



# NYC Health Care Coalition (NYCHCC) Leadership Council Meeting

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

**Tuesday, September 20, 2022**







Welcome!

# Agenda

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- **1:00 - 1:05 PM** | *Welcome and Opening Remarks*
- **1:05 - 1:30 PM** |
  - *Overview of BP4 - HPP Updates*
  - *Overview of BP4 Citywide Tabletop Exercise*
- **1:30 - 1:35 PM** | *Update on Administration for Strategic Preparedness and Response (ASPR) Site Visit*
- **1:35 - 1:45 PM** | *Monkeypox Updates*
- **1:45 - 2:00 PM** | *Q & A*
- **2:00 - 2:15 PM** | *Long Term Care TTX on Cybersecurity*
- **2:15 – 2:30 PM** | *NYC Health Care Coalition Governance Board Updates*
- **2:30 – 2:50 PM** | *NYC Health Care Coalition Governance Board Elections- Overview*
- **2:50 – 3:00 PM** | *Coalition Announcements/Adjourn*

# NYC Health Care Coalition (NYCHCC)

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- The purpose of the NYCHCC is to bring together various members of the health system and non-health care partners into a single, integrated, and coordinated health care system emergency planning and response entity that leverages the strengths of each member in activities such as communication, information sharing, planning, and response through coalition resources. This strengthens resiliency of the health system for emergencies and disasters and allows for continuity of health care delivery during, and after, an emergency event occurs within the New York City area, which affects the health care system and/or services.
- Collaboration and preparedness are the essence of the NYCHCC, and membership is open to all NYC health care delivery members, community organizations that support health and wellbeing, surrounding regional health care organizations, government agencies, and community partners that desire to work collaboratively on emergency preparedness, response and recovery, which affect the City's health care system.
- For more information:
  - <https://nychealthcarecoalition.com/>





# Overview of BP4 - HPP Updates

**Dr. Darrin Pruitt**, Director, Evaluation, Program Implementation & Quality Improvement, Bureau of Healthcare and Community Readiness, Office of Emergency Preparedness and Response (OEPR), NYC DOHMH

# HPP Requirements

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## Required every year:

- **Threaded throughout work with HCC members:** Planning for at-risk populations, community and healthcare system engagement in emergency planning, promotion of NYC Health Care Coalition's (NYCHCC) value, engagement of healthcare executives and clinicians, a common operating picture for infectious disease information sharing among all NYCHCC members,
- **Directed activities for HCC Governance Board and partners:** Incorporation of NIMS, review/revise HVA, update response plan, 2 call down notification drills, roles of ERRC, Clinical Advisor
  - MRSE (semi-annual now. Completed in BP3. Next in BP5.)

## Budget Period 4 (BP4) requirements:

- NYC HCC Recovery Plan
- TTXs for surge annexes (not yet planned and conducted)
- Development of the NYC HCC Response Plan Annex for Radiation Surge Events





# Overview of BP4 Citywide Tabletop Exercise

**Nicole Marks**, Training & Exercise Manager, Healthcare System Readiness, Bureau of Healthcare and Community Readiness, Office of Emergency Preparedness and Response (OEPR), NYC DOHMH

# “Feel the Burn” Tabletop Exercise (TTX)

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## Purpose:

- This TTX will focus on testing the NYC Healthcare Coalition (HCC) Burn Surge Annex (dated March 23, 2022) to meet the Hospital Preparedness Program (HPP) BP4 requirements
- Scope / Structure:
  - Hybrid
    - » Participating facilities will have the opportunity to choose onsite / in person or virtual play
  - 3–4-hour discussion-based exercise
  - Burn scenario surging 20% of bed capacity



# “Feel the Burn” Tabletop Exercise (TTX)

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## Roles and Responsibilities:

- Exercise Steering Committee
  - Specifically tasked with providing feedback and input to ensure that this exercise can meet additional requirements (i.e., CMS community exercise requirements) and the needs of all members
  - Will meet bi-weekly or monthly, based on needs
- Exercise Roles
  - Trusted Agents / Exercise Point of Contact
  - Facilitators (onsite)
  - Evaluators
  - Players

# “Feel the burn” Tabletop Exercise (TTX)

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## Important Exercise Dates:

- Concept and Objectives Meeting – October 17 (alternative 18)
- Initial Planning Meeting – October 31
- Mid-term Planning Meeting – December 12 (13)
- Final Planning Meeting – January 18, 2023 (19)
- “Feel the burn” TTX – February 16 (17)
- TTX Hotwash – March 1 (2)
- TTX AAR-IP completed by April 21



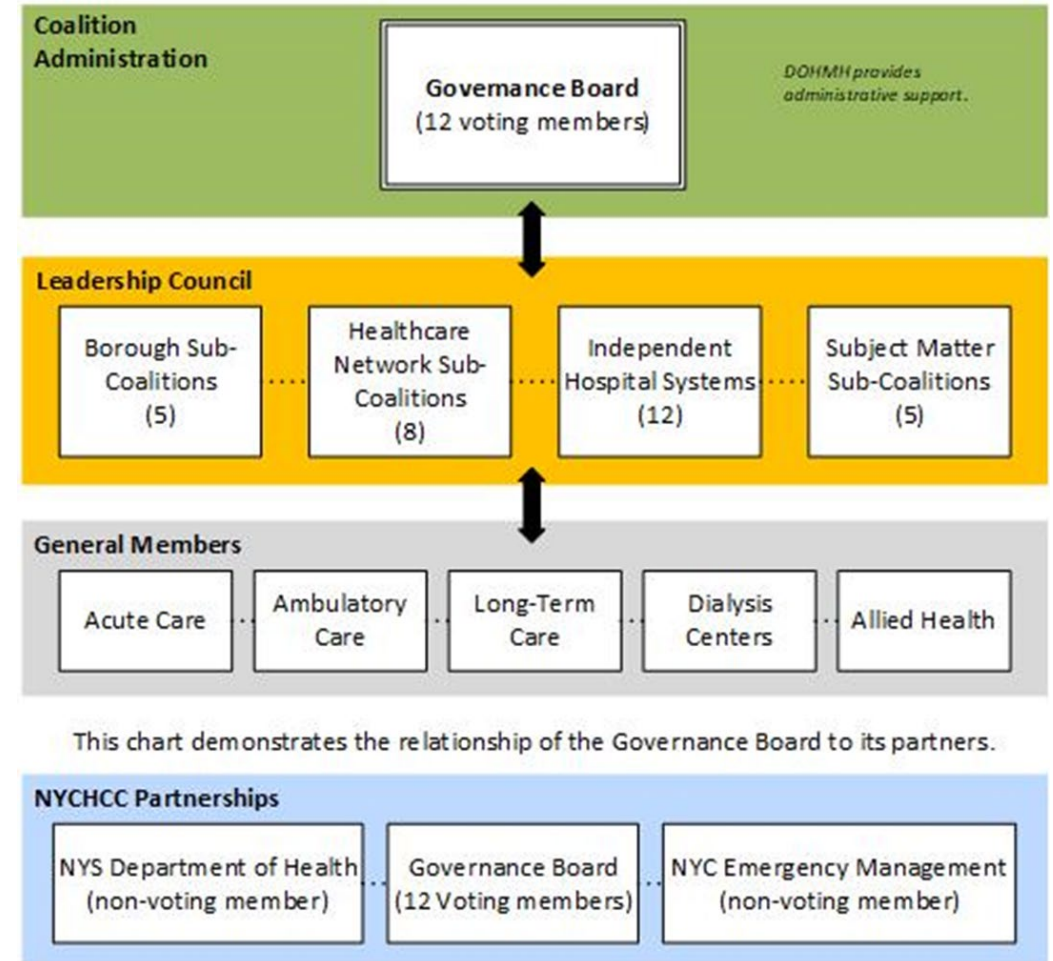
# Update on Administration for Strategic Preparedness and Response (ASPR) Site Visit

**David Miller Jr.**, Executive Director, Healthcare System Readiness, Bureau of Healthcare and Community Readiness, Office of Emergency Preparedness and Response (OEPR), NYC DOHMH



# ASPR's NYC Site Visit

- DOHMH Office of Emergency Preparedness and Response (OEPR) and NYCEM Leadership met with Administration for Strategic Preparedness and Response (ASPR) Dawn O’Connell on Monday, June 27<sup>th</sup>
  - Presented on aspects of COVID-19 Response, PHEP and HPP grants, among other programs
  - Highlights included coordination with healthcare delivery system and response agencies and success in Vaccine Hubs
- ASPR praised the NYCHCC for developing a useful and useable governance and organizational structure and considers this a best practice





# Monkeypox Updates

**Dr. Mary Foote**, Medical Director, Applied Science, Bureau of Healthcare and Community Readiness, Office of Emergency Preparedness and Response (OEPR), NYC DOHMH

**NEW YORK CITY HEALTH DEPARTMENTS**

# **MONKEYPOX UPDATES**

**September 20, 2022**



**Mary Foote, MD, MPH**

Medical Director / Office of Emergency Preparedness and Response  
New York City Department of Health and Mental Hygiene

The information presented is based on our knowledge as of 9/20/22 and is subject to change

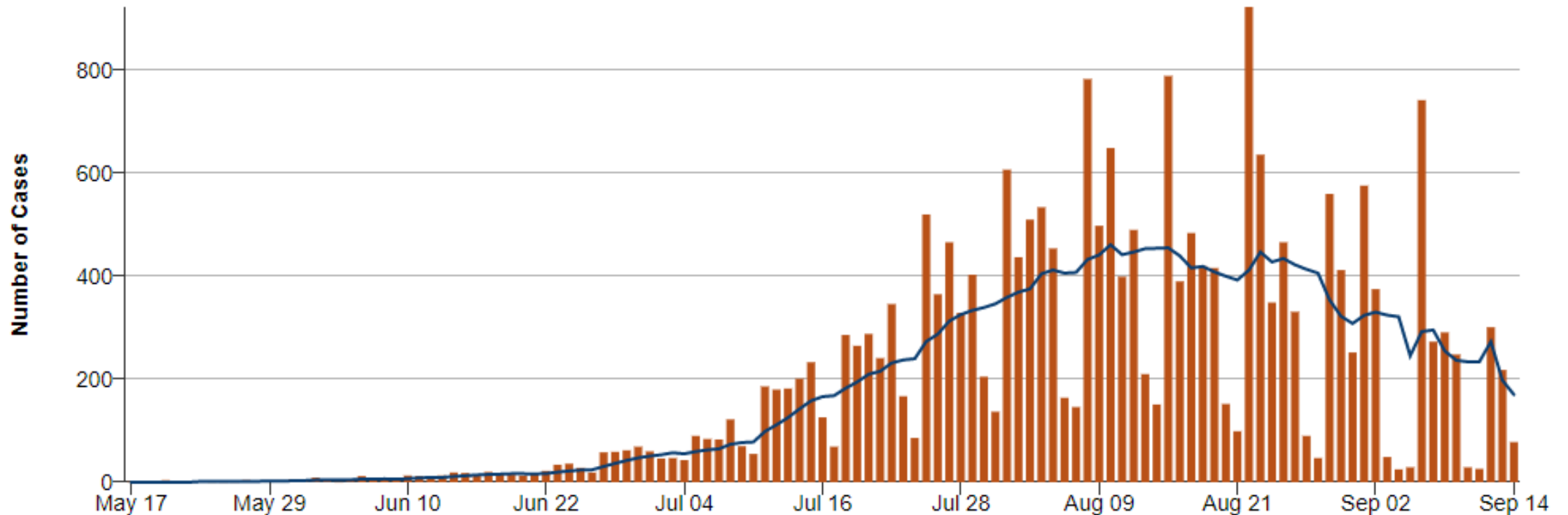


# SITUATION REPORT IN U.S. and NEW YORK STATE

## As of September 19, 2022

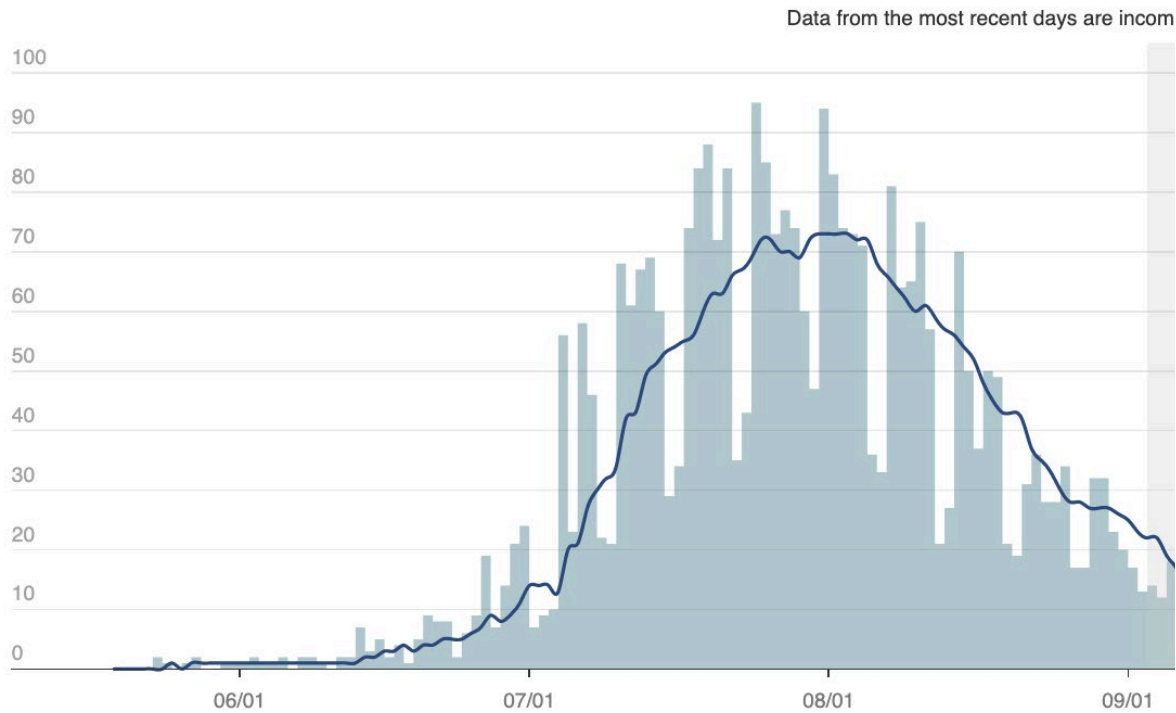
Daily Monkeypox Cases Reported\* and 7 Day Daily Average

**U.S. – 23,499 CASES**

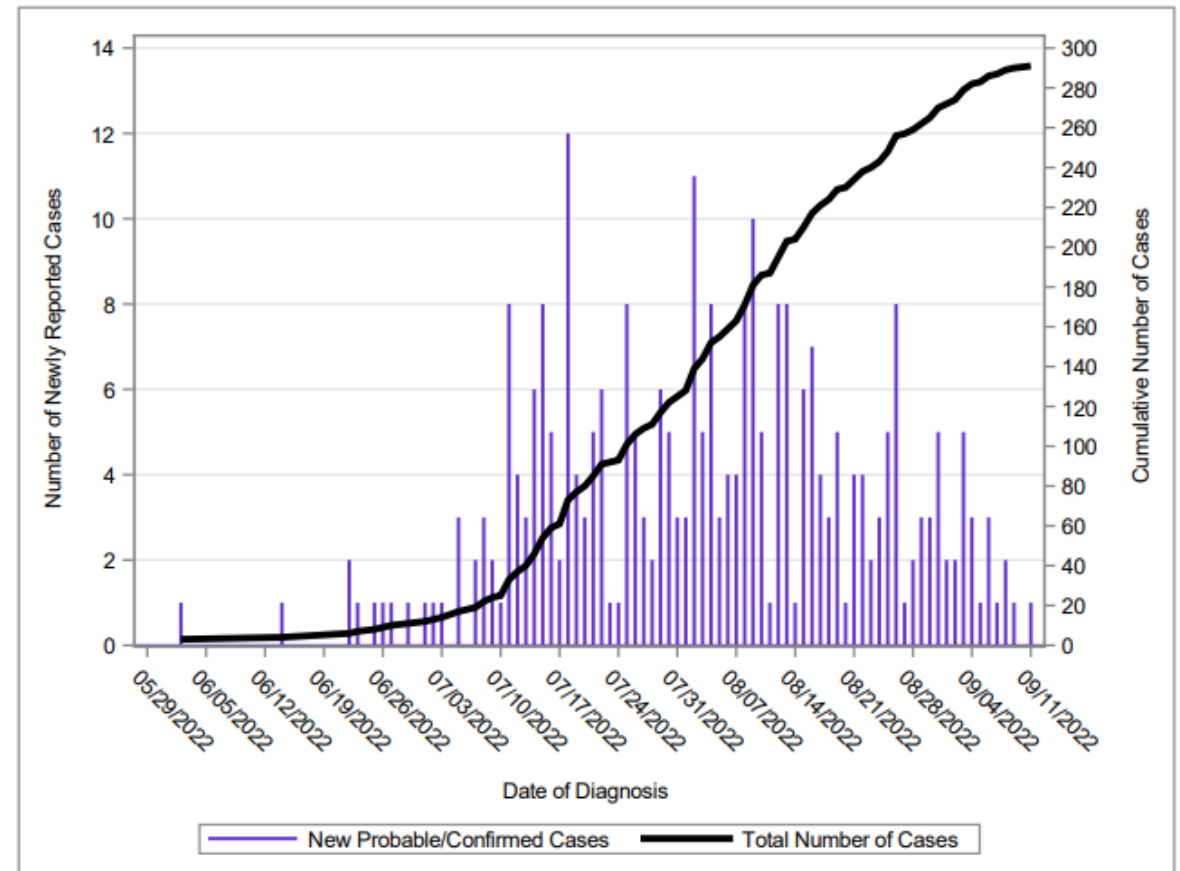


# NYS and NYC Monkeypox Data Pages

Daily new cases NYC  
Total=3,4054 (as of 9/16)



Daily new cases NYS(non-NYC)  
Total=291 (as of 9/14)



[Monkeypox Data - NYC Health](https://health.ny.gov/diseases/communicable/zoonoses/monkeypox/)

<https://health.ny.gov/diseases/communicable/zoonoses/monkeypox/>

# NYC MPV Demographics

<b>Borough</b>	Bronx	632
	Brooklyn	798
	Manhattan	1,371
	Queens	519
	Staten Island	33
	Unknown	6
<b>Age</b>	0 to 17	2
	18 to 24	205
	25 to 34	1,366
	35 to 44	1,161
	45 to 54	448
	55 to 64	154
	65 to 74	17
	75 to 84	1
	85 plus	0

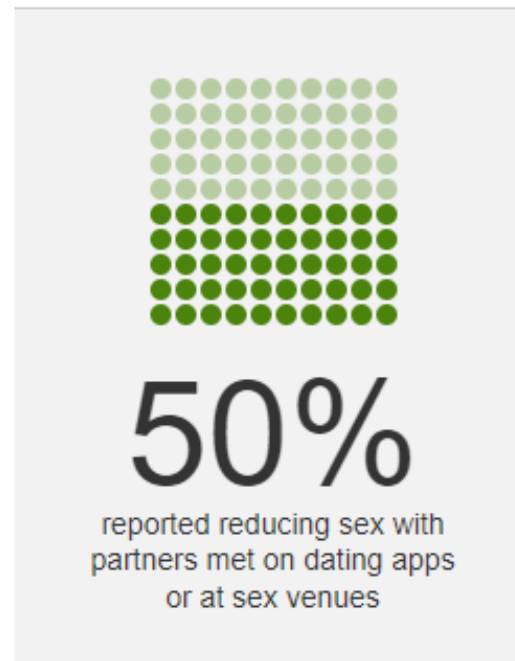
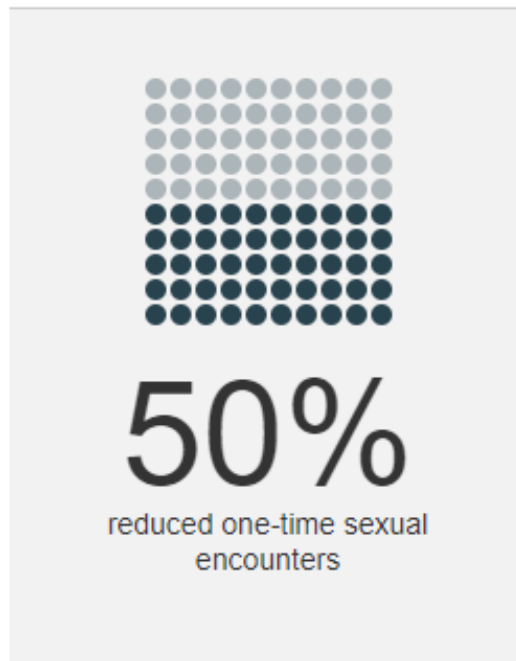
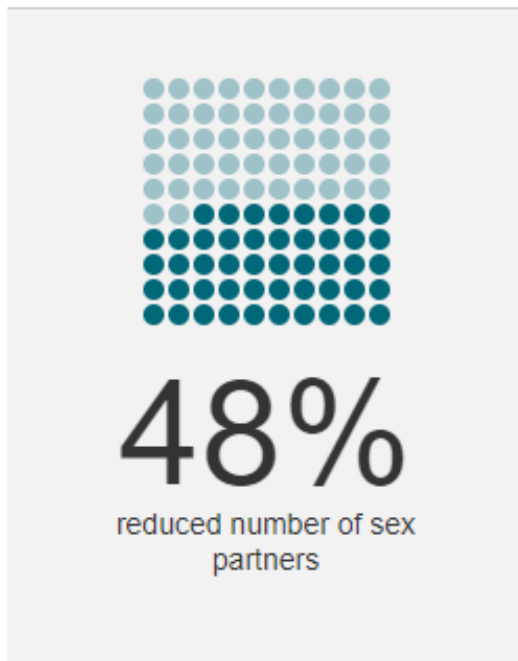
<b>Gender</b>	Men	3,180
	Non-Binary/Gender-Queer	49
	Transgender Men	6
	Transgender Women	45
	Women	48
	Unknown	28
<b>Race/Ethnicity</b>	Asian or Pacific Islander	115
	Black	901
	Hispanic	1,122
	White	781
	Other	55
	Missing	382
<b>Sexual Orientation</b>	LGBQ+	2,228
	Straight	227
	Unknown	901



# NEW - CDC Monkeypox Data Pages

## Impact of Monkeypox Outbreak on Select Behaviors

Gay, bisexual, and other men who have sex with men are taking steps to protect themselves and their partners from monkeypox.



# Testing



# Updates on Testing

- Currently lesion swab is the recommended specimen
- Submit specimens through commercial laboratories if possible
  - NYS and NYC Public Health Laboratories continue to offer testing for State and City residents with expanded capacity
- 9/7/22 update: HHS Secretary signed 564 Declaration allowing FDA to issue EUAs for in vitro diagnostic tests
  - Quest granted first EUA



# Vaccination



# Intradermal JYNNEOS Vaccine

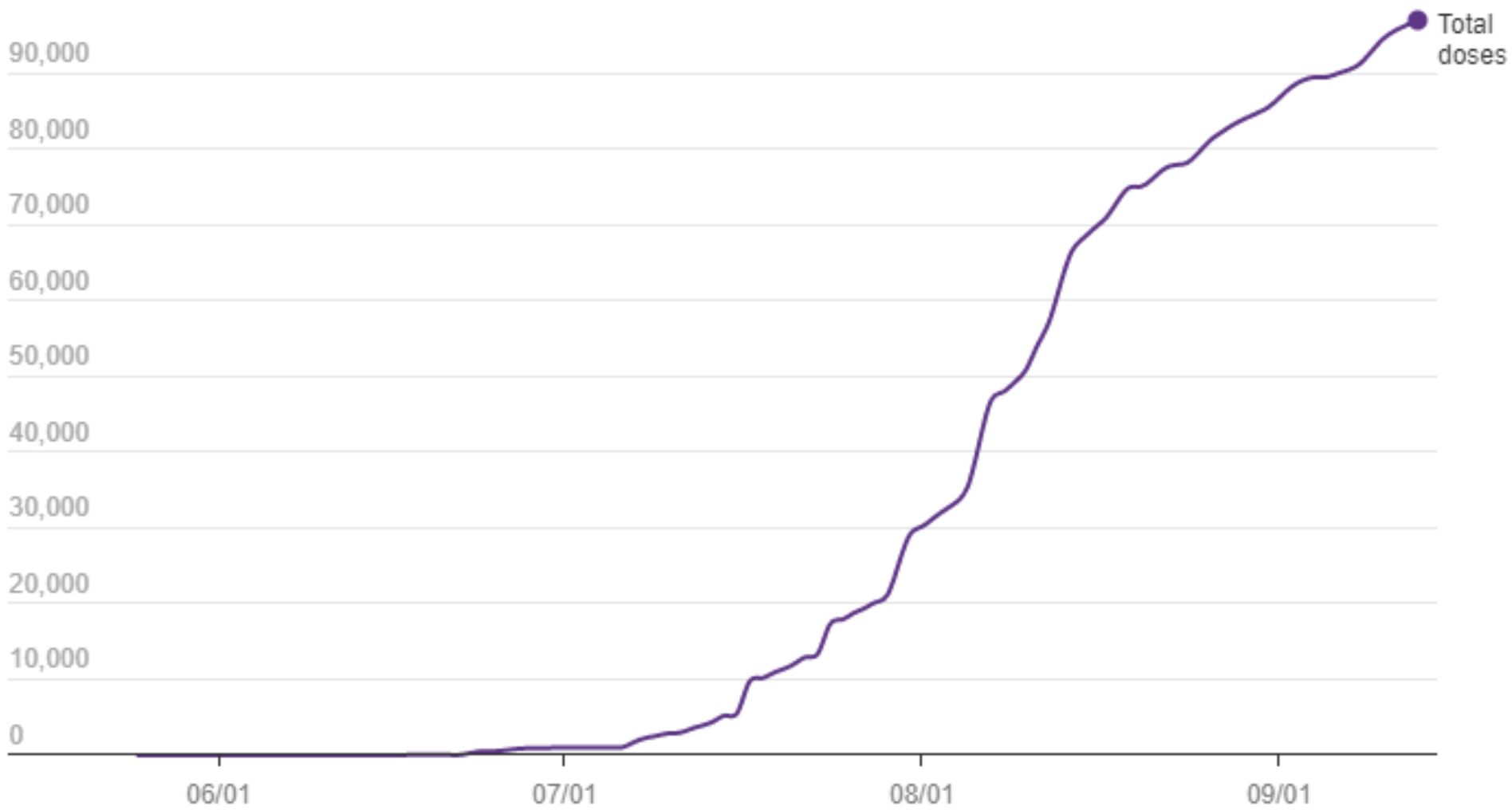
- Federal government has mandated intradermal (ID) administration as part of its National Monkeypox Vaccination Strategy
- Limited supply and high demand of vaccine led to Emergency Use Authorization (EUA) to allow for ID administration using smaller dose volume (0.1mL) in persons aged 18 years and older
  - EUA also allows for subcutaneous (SC) administration for persons under the age of 18 years
- Based on study data, ID administration induces similar immune response but is more locally reactogenic
  - Not recommended for people with history of keloid formation
- Studies underway to evaluate vaccine **efficacy** and **immunogenicity** of different administration methods and dosing regimens

# Health Department Vaccine Clinics – PEP++

- For persons who are not a known contact but may be at greater risk for recent exposure based on behavioral/epidemiological criteria
- **For NYC vaccination program**
  - First dose available by appointment or walk-in at vaccine clinics
  - Second dose appointment's now available for people 4 weeks or more after their 1st dose
  - Visit [nyc.gov/monkeypox](https://nyc.gov/monkeypox) for more information
- **For NYS vaccination program**
  - Visit [Monkeypox Vaccination \(ny.gov\)](https://www.monkeypoxvaccination.ny.gov) for information on where vaccine is available in NYS.



Total number of doses administered in NYC **97,008** doses administered as of 9/13



Data updated each weekday at 3:45 p.m.

[About the data for this chart.](#) [Get the data.](#)

# Treatment



# Tecovirimat for Treatment

- Tecovirimat (TPOXX) is an antiviral medication approved by FDA to treat smallpox disease
  - Oral capsule and IV formulations
  - Can be given on outpatient basis
- CDC-held Expanded Access Investigational New Drug (IND) Protocol allows use of tecovirimat for primary or early empiric treatment of monkeypox in people of all ages
- Available through the NYC or NYS Health Departments to any prescriber able to complete components of the IND



# Tecovirimat – How to obtain Treatment

- The CDC's expanded-access Investigational New Drug (IND) protocol was recently revised to make it even easier for any provider to prescribe tecovirimat
  - Fill out FDA form 1572 only once
    - update only when adding sub investigators/new information
  - Consent form streamlined
    - Spanish translated version now available
  - Patient intake form streamlined to two pages
  - Follow up visits highly recommended but no longer required
  - Up to 7 days to submit paperwork after initiating treatment





# Prescribing Tecovirimat

- Step by step instructions for prescribing or obtaining tecovirimat for patients in NYC
  - <https://www1.nyc.gov/assets/doh/downloads/pdf/cd/monkeypox-treatment-guidance-interim.pdf>
- Provides instruction on supportive care and symptom management for providers
- Clinical indications for antiviral treatment
- Obtaining tecovirimat for patients in NYS
  - Providers can contact one of the institutions in the MPV provider treatment network



## Interim Guidance for Treatment of Monkeypox

### Summary

- **Monkeypox case numbers** are continuing to increase. Symptoms may include fever, fatigue, lymphadenopathy, and a pimple- or blister-like rash.
- Supportive care and treatment of symptoms should be initiated for all patients with monkeypox infection. This may include medicines or other clinical interventions to control pain, itching, nausea and vomiting. All patients should be evaluated and treated for potential co-infections.
- Antiviral treatment of monkeypox infection should be considered for people with severe illness, illness complications or risk factors for severe disease.
- **Tecovirimat** (TPOXX or ST-246) is an antiviral medication available through the Centers for Disease Control and Prevention (CDC) that is being used to treat monkeypox infection under the **expanded access investigational new drug protocol (EA-IND)**.
- Tecovirimat should be prescribed when indicated for patients who have either a positive test result or are awaiting test results with a clinically compatible illness.
- Any health care facility or provider can prescribe tecovirimat if they can adhere to the EA-IND protocol. Tecovirimat can be prescribed upon obtaining **informed consent** from the patient. Additional forms can be submitted to the CDC after initiating treatment.
- All patient visits can be done via telemedicine.
- Providers in NYC who want to prescribe tecovirimat for their patients and can adhere to the EA-IND protocol can email [MPXtherapeutics@health.nyc.gov](mailto:MPXtherapeutics@health.nyc.gov) for information on the home delivery service using supplies from the NYC pharmacy or to request supplies for an on-site pharmacy at their facility.

### Background and Clinical Presentation Consistent With Monkeypox

Monkeypox is a disease caused by infection with an orthopoxvirus. The monkeypox virus is part of the same family of viruses as smallpox virus. Monkeypox symptoms are similar to smallpox symptoms but milder and can include a flu-like prodrome followed by a rash. Prodromal symptoms might not develop or can occur concurrently with or after rash onset, and may include fever, headache, muscle aches, swollen lymph nodes and fatigue. Patients may not experience the entire constellation of these symptoms.

The rash often starts in a mucosal area, including the mouth, genital or rectal areas, and may remain in a limited area or become more widespread to the face, torso or extremities (including palms or soles). The initial rash has also been documented in other nonmucosal locations. Lesions may start as a macule and then progress to papule, vesicle, pustule and then scab. Visit [cdc.gov/monkeypox](https://www.cdc.gov/monkeypox) and search for **Clinical Recognition** to see examples of

# Outside NYC MPV Provider Treatment Network

Institution	Region	To Contact Outside NYC MPV Provider Treatment Network
Albany Medical Center	Capital	518-264-4769 (518-264-4POX)
SUNY Upstate	Central	315-464-3979
University of Rochester	Finger Lakes	<a href="https://www.urmc.rochester.edu">https://www.urmc.rochester.edu</a>
Northwell	Long Island	<a href="mailto:monkeypoxinfo@northwell.edu">monkeypoxinfo@northwell.edu</a>
SUNY Stonybrook	Long Island	(631) 638-7973; <a href="https://www.stonybrookmedicine.edu">https://www.stonybrookmedicine.edu</a>
Mount Sinai South Nassau	Long Island	516-255-8410; <a href="https://www.southnassau.org">https://www.southnassau.org</a>
Montefiore - Nyack (Jacobs Family Pride Wellness Center)	Mid Hudson	(845) 348-7284
Westchester Medical Center	Mid Hudson	914-326-2060; <a href="https://www.wmchealth.org">https://www.wmchealth.org</a>
Vassar	Mid Hudson	Fax a referral to 845-471-0267. Please specify in the comments that the referral is "FOR MONKEYPOX TREATMENT"
Mohawk Valley Health System	Mohawk Valley	<a href="mailto:Khall3@mvhealthsystem.org">Khall3@mvhealthsystem.org</a>
Champlain Valley Physicians Hospital	North Country	518-561-2000
Canton-Potsdam Hospital	North Country	ID Clinic Call Center - (315) 268-5810
United Health Services	Southern Tier	607-763-5991
ECMC Hospital	Western	<a href="https://www.ecmc.edu">https://www.ecmc.edu</a>
VA Western New York Healthcare System	Western	only for enrolled veterans

# A5418

**A Randomized, Placebo-Controlled, Double-Blinded Trial of the Safety and Efficacy of Tecovirimat for the Treatment of Persons with Human Monkeypox Virus Disease**

***Sudy of Tecovirimat for Human Monkeypox Virus (STOMP)***

Sponsor: NIH/AIDS Clinical Trials  
Group

# STOMP Study Summary

<b>Design and Sample size</b>	2:1 Randomized, Blinded, Placebo-controlled (n=530) Intensively sampled subset (n=100) Open label for children, persons with pregnancy or severe disease, severe immune suppression or severe skin disease (n $\cong$ 250)
<b>Primary Outcome</b>	Compare time to clinical resolution between people with HMPXV randomized to tecovirimat or placebo
<b>Study Population</b>	Symptomatic HMPXV infection
<b>Design</b>	Superiority
<b>1<sup>o</sup> Outcome</b>	Time to clinical resolution
<b>Duration</b>	57 days
<b>Enrollment period</b>	8 weeks
<b>Agent</b>	Weight based oral Tecovirimat



# Resources



# Resources

## NYSDOH: [Monkeypox \(ny.gov\)](https://www.ny.gov/monkeypox)

- [Palm Card](#)
- [Information Card](#)
- SMS text notification to 81336:  
English – MONKEYPOX  
Spanish - MONKEYPOXESP


## NYC: [nyc.gov/monkeypox](https://www.nyc.gov/monkeypox)


- Text "MONKEYPOX" to 692-692 or, for Spanish, text "MONKEYPOXESP"
- [Monkeypox Information for Providers - NYC Health](#)


## CDC


- [Information For Healthcare Professionals | Monkeypox | Poxvirus | CDC](#)

**Protect Yourself and Others From Monkeypox**


 Do not have sex or other intimate contact if you or your partners have a new rash or sores, feel sick, or were recently exposed to monkeypox. Ask your partners whether they have monkeypox symptoms and about their recent sexual history.

 Frequently wash your hands, bedding, towels and other shared items. Sex toys should be washed after each use or sex act.

 Get vaccinated if you may have been recently exposed to monkeypox. To find a vaccination site, visit [nyc.gov/vaccinefinder](https://www.nyc.gov/vaccinefinder).

 Talk to your health care provider about testing, pain management or treatment if you have monkeypox symptoms. If you do not have a provider, call 311 to get connected to care.

For more information, including about vaccine eligibility, visit [nyc.gov/monkeypox](https://www.nyc.gov/monkeypox) or scan the QR code. Text "MONKEYPOX" to 692-692 for the most up-to-date information.



**NYC** Health 816.22

### Monkeypox and Sexual Health: What all New Yorkers Should Know

All New Yorkers should stay informed about monkeypox. This means understanding the symptoms, how it spreads, and what to do if you are exposed.

#### What are the symptoms of monkeypox?

Symptoms of monkeypox include:

- Rashes, bumps, or blisters that are around the genitals or in other areas of the body, such as your hands, feet, chest, or face. These symptoms may be similar in appearance to common skin ailments like poison ivy or eczema.
- Flu-like symptoms, such as fever, muscle aches, chills, and fatigue. These symptoms may occur before or after the rash appears, or not at all.

#### How does monkeypox spread?

Monkeypox is spread through direct contact between individuals. This includes:

- Direct contact with monkeypox rashes on an individual who has monkeypox.
- Respiratory droplets or oral fluids from someone with monkeypox, particularly those who have close contact or are around them for a long time.
- It can also be spread through contact with objects or fabrics (e.g., clothing, towels) that have been used by someone with monkeypox.

**Be Aware, Your Community Cares!**

Protect yourself and your community by staying informed about monkeypox. Visit: [health.ny.gov/monkeypox](https://www.health.ny.gov/monkeypox)



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# MONKEYPOX

## Monkeypox and Safer Sex

**Vaccination** is an important tool in preventing the spread of monkeypox. But given the current limited supply of vaccine, consider temporarily changing some behaviors that may increase your risk of being exposed. These temporary changes will help slow the spread of monkeypox until vaccine supply is adequate.

Reducing or avoiding behaviors that increase risk of monkeypox exposure is also important when you are between your first and second shots of vaccine. Your protection will be highest when you are two weeks after your second dose of vaccine.

Make a habit of exchanging contact information with any new partner to allow for sexual health follow-up, if needed.

Talk with your partner about any monkeypox symptoms and be aware of any new or unexplained rash or lesion on either of your bodies, including the mouth, genitals (penis, testicles, vulva, or vagina), or anus (butthole). If you or your partner have or recently had monkeypox symptoms or have a new or unexplained rash anywhere on your body, do not have sex and see a healthcare provider. In some cases, symptoms may be mild, and some people may not even know they have monkeypox.



If you or a partner has monkeypox or think you may have monkeypox, the best way to protect yourself and others is to avoid sex of any kind (oral, anal, vaginal) and kissing or touching each other's bodies – while you are sick. **Especially avoid touching any rash.** Do not share things like towels, fetish gear, sex toys, and toothbrushes.

Even if you feel well, here are some ways to reduce your chances of being exposed to monkeypox if you are sexually active:

- Take a temporary break from activities that increase exposure to monkeypox, until you are two weeks after your second dose. This will greatly reduce your risk.

Continue to Next Page →



CS-333304-A | 08/05/2022

[www.cdc.gov/monkeypox](http://www.cdc.gov/monkeypox)

Limit your number of sex partners to reduce your likelihood of exposure.

- Spaces like back rooms, saunas, sex clubs, or private and public sex parties where intimate, often anonymous sexual contact with multiple partners occurs – are more likely to spread monkeypox.
- Condoms (latex or polyurethane) may protect your anus (butthole), mouth, penis, or vagina from exposure to monkeypox. However, condoms alone may not prevent all exposures to monkeypox, since the rash can occur on other parts of the body.
- Gloves (latex, polyurethane, or nitrile) might also reduce the possibility of exposure if inserting fingers or hands into the vagina or the anus. The gloves must cover all exposed skin and be removed carefully to avoid touching the outer surface.
- Avoid kissing or exchanging spit, since monkeypox can spread this way.
- Masturbate together at a distance, without touching each other and without touching any rash.
- Have virtual sex with no in-person contact.
- Consider having sex with your clothes on or covering areas where rash is present, reducing as much skin-to-skin contact as possible. Leather or latex gear also provides a barrier to skin-to-skin contact; just be sure to change or clean clothes/gear between partners and after use.

- Be aware that monkeypox can also spread through respiratory secretions with close, face-to-face contact.

- Remember to wash your hands, fetish gear, sex toys, and any fabrics (bedding, towels, clothes) after having sex.



### What should a person do if they have a new or unexplained rash or other symptoms?

- Avoid sex or being intimate with anyone until you have been checked out by a healthcare provider.
- If you don't have a provider or health insurance, visit a public health clinic near you.
- When you see a healthcare provider, wear a mask, and remind them that this virus is circulating in the area.
- Avoid gatherings, especially if they involve close, personal, skin-to-skin contact.



[www.cdc.gov/monkeypox](http://www.cdc.gov/monkeypox)



CS-333304-A | 08/05/2022

**Thank You**







# Q & A





# Long Term Care TTX on Cybersecurity

**Lisa Fenger**, Senior Project Manager, Continuing Care Emergency Preparedness Greater New York Hospital Association

# Long Term Care Cybersecurity Tabletop Exercise

September 20, 2022



**GREATER NEW YORK HOSPITAL ASSOCIATION**

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

# Agenda



- Overview of the Exercise
- Results: Strengths and Areas of Improvement
- Exercise Value



# Acknowledgements



Thank you for your support in developing and conducting this exercise:

- New York City Department of Health and Mental Hygiene
- Greater New York Health Care Facilities Association
- Southern New York Association
- US Cybersecurity and Infrastructure Security Agency (CISA)

# Grant Disclaimer



“This publication was supported by the Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response under award number U3REP190597-03.

The content is solely the responsibility of the authors and does not necessarily represent the official views of the Department of Health and Human Services”

# Exercise Overview

# Background

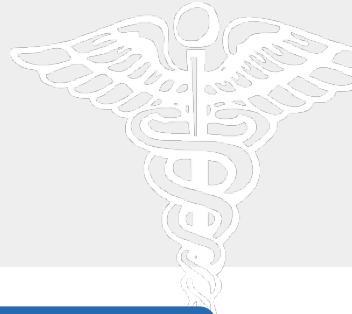


A three-hour facilitated, discussion-based tabletop exercise was conducted three times over two days. Participants in each session were presented with two scenarios for discussion.

- Three identical sessions were held on:
  - April 26, 2022: 9:00 a.m. to 12:00 p.m.
  - April 26, 2022: 1:00 p.m. to 4:00 p.m.
  - April 27, 2022: 9:00 a.m. to 12:00 p.m.
- All sessions conducted virtually through Zoom.

2022 APRIL						
SUN	MON	TUE	WED	THU	FRI	SAT
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

# Purpose and Objectives



## Purpose

To examine the coordination, collaboration, information sharing, mitigation, and response capabilities of New York City nursing homes and adult care facilities' cyber incident response plans in managing significant cyber incidents.

- Each session included scenarios involving software as a service, data exfiltration, ransomware, and electronic medical records (EMRs).

## Objectives

1. Examine the plans and abilities of NYC long-term care facilities to respond to a significant cyber incident.
2. Evaluate the ability for the NYC long-term care facilities to gather and disseminate essential elements of information during a significant cyber incident.
3. Explore processes for requesting incident response resources.
4. Explore NYC long-term care facilities' processes for internal and external messaging during a cyber incident.
5. Discuss members' plans, processes, and procedures for recovering from a significant cyber incident.



# Scenarios



## Scenario 1

A distributed denial of service attack and data exfiltration incident impacting patient health information and personally identifiable information.

## Scenario 2

A compromise to participants' EMR vendor(s) that resulted in data manipulation and ransomware on their facility's systems and devices.

# Attendance



A total of 266 people attended the exercise over the course of the 3 sessions

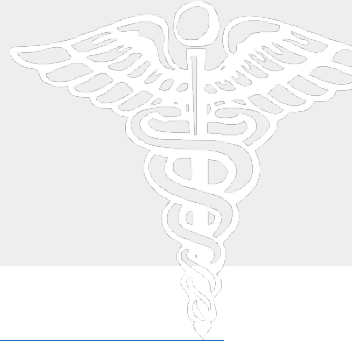
Role	Individual Long-Term Care Representatives	Observers, Planners, Evaluators, Staff	Long-Term Care Facilities
Number of Participants	218	48	72 (68 nursing homes, 4 adult care facilities)

## Observers

- Federal Bureau of Investigation
- New York State Department of Health
- New York City Cyber Command
- New York City Emergency Management
- New York City Police Department
- Healthix
- Incident Management Solutions, Inc.

# Exercise Results

# Identify Risks



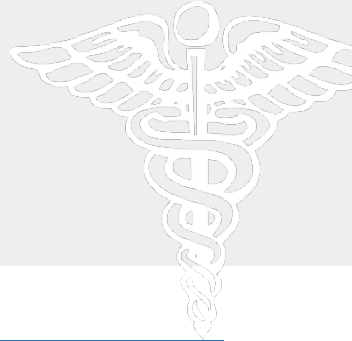
## Strengths

- Vulnerability awareness resulting in focused attention on:
  - Improving systems
  - Tailoring training

## Areas of Improvement

- Leadership knowledge
  - Cybersecurity incident potential and impact
  - Ability to maintain resident care levels
- Drills and exercises
  - Identify vulnerabilities
  - Improve staff awareness

# Detect Anomalies and Events



## Strengths

- Resources:
  - Documentation and plans
  - Partner organizations



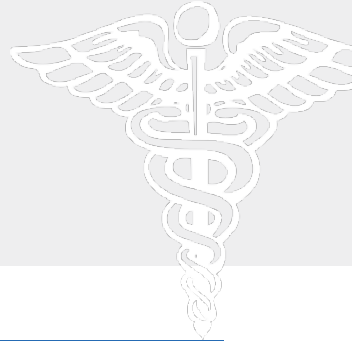
Training was cited as the most significant area of improvement for facilities

## Areas of Improvement

- Need for review and updating of cybersecurity policy
- IT systems review
  - Understand networked devices
  - Examine reporting thresholds
- Training ★
  - Recognizing and reporting cybersecurity issues
  - Promoting safe computer use



# Information Protection



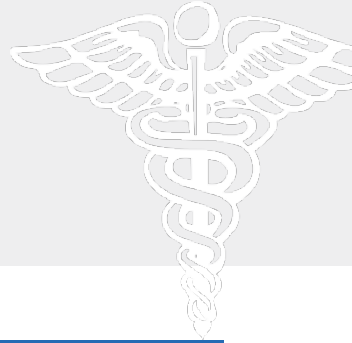
## Strengths

- IT systems and department
  - Strong IT teams
  - Firewall and security updates
  - Redundant systems
  - Limited networked devices

## Areas of Improvement

- Review and revise downtime procedures
  - Meal ticketing
  - Payroll
  - Pharmacy
  - Adequate supplies on hand
- Inventory backup systems
  - Examine systems backed up
  - Frequency of backups
  - Retention policy

# Response Planning & Communications



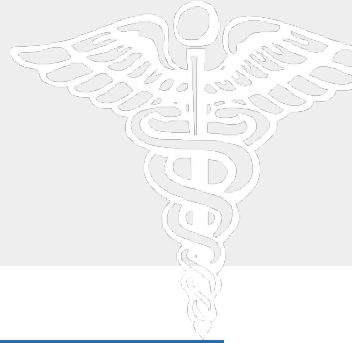
## Strengths

- Emergency plans
  - IT backup and recovery
  - Communication plans
  - Continuity plans
  - Prioritization of response activities

## Areas of Improvement

- Response plan review / updates
- Review and update internal and external communication plans
  - Develop pre-scripted messages
- Need for mass notification systems not reliant on email

# Recovery Planning



## Strengths

- Teamwork
  - Internal communications
  - Support provided by larger corporate structure
  - Knowledge sharing
  - Information gained through exercises

## Areas of Improvement

- Recovery plan review / updates for continuity of operations
- Identify and establish connection with external resources for expertise in response and recovery

# Exercise Value

# Response to the exercise



84 participants provided feedback on the value of the exercise

94

% of surveyed Exercise Participants agreed that they would recommend similar exercises to colleagues or other relevant professionals.

94

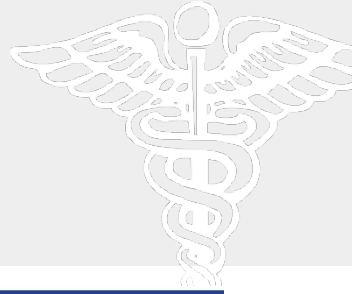
% of surveyed Exercise Participants agreed that they will be better prepared to execute their role in preventing, protecting against, responding to, and/or mitigating threats or incidents.

89

% of surveyed Exercise Participants agreed that their organization will take steps to enhance its preparedness to execute its role in preventing, protecting against, responding to, and mitigating threats or incidents.



# After-Action Report



- The full after-action report is available on the Greater New York Hospital Association website:
  - [New York City Long-Term Care Cybersecurity Tabletop Exercise – GNYHA](#)

## New York City Long-Term Care Cybersecurity Tabletop Exercise

After-Action Report/Improvement Plan

June 1, 2022

The After-Action Report/Improvement Plan aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included. Users are encouraged to add additional sections as needed to support their own organizational needs.

# Thank you!



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# NYC Health Care Coalition Governance Board Updates

**David Miller Jr.**, Executive Director, Healthcare System Readiness, Bureau of Healthcare and Community Readiness, Office of Emergency Preparedness and Response (OEPR), NYC DOHMH





# NYC Health Care Coalition Governance Board Elections - Overview

**David Miller Jr.**, Executive Director, Healthcare System Readiness, Bureau of Healthcare and Community Readiness, Office of Emergency Preparedness and Response (OEPR), NYC DOHMH

# Role of the NYCHCC Governance Board

**The New York City Health Care Coalition (NYCHCC) Governance Board (GB) brings together leadership from the City health care system to oversee the affairs of the NYCHCC and support the accomplishment of strategic goals.**

## **The Governance Board accomplishes this by:**

- providing strategic direction to healthcare and public health policy, planning, response and recovery issues that require input across the coalition
- Advising and informing DOHMH agency response leadership on healthcare system, as well as health and medical response objectives and inform strategic level decision around Coalition support and coordinate resolution of issues.
- Provide high-level oversight and guidance to the coalition in setting program priorities (eg. HPP B3 funding and activities ) experienced by the City health care system during preparedness, response, and recovery.



# NYCHCC Governance Board: Representative Expectations and Responsibilities

The New York City Health Care Coalition (NYCHCC) Governance Board (GB) brings together leadership from the City health care system to oversee the affairs of the NYCHCC and support the accomplishment of strategic goals.

## **GB Representative Expectations:**

- ✓ Knowledge of NYCHCC
- ✓ Represent your sector, not just your agency
- ✓ Ability to engage with your sector, to regularly reach out to membership to understand challenges, needs and at times build consensus
- ✓ Ability to be positive advocate in the promotion of NYCHCC's mission and programs
- ✓ Willingness to gain some familiarity with NYCHCC finances, budgeting, and financial/resource needs; understanding federal grant funding streams and requirements;
- ✓ Willingness to gain familiarity of performance standards and expectations of NYCHCC planning partners and funders

## **GB Member Responsibilities:**

- ✓ Participate in regular meetings NYCHCC-GB meetings
- ✓ Participate in NYCHCC quarterly Leadership Council meetings
- ✓ If needed, serve on at least 1 NYCHCC-GB Standing Committee
- ✓ Work collaboratively and innovatively with other GB members to assure that the NYCHCC remains adaptable to the ever growing/changing needs and members of the NYC healthcare system

# NYCHCC Governance Board Elections and Timeline

## Elections occur every 2 years for Elected Director Positions

### ✓ 5 Elected Director Positions

- ✓ Healthcare Networks (1)
- ✓ Independent Hospitals (1)
- ✓ Long Term Care (1)
- ✓ Ambulatory Care (1)
- ✓ Borough Coalitions (1)

### ✓ Election Process

- **Tuesday, September 20, 2022 (1<sup>st</sup> LCM in BP4)** – Announcement and Overview of the GB Election Process
- **Wednesday, September 21<sup>st</sup>, 2022** - nomination information (survey link) will be sent to eligible members with voting rights
- **Thursday, October 6<sup>th</sup>, 2022** - nominations (completed survey link) submitted to DOHMH (no late submissions)
- **Friday, October 7<sup>th</sup>, 2022** – DOHMH send email notification re: nominees
- **Thursday, October 20<sup>th</sup>, 2022** - Hold meeting to allow nominees to share why they want to be a GB Representative
- Election ballot (survey link) will be sent to eligible members with voting rights
- **Thursday, October 27, 2022** – Announcement of results

### Should sectors vote for their sector only?

- ✓ Two people as representatives (runner-up) backup, designate an individual
- ✓ Network rep votes for multiple sectors
- ✓ GB agreed one sector should continue to vote for all Representatives running, not just their sector.
- ✓ Eligible to vote: Leadership Council members (Organizations/entities that holds a HPP Funded Contract)

**Your Nomination and Vote will help shape the future of the NYCHCC!**



# Coalition Announcements





Adjourn