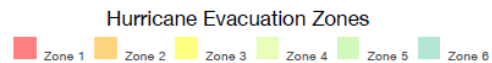
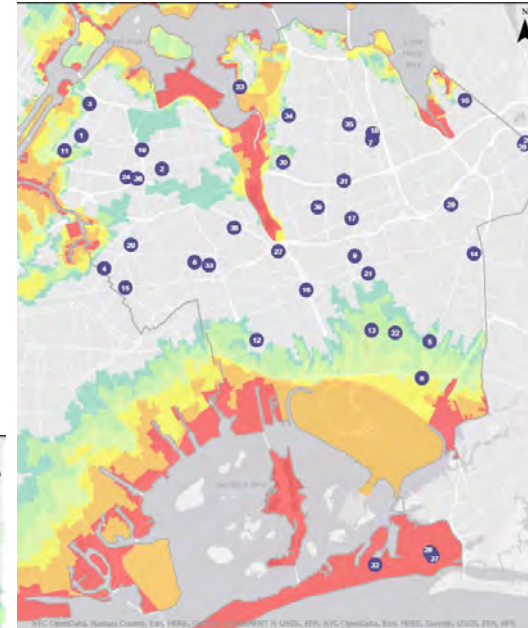
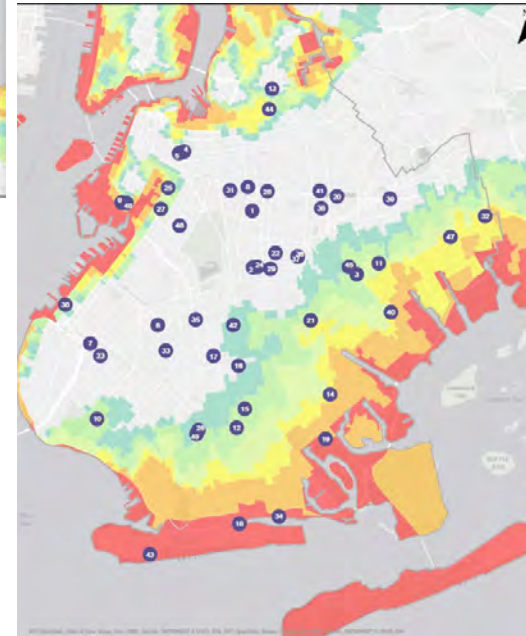
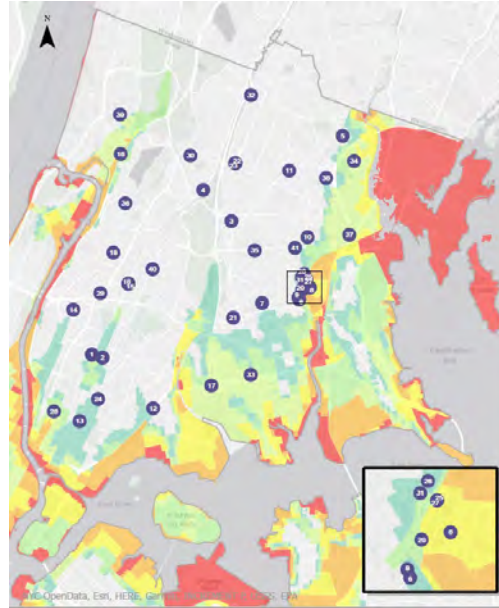
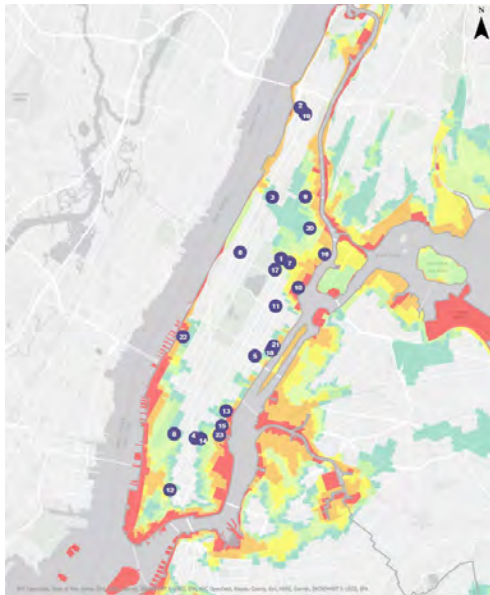
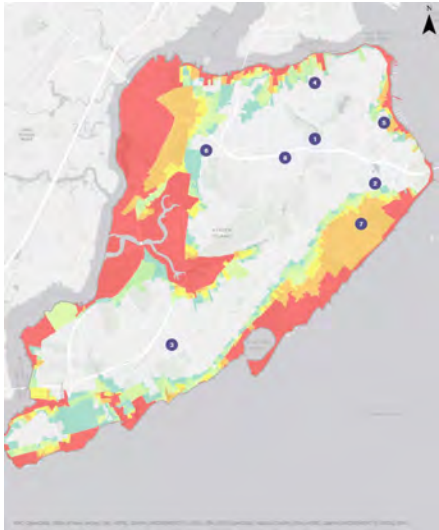


Engaged with dialysis, hospital, government agency, and NGO partners to understand issue.

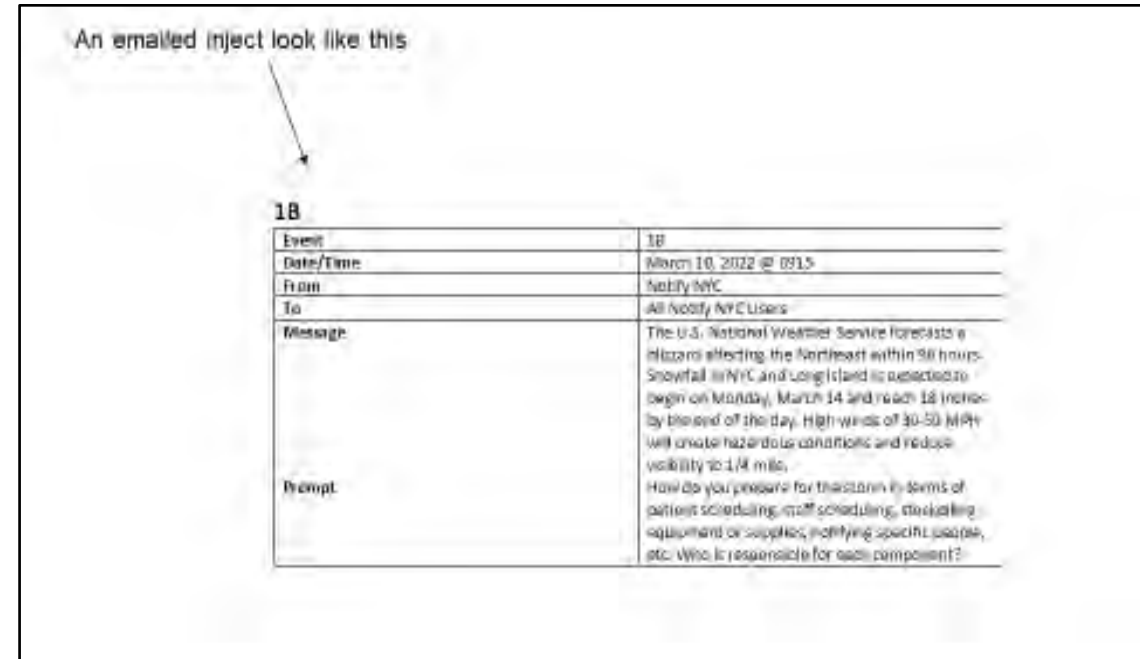


Shared recommendations and corrective actions.

Success: Collaboration with Borough Coalitions



Success: Virtual Tabletop Exercise



Good morning _____,

I'm reaching out to inform you that our dialysis center, _____, participated in a tabletop exercise with the North HELP Coalition today. In the exercise, we discussed our response to a blizzard and considered how a blizzard would affect our staff and patients. We will use the discussions we had and observations we made to improve our emergency preparedness program.

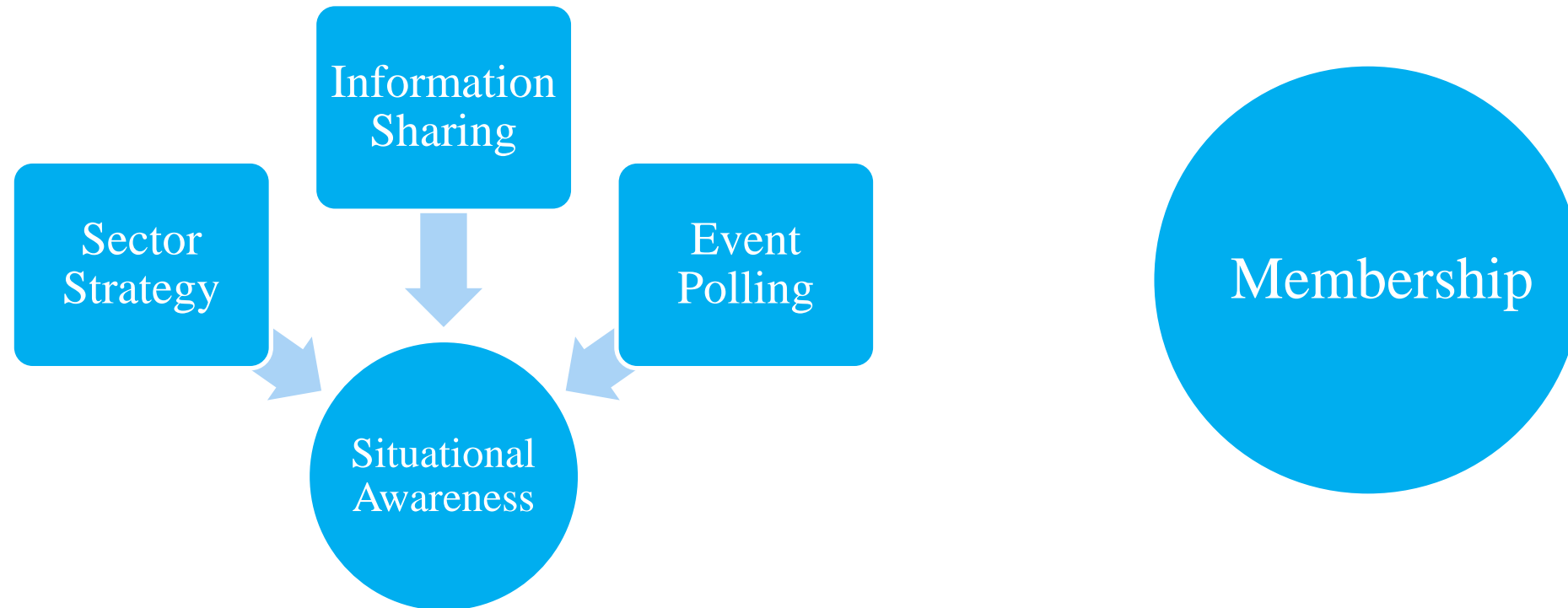
The exercise was conducted with other dialysis centers around NYC who are also members of the North HELP Coalition. The Coalition includes all outpatient dialysis centers in NYC and is led by a group of emergency preparedness experts. The goal of this coalition is to improve the preparedness of the outpatient dialysis community in NYC through exercises and other preparedness activities.

All the best,

Exercise Objective	Core Capability
1) Ensure Preparedness is Sustainable	Capability 1: Foundation for Health Care and Medical Readiness
2) Utilize Information Sharing Procedures and Platforms	Capability 2: Health Care and Medical Response Coordination
3) Plan for Continuity of Healthcare Operations	Capability 3: Continuity of Health Care Service Delivery
4) Maintain Access to Non-Personnel Resources during and Emergency	Capability 3: Continuity of Health Care Service Delivery
5) Develop Strategies to Protect Health Care Information Systems and Networks	Capability 3: Continuity of Health Care Service Delivery

Table 1 Exercise Objectives and Associated Core Capabilities

Challenges



Thank You!

Kevin

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Yosef

yosef.travis@mountsinai.org





Long Term Care Exercise Program [LTCEXP] and Use of Sit Stat


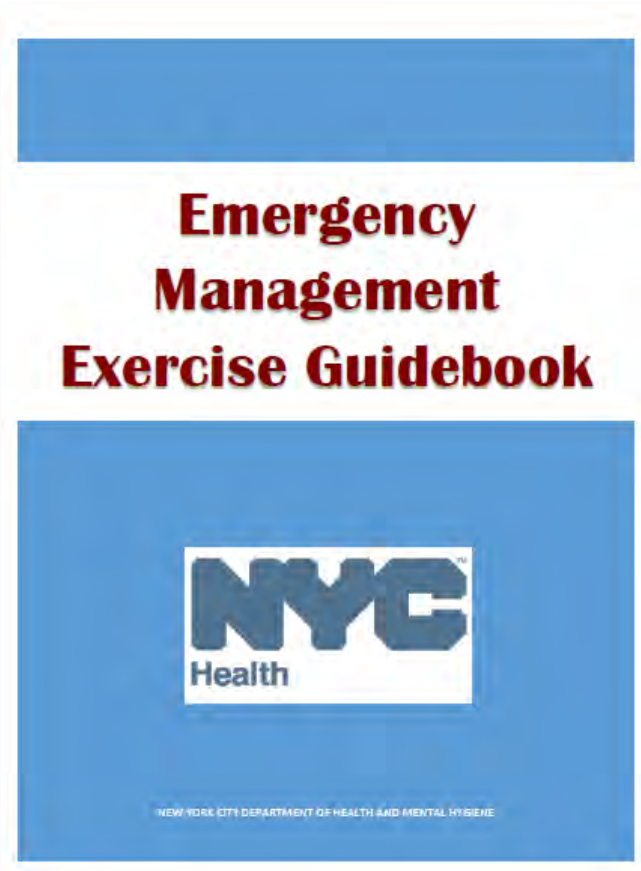
Danielle M.L. Sollecito, LMSW
NYC Department of Health and Mental Hygiene

Lisa Fenger, BS, AMLS, MPA
Greater New York Hospital Association, Continuing Care

OPER | Bureau of Healthcare and Community Readiness

- Mission of BHCR:
 - Support the NYC healthcare system to respond safely and effectively in emergencies.
- Achieve our Mission by:
 - Aligning our work with the Healthcare Preparedness Capabilities driven by the Assistant Secretary for Preparedness and Response [ASPR] to assist us in determining the preparedness priorities of the sectors and how to plan and implement activities.
 - This alignment ultimately allows us to have a **shared emergency planning framework** where stakeholders **collaboratively prioritize** and **address preparedness and response gaps**, and where health care facilities of all types have the **tools and resources they need** to care for their patients and residents during an event

Long Term Care Exercise Program [LTCEXP]



NYC DOHMH Office of Emergency Preparedness and Response
LONG TERM CARE EXERCISE PROGRAM

Program Dates

- October 13, 2021
Workshop Session 1
Exercise Design and Development
- December 8, 2021
Workshop Session 2
Exercise Conduct
- February 2, 2022
Workshop Session 3
Exercise Evaluation
- March 21, 2022
Contractor / Evaluator Briefing
- March 22-23, 2022
Functional Exercise
(held one half-day session)
- March 24, 2022
After-Action Review Conference
- April 6, 2022
Workshop Session 4
After Action Review and Improvement Planning

Overview

The New York City Department of Health and Mental Hygiene, Office of Emergency Preparedness and Response (NYC DOHMH OEPR) invites you to participate in a unique emergency management initiative known as the Long Term Care Exercise Program (LTCEXP). The LTCEXP is designed to improve the disaster readiness of the City's healthcare facilities – long term care (nursing home and adult care) facilities and home care organizations – by having facility emergency management teams learn to design, develop, conduct and evaluate meaningful exercises that identify the organization's strengths and opportunities for improvement in emergency response under simulated conditions.

OEPR has contracted Incident Management Solutions, Inc. (IMS), an emergency management consultancy, to design, develop, and conduct this program initiative. In collaboration with the City's nursing home associations and other external partners, we will engage up to 100 facilities to take part in the LTCEXP. Participants will receive training and resources that will assist their facilities in meeting CMS requirements for planning, conducting, and evaluating emergency exercises. There is no cost for participation, requiring only the commitment of staff time. The seven-month program runs from October 2021 through May 2022 and includes Homeland Security Exercise and Evaluation Program (HSEEP) training and coordinated work group meetings that focus on conducting, evaluating, and documenting a city-wide functional exercise involving your facility.

Program Structure

The LTCEXP will be comprised of four Workshop Sessions, a briefing webinar, the functional exercise, and an after-action review conference. Participation in each activity is required as part of the program. At present, all activities will be conducted virtually. Each participating facility will establish a three-person exercise planning team (EPT) consisting of two leadership staff, as well as an alternate, with knowledge and authority to participate in the entire program, ensuring representation at every session. Facilities will provide DOHMH with a signed commitment letter verifying their participation.

Preparing for the Program

Participants are strongly encouraged to take at least two of the following three FEMA interactive web-based Independent Study courses prior to the start of the program.

- IS-130 C: [An Introduction to Exercises](#)
- IS-130 A: [How to be an Exercise Facilitator](#), and
- IS-130 A: [Exercise Design and Development](#)

Registering for the Program

Space is limited! Register online today by selecting the following link and completing the brief registration process. [Click here to register.](#)

For More Information

Danielle Sollecito, LMSW
Senior Program Manager
Bureau of Healthcare and
Community Readiness
347.396.2782
Diucas@health.nyc.gov

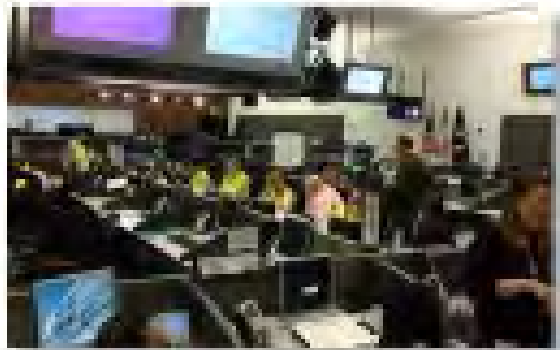
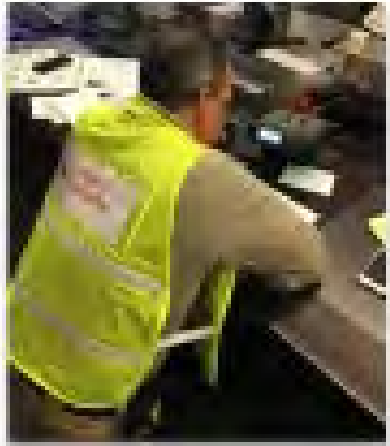
Long Term Care Exercise Program [LTCEXP] - Timeline



Operation HExIS 2022

[Healthcare Exercise for Inundation of Stormwater]

- *Threat/Scenario*
 - Severe Weather Outbreak during a Pandemic
- *Objectives of Exercise*
 - Incident Command System/Unified Command
 - Activate the Facility Command Center (FCC)
 - Emergency Coordination
 - Continuity of Health Care Service Delivery
- *Participants*
 - 54 Long Term Care Providers - 48 Nursing Homes, 0 Adult Care Facilities, 6 Home Care Agencies
- *Partners*
 - New York City Emergency Management – Emergency Radio Communication Program: roll calls
 - NYS Department of Health – eFINDS: developed three DEMO drills for FE
 - NYS and NYC Long Term Care Associations





Thank you.

Danielle M. L. Sollecito, LMSW
Senior Program Manager, Long Term Care Facility Preparedness and Response
Bureau of Healthcare and Community Readiness
Office of Emergency Preparedness and Response (OEPR)
NYC Department of Health and Mental Hygiene (DOHMH)
p: 347.396.2782 | c: 646.300.3472



Utilization of Sit Stat

During LTCEXP Functional Exercise

GREATER NEW YORK HOSPITAL ASSOCIATION

Over 100 years of helping hospitals deliver the finest patient care in the most cost-effective way.

Sit Stat Scope



- Sit Stat is a situational awareness and information sharing platform
 - Hosted by the Greater New York Hospital Association (GNYHA)
 - 115+ hospitals across NYS
 - 15+ response agencies (FDNY, NYS Department of Health, NYCEM)
 - 76 nursing homes

- Nursing homes
 - DOHMH: Supporting the expansion of Sit Stat to the NYC nursing home sector
 - GNYHA Continuing Care is leading this effort with the collaboration of Greater New York Healthcare Facilities Association and Southern New York Association
 - Working closely with GNYHA to ensure compatibility between hospital and nursing home domains
 - Status terminology and definitions
 - System usage particularly for drills and real-time data collection
 - Coordination between hospitals and nursing homes for data sharing as needed

Sit Stat Implementation Timeline



2020

2021

2022

November
Advisory
Board
Meetings to
design Sit
Stat begin

March 31
Sit Stat
training
sessions
begin

August 25
First drill
(heat event)
conducted;
41 facilities
enrolled

**September
/ October**
Series of
surveys
assessing
vaccine
mandate
impact

December:
50 facilities
enrolled

March:
LTCEXP
exercise; 74
facilities
enrolled

March 11
Introductory
webinars for
potential Sit
Stat users
begin

June:
First 10 facilities
enrolled

September 2:
First real-life
event survey
deployed for
flooding
resulting from
Hurricane Ida

**October /
November:**
Coastal
storm and
winter
weather
drills

**January /
February:**
Winter
storm
surveys;
admissions
surveys; 54
facilities
enrolled

May:
Heat drill;
76 facilities
enrolled

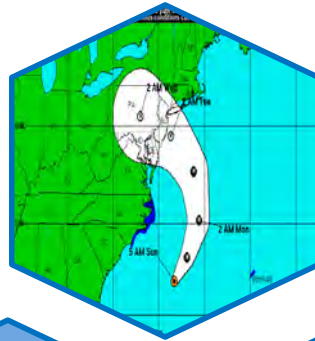


Sit Stat Surveys and Drills: August 25 through May 19



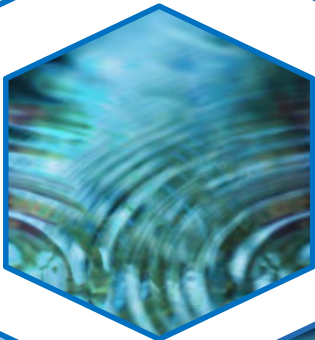
Heat Drill
August 25

LTCEXP
Exercise
March 22 &
23



Winter
Weather
Jan 7 &
Jan 28

21 Surveys
9 Months



Post Ida
Survey
September 2

Coastal
Storm
Drill
October 20



Heat Drill
May 12

5 Vaccine
Mandate
Surveys
Sept / Oct



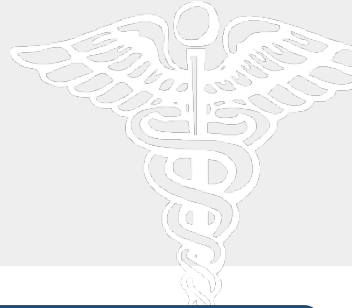
Winter
Weather
Drill
Nov 17



9 Omicron
Admissions
Surveys
Dec / Jan /
Feb



LTCEXP Exercise



Pre-Exercise Process

- Coordinate: Worked with exercise development team to integrate Sit Stat use into scenario
- **Recruit!**: Enrolled 9 facilities in advance of the exercise
- Train: Provided training for newly enrolled facilities
- Drill: Conducted a pre-exercise drill for LTCEXP participants & non-participants
- Survey: Parallel SurveyMonkey for facilities not enrolled in Sit Stat & home health agencies with no Sit Stat access
 - Use of SurveyMonkey in conjunction with Sit Stat pioneered through admissions surveys during Omicron surge

Exercise Process

- Sit Stat survey deployment simulated real-life timing during response to event
 - SurveyMonkey launched simultaneously for non-Sit Stat users
- Survey addressed potential facility impacts based on exercise scenario
 - EOC status
 - Impacts to infrastructure, operations, supplies, staffing
 - Power and generator impacts
 - Safety and security concerns
- Participants were provided a half-hour time frame in which to respond

Survey Questions



Survey Statuses	Response Options
<p><u>EOC Status</u> Please report the current status of your internal Emergency Operations Center (EOC).</p>	<p>Inactive Active - On Site Active - Virtual Active - Backup Location</p>
<p><u>Infrastructure Impacts</u> Is your facility currently experiencing event-related infrastructure impacts related to systems & utilities, physical infrastructure, facility access points, critical areas (e.g., residential rooms, dietary, mechanical), etc.? If yes, please indicate the level of impact and the impacted areas.</p>	<p>None Minor / Anticipated Moderate Severe Comment: provide impacted area(s) if selecting Minor/Anticipated, Moderate, or Severe</p>
<p><u>Staffing Shortages</u> Is your facility currently experiencing a staffing shortage? If yes, please indicate the level of impact.</p>	<p>None Minor / Anticipated Moderate Severe</p>
<p><u>Supply Shortages</u> Is your facility currently experiencing any supply shortages? If yes, please indicate the level of impact.</p>	<p>None Minor / Anticipated Moderate Severe</p>
<p><u>Power Status</u> Please report the current power status at your facility.</p>	<p>Grid Power Generator - No Impacts Generator - Impact Downtime Procedures</p>
<p><u>Generator Run Time (Days)</u> How many days can you run your facility based on current generator power capacity?</p>	<p>Number</p>
<p><u>Other Operational Impacts</u> Is your facility currently experiencing or anticipating any other operational impacts?</p>	<p>None Minor / Anticipated Moderate Severe</p>
<p><u>Safety & Security</u> Are there any current or anticipated safety or security concerns at your facility?</p>	<p>Yes No</p>

Sit Stat Response: 86% responded



EMResource Lisa Fangar (lfanger) GNYHA SitStat 2.0 Log Out TLP: AMBER Search Help Contact JUVARE

Setup View Upload Other Regions Event Preferences Form Report Regional Info Jobs

IMS March 2022 Exercise invalid contact info show map customize print excel refresh help

Drill: ***DRILL*** DOHMH LTCxP Op HexIS Functional Exercise (Day 2, AM) MCI Notification: Fire - Level A (Alpha) ID: BK0501

Nursing Homes	Association Affiliation	Borough	EOC Status	Infrastructure Impacts (NH)	Staffing Shortages	Supply Shortages	Power Status	Generator Run Time (Days)	Other Operational Impacts	Safety & Security	Comment	Last Update	By User
Beach Gardens	SNYA	Queens	Active - On site	Minor / Anticipated	Moderate	Moderate	Generator - No Impacts	7	Minor / Anticipated	No	Leaking through windows Nurses Cons...	23 Mar 2022 11:08	Gina Solomita
Bensonhurst For Rehab & Healthcare	None	Brooklyn	Active - On site	Minor / Anticipated	Minor / Anticipated	Minor / Anticipated	Grid Power	5	None	Yes	Some windows have been severely dama...	22 Mar 2022 15:08	Efraim Acker
Bronx Gardens Rehab & Nursing Center	None	Bronx	Active - On site	Moderate	Moderate	Moderate	Generator - No Impacts	4	Moderate	No	Ancillary Support Staff,Nurses,Physicians ...	23 Mar 2022 11:18	Sherry Flores
Bronx Park Rehab & Nursing Center	GNYPHCA	Bronx	--	--	--	--	--	--	--	--	--	25 Feb 2022 10:18	Lisa Fangar
Brooklyn United Methodist Church Home	GNYPHCA	Brooklyn	Active - On site	Minor / Anticipated	Moderate	Minor / Anticipated	Generator - No Impacts	3	Minor / Anticipated	Yes	Nurses,Physicians Consumable Medical ...	22 Mar 2022 11:25	Victor Oriola
Crown Heights Center For Nursing & Rehab	None	Brooklyn	Active - On site	None	None	None	Generator - No Impacts	5	None	No	--	22 Mar 2022 11:10	Susan Rice
Eger Health Care & Rehab Center	GNYPHCA	Staten Island	Active - On site	Minor / Anticipated	Moderate	None	Generator - No Impacts	3	None	Yes	Nurses,Other, CNA's Fire Alarm System ...	22 Mar 2022 15:18	Sam Pepper
Haym Salomon Home For Nursing & Rehab	SNYA	Brooklyn	Active - On site	None	None	None	Grid Power	3	None	No	Brooklyn	22 Mar 2022 12:30	Chaim Lipschitz
Hebrew Home For The Aged At Riverdale	GNYPHCA	Bronx	Active - On site	Moderate	Minor / Anticipated	--	Generator - No Impacts	365	Moderate	--	lower lying areas like research will be eva...	22 Mar 2022 11:46	Yamil Velazquez
Hillside Manor Rehab & Ext. Care Cntr	GNYPHCA	Queens	--	--	--	--	--	--	--	--	--	13 Jan 2022 14:44	Mitchell Teller
Jamaica Hospital Nursing Home	GNYPHCA	Queens	Active - On site	Minor / Anticipated	Minor / Anticipated	None	Grid Power	4	None	Yes	Ancillary Support Staff,Nurses Downed tr...	22 Mar 2022 15:16	Angela Czarniecki
King David Center For Nursing & Rehab	None	Brooklyn	Active - On site	Moderate	Minor / Anticipated	Minor / Anticipated	Generator - Impacts	4	Minor / Anticipated	Yes	some windows have been damaged and f...	22 Mar 2022 15:08	David Schoenblum
Lawrence Nursing Care Center	None	Queens	Active - On site	Minor / Anticipated	Minor / Anticipated	None	Generator - No Impacts	4	Minor / Anticipated	No	A few rooms with wet floor tiles, a few roo...	22 Mar 2022 15:32	Linda O'Connor
Linden Center For Nursing & Rehab	SNYA	Brooklyn	--	--	--	--	--	--	--	--	--	16 Mar 2022 12:27	Nelissa Garces
Manhattanville Health Care Center	GNYPHCA	Bronx	Active - On site	Moderate	Moderate	Minor / Anticipated	Grid Power	10	None	Yes	cracked windows Nurses, need 5 nurses ...	22 Mar 2022 15:13	Uri Schwanz
Midway Nursing Home	None	Queens	Active - On site	Minor / Anticipated	Minor / Anticipated	Minor / Anticipated	Grid Power	3	Minor / Anticipated	Yes	6 windows broken, Residents relocated, R...	22 Mar 2022 15:28	Susan O'Connor
Morris Park Nursing Home	SNYA	Bronx	Active - On site	Minor / Anticipated	Minor / Anticipated	None	Grid Power	--	--	No	Ancillary Support Staff,Nurses,Physician A...	23 Mar 2022 11:22	Angela Vitacco
Northern Manhattan Rehab Nursing Center	GNYPHCA	Manhattan	Active - On site	Minor / Anticipated	Minor / Anticipated	None	Generator - No Impacts	4	Minor / Anticipated	Yes	Ancillary Support Staff,Medical Assistants	22 Mar 2022 15:39	Steven Rossi
Norwegian Christian Home & Health Center	GNYPHCA & GNYPHCA	Brooklyn	Active - On site	None	Minor / Anticipated	None	Generator - No Impacts	5	None	No	Nurses, anticipate staff inability to arrive ...	22 Mar 2022 11:28	Denise Fazio
Ozanam Hall Of Queens Nursing Home	None	Queens	Active - On site	None	Minor / Anticipated	None	Grid Power	4	None	Yes	Nurses,Other, We have asked our staff to ...	23 Mar 2022 11:22	Charlie Steffen
Promenade Rehab & Health Care Center	GNYPHCA	Queens	Active - On site	--	Minor / Anticipated	--	--	--	--	--	Nurses	22 Mar 2022 15:03	Kimberly Sharma
Sheepshead Nursing & Rehab Center	GNYPHCA	Brooklyn	Active - On site	Moderate	Moderate	None	Grid Power	30	None	No	7 rooms had windows broken during high ...	22 Mar 2022 11:16	Leonard Grunhut
The Chateau at Brooklyn Rehab & Nursing	None	Brooklyn	Active - On site	Minor / Anticipated	Minor / Anticipated	None	Generator - No Impacts	10	Minor / Anticipated	Yes	6 Broken Windows, flooding in 5 resident r...	23 Mar 2022 11:13	Patricia O'Connell
The Citadel Rehab & Nursing Center	None	Bronx	Active - On site	Minor / Anticipated	Minor / Anticipated	None	Grid Power	3	None	Yes	Broken windows have been addressed, S...	22 Mar 2022 11:14	Hershey Bernath
The Silvercrest Cntr For Nursing & Rehab	GNYPHCA	Queens	--	--	--	--	--	--	--	--	--	10 Nov 2021 12:48	Rosanne Casey
Waterview Nursing Care Center	GNYPHCA	Queens	Active - On site	Minor / Anticipated	Minor / Anticipated	None	Generator - No Impacts	60	None	No	Ancillary Support Staff,Medical Assistants...	22 Mar 2022 15:17	Michael Berger
West Lawrence Care Center	SNYA	Queens	Active - On site	Minor / Anticipated	None	None	Generator - No Impacts	9	None	No	Broken Windows	22 Mar 2022 15:17	David Cytryn
Windsor Park Nursing Home	None	Queens	Active - On site	Minor / Anticipated	Minor / Anticipated	None	Generator - No Impacts	15	None	No	Nurses	22 Mar 2022 15:05	David Abramovich
Summary	N/A	N/A	N/A	N/A	N/A	N/A	N/A	560	N/A	N/A			

Post Acute Care

Post Acute Care	Comment	Last Update	By User
Coler			
Gouverneur LTC			
McKinney			

Next Steps



Integrate Sit Stat in Future Exercises

- Further integration of Sit Stat into functional exercises involving nursing home participation
 - Demonstrates use in real-life situations better than stand-alone drill

Use Exercises as Recruiting Tool

- Use functional exercises as a recruiting tool to encourage more enrollment in Sit Stat

Integrate Sit Stat Responses into Exercise Play

- Better integration within exercise play to Sit Stat responses
 - For example: Sim Cell (representing DOHMH, NYCEM, trade associations, etc.) can call facilities reporting impacts to:
 - Gather further details of impact
 - Identify needs for assistance
 - Demonstrates follow-up to Sit Stat reporting in real-life situations

Thank you!



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Adjourn