

Hospital Preparedness Program (HPP)
Budget Period 4 (BP4) Coalition Contracts
Independent Hospitals – non 911 receiving

Kick-off Meeting
September 13, 2022



Welcome!

Outline

- **Vision and Mission**
- **NYC Health Care Coalition**
- **ASPR's Hospital Preparedness Program (HPP)**
 - Health Care Preparedness and Response Capabilities
 - HPP Requirements
- **Overview of Independent Hospitals Deliverables (non-911 receiving) for BP4 July 1, 2022 - June 30, 2023**
 - Scopes of Work – Performance Periods (PP)
 - Activities and Required Documentation
 - Recommendations for Design a Deliverable
- **Business Process**
 - Vouchering
 - DOHMH Evaluation of Programs and Projects
 - Emergency Preparedness Coordinator (EPC) and Alternate EPC Contact Update
 - DOHMH Deliverable Contacts

Presenters

- **David Miller Jr.**, Executive Director, Healthcare System Readiness, Bureau of Healthcare and Community Readiness, Office of Emergency Preparedness and Response (OEPR)
- **Marsha Williams**, Senior Director, Healthcare Coalition Planning & Programs, Healthcare System Readiness, Bureau of Healthcare and Community Readiness, Office of Emergency Preparedness and Response (OEPR)
- **Dr. Darrin Pruitt**, Director, Evaluation, Program Implementation & Quality Improvement, Bureau of Healthcare and Community Readiness, Office of Emergency Preparedness and Response (OEPR)
- **Chanukka Smith**, Senior Program Manager, Healthcare Coalition Planning & Programs, Healthcare System Readiness, Bureau of Healthcare and Community Readiness, Office of Emergency Preparedness and Response (OEPR)
- **Ari Rubinstein**, Senior Director, Healthcare Operations, Healthcare System Readiness, Bureau of Healthcare and Community Readiness, Office of Emergency Preparedness and Response (OEPR)
- **Nicole Marks**, Training & Exercise Manager, Healthcare Operations, Healthcare System Readiness, Bureau of Healthcare and Community Readiness, Office of Emergency Preparedness and Response (OEPR)

NYC Office of Emergency Preparedness & Response (OEPR)

■ OEPR Vision

- The DOHMH's Office of Emergency Preparedness and Response (OEPR) envisions a healthy, resilient city in which all New Yorkers are able to achieve and maintain optimal and equitable health outcomes before, during, and after emergencies.

■ OEPR Mission

- OEPR's mission is to advance DOHMH's and NYC's ability to prevent, prepare for, respond to, and recover from the health impact of emergencies.



Healthcare System Readiness

- **Vision**

- The Healthcare System Readiness program, encompassing the NYC Health Care Coalition (NYCHCC) seeks to become the premier Coalition in the United States by collaborating with public health and healthcare delivery sectors within the NYC jurisdiction and with regional partners to safely and effectively plan for, respond to, and recover from all-hazard incidents while focusing on equitable access to care for all.

- **Mission**

- The Healthcare System Readiness (HSR) program ensures that healthcare facilities have the tools, resources, and capabilities to respond to emergencies while continuing to provide essential medical services; develops and supports healthcare emergency preparedness coalitions that connect facilities with one another and with public agencies to strengthen preparedness across the health and medical sector; and ensures a robust NYC health and medical planning and response system by coordinating with local/state planning partners.

NYC Health Care Coalition (NYCHCC)

- 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/>

An aerial photograph of New York City at sunset, showing a dense urban landscape with numerous skyscrapers and buildings. The sky is a mix of orange and blue, and the city is bathed in the warm light of the setting sun. The Hudson River is visible on the left, and the East River is on the right. The overall scene is a panoramic view of the city from a high vantage point.

ASPR's Hospital Preparedness Program (HPP)

Introducing the Administration for Strategic Preparedness and Response (ASPR)

- On July 22, 2022, The U.S. Department of Health and Human Services (HHS) announced the elevation of the existing Office of the Assistant Secretary for Preparedness and Response (ASPR) from a staff division to an operating division, taking on the new name of the **Administration for Strategic Preparedness and Response (ASPR)**.
- This move elevates ASPR to a standalone agency within the Department alongside other HHS agencies, such as the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the Centers for Medicare and Medicaid Services (CMS), the Health Resources and Services Administration (HRSA), and the Substance Abuse and Mental Health Services Administration (SAMHSA), among others.
- This change will allow ASPR to mobilize a coordinated national response more effectively and efficiently during future disasters and emergencies in close collaboration with its sister agencies.

Source: <https://aspr.hhs.gov/Pages/Home.aspx>

Hospital Preparedness Program (HPP)

- [Administration for Strategic Preparedness and Response \(ASPR\) Hospital Preparedness Program \(HPP\)](#) is a cooperative agreement program that **establishes a foundation for national health care readiness**, promotes a **consistent national focus** to improve patient outcomes during emergencies and enables **rapid health care services resilience and recovery**.
- HPP is the primary source of federal funding for **health care system preparedness and response** and, in collaboration with state and local health departments, prepares health care delivery systems to save lives through the development of **health care coalitions (HCCs)**.
- Project Period for five years (7/2019 through 6/2024)
- Current Annual Award lasting 12 months: Budget Period 4 (BP4) (7/1/22 through 6/30/23)

Health Care Preparedness and Response Capabilities

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

<https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>

Health Care Preparedness and Response Capabilities

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

<https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>

HPP Requirements

- Required every year:
 - 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, NIMS compliance for all members of the NYCHCC, a common operating picture for infectious disease information sharing among all NYCHCC members, 2 call down notification drills.

- 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

Approach to HPP Requirements

- Requirements
 - Many requirements for planning, exercising, vulnerability assessment, sharing resources, supply chain, recruitment/membership across healthcare and healthcare support industries
- Activities engaging NYC HCC members
 - Coalition HVA, steering committees, workgroups, LCM/EPS, workshops, reviewing/approving plans, Surge Ex, call down notifications, templates for Design a Deliverable, structured SOWs by HPP capability
- Benefits for the NYC HCC
 - Cohesive, shared planning assumptions, cooperation across the healthcare system, shared best practices, exercising and training together
- For more information
 - <https://nychealthcarecoalition.com/>

An aerial photograph of New York City at sunset, showing a dense urban landscape with numerous skyscrapers and buildings. The sky is a mix of orange and blue, and the city lights are beginning to glow. The view is from a high angle, looking down on the city.

Overview of Independent Hospitals (non-911 receiving) BP4 Deliverables

Scopes of Work – Performance Periods (PP)

Performance Periods

- Three standard due dates across the BP4 activity period
 - Creates standardization and to track activities completed and funds spent based on performance periods
 - Develops an opportunity to capture spend down in a systematic way
 - Allows for report to NYCHCC GB on spending activities
 - Makes Mid-term reporting more accurate
 - Identifies earlier on in the budget cycle, activities that may not be completed, so funds may be redirected per ASPR rules and regulations
 - Creates opportunity for carryover to be redirected to Coalition priorities
- **Initial PP - July 1, 2022, to October 31, 2022**
 - **Midterm PP - November 1, 2022, to February 28, 2023**
 - **Final PP - March 1, 2023, to June 1, 2023**

BP4 Deliverables

- **BP4 Budget: \$50,000 x 3 hospitals with non-911 receiving capability**

- **Capability 1: Foundation for Health Care and Medical Readiness**
 - Participate in the quarterly NYC HCC Leadership Council meetings, bi-annual Emergency Preparedness Symposia
 - Support a Borough Coalition
 - Participate in a Citywide Tabletop Exercise
 - Design a Deliverable to Address Hospital Radiation Emergency(ies)
 - Design a Deliverable to Address Hospital gap(s)

- **Capability 2: Health Care and Medical Response Coordination**
 - Support Collection of Hospital Emergency Contact Data

Participate in NYCHCC Leadership Council Meetings

Required Activities

- Ensure attendance and participation of at least **one (1)** Hospital EPC, or appropriate designee, at **four (4)** NYCHCC Leadership Council meetings. NYCHCC Leadership Council Meetings convene the leadership of all funded NYCHCC sectors and may include participation in focus groups and/or workshops as part of the meeting agenda in order to advance NYCHCC preparedness efforts and meet BP4 HPP grant requirements, including development of NYCHCC governance documents.

Required Documentation

- Completed online evaluation surveys for each of the **four (4) NYCHCC Leadership Council meetings**. **Non-reimbursable deliverable**

Participate in Emergency Preparedness Symposia (EPS)

Required Activities

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

Required Documentation

- Completed online evaluation surveys for each of the **two (2) EPS**. **Non-reimbursable deliverable**
- *Note: Individual attendees cannot represent more than one (1) HPP funded entity at EPS.*

Support a Borough Coalition

Required Activities

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

Required Documentation

- Final summary report of engagement in borough coalition activities **due in the final performance period of the contract (March 1 to June 1, 2023). Payment Amount: \$3,500.00**
- Hospitals cannot use attendance at EPS or Leadership Council Meetings to meet this requirement.

Participate in a Citywide Tabletop Exercise

Required Activities

- Participate and contribute to a Citywide Tabletop exercise or real-world equivalent led by NYC DOHMH by having a facility representative participate in **one (1) meeting (Concepts and Objectives Meeting)** to identify, prioritize, plan, and address preparedness and response to an incident that impacts the City and NYCHCC.
- Participate and contribute to the Citywide Tabletop exercise or incident by having a facility representative participate in **one (1) meeting (Initial planning meeting)** to identify, prioritize, plan, and address preparedness and response to an incident that impacts the City and NYCHCC.

Require Documentation

- Sign-in sheet provided by DOHMH documenting participation in meeting AND meeting document, with clear attribution, contributing to concepts and objectives **due in the initial performance period of the contract (July 1 to October 31, 2022).** **Payment Amount: \$1,000.00**
- Sign-in sheet documenting participation in meetings AND meeting document, with clear attribution, contributing to initial planning document **due in the initial performance period of the contract (July 1 to October 31, 2022).** **Payment Amount: \$1,000.00**

Participate in a Citywide Tabletop Exercise..cont.

Required Activities

- Participate and contribute to a Citywide Tabletop exercise or incident by having a facility representative participate in **one (1) meeting (mid-term planning meeting)** to identify, prioritize, plan, and address preparedness and response to an incident that impacts the City and NYCHCC.
- Participate and contribute to a Citywide Tabletop exercise or incident by having a facility representative participate in **one (1) meeting (final planning meeting)** to identify, prioritize, plan, and address preparedness and response to an incident that impacts the City and NYCHCC.

Require Documentation

- Sign-in sheet documenting participation in meetings AND meeting document, with clear attribution, contributing to midterm planning document **due in the midterm performance period of the contract (November 1, 2022, to February 28, 2023). Payment Amount: \$1,000.00**
- Sign-in sheet documenting participation in meetings AND meeting document, with clear attribution, contributing to final planning document **due in the midterm performance period of the contract (November 1, 2022, to February 28, 2023). Payment Amount: \$1,000.00**

Participate in a Citywide Tabletop Exercise..cont.

Required Activities

- Participate and contribute to a Citywide Tabletop exercise or incident by having a facility representative participate in the conduct and **collection of data** for the Citywide Tabletop exercise or incident, using all available discussion materials and templates.
- Participate and contribute to a Citywide Tabletop exercise or incident by sending facility representative(s) to participate in **one (1) meeting (After Action Meeting)** to review and provide input on the **After-Action Report (AAR)** and **Improvement Plan (IP)** for the Citywide Tabletop Exercise or incident.

Require Documentation

- Exercise or incident hot-wash sign-in sheet/participant roster, participant feedback forms, data collected, and completed After Action Review template clearly demonstrating participation in Citywide Tabletop exercise (using templates provide by DOHMH) **due in the midterm performance period of the contract (November 1, 2022, to February 28, 2023)**
Payment Amount: \$7,000.00
- Sign-in sheet documenting participation in meetings AND meeting document, with clear attribution, contributing to AAR and IP **due in the final performance period of the contract (March 1 to June 1, 2023).** **Payment Amount: \$1,500.00**

Participate in a Citywide Tabletop Exercise..cont.

Tentative Dates

- Concept and Objectives – October 17, 18
- Initial Planning Meeting – November 9, 10
- Mid-Term Planning Meeting - December 12, 13
- Final Planning Meeting - January 18, 2023; 19
- Citywide TTX- February 16, 2023; 17
- Citywide TTX Hotwash - March 1, 2023; 2
- Citywide TTX AAR-IP – April 21, 2023

Design a Deliverable to Address Hospital Radiation Emergency(ies)

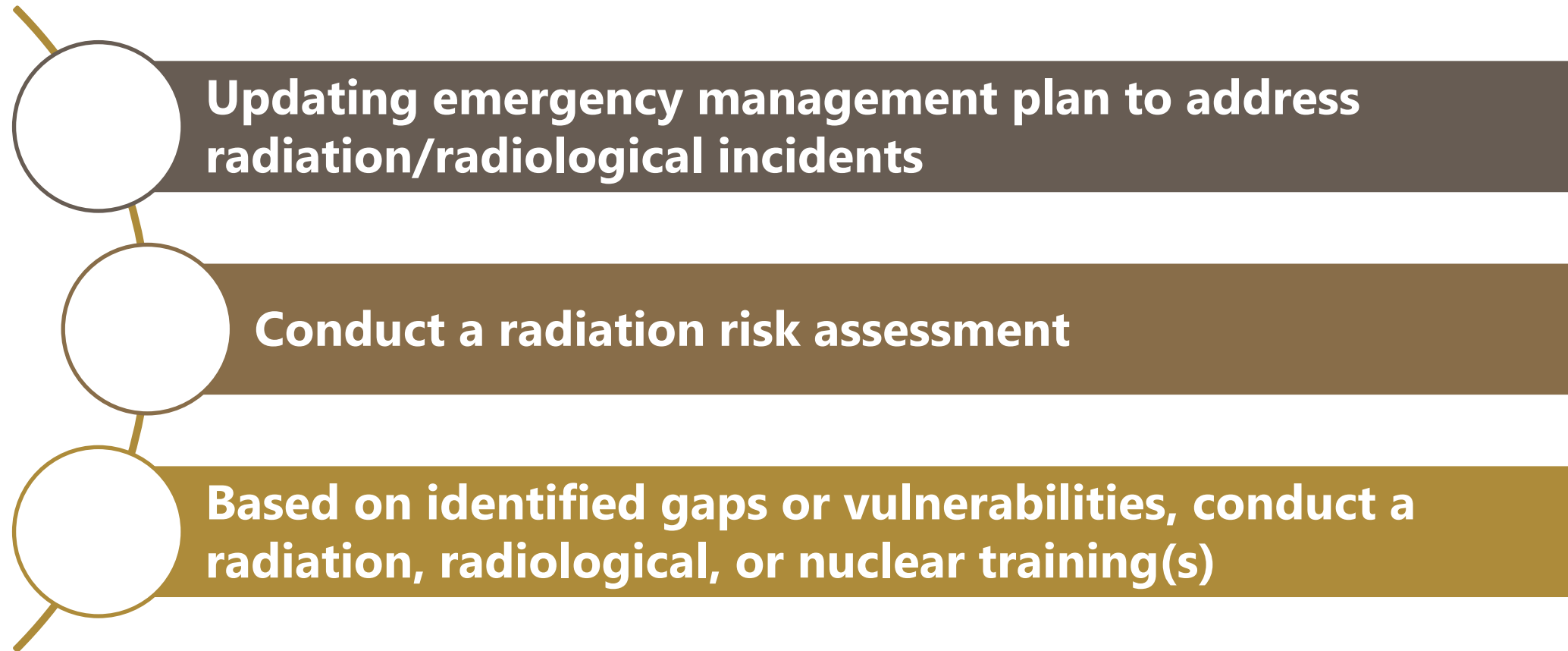
Required Activities

- Using recent HVA, AAR/IP and/or evaluation finding(s) from radiation hazard planning or incident, design a deliverable that includes implementing a project to address **radiation emergency(ies)**.
- Develop and submit a deliverable proposal for DOHMH approval (DOHMH to provide template).
- Upon completion of the DOHMH-approved deliverable, develop and submit a final summary report, including description of how completion of the project has advanced progress on **radiation hazard planning**.

Required Documentation

- DOHMH approved deliverable proposal (template provided by DOHMH) **due in the initial performance period of the contract (July 1 to October 31, 2022)**. **Payment Amount: \$5,000.00**
- Final summary report (using the DOHMH approved template) **due in the final performance period of the contract (March 1 to June 1, 2023)**. **Payment Amount: \$10,000.00**
- Note: Hospital cannot propose an exercise to satisfy this deliverable

Recommendations for Design a Deliverable for Radiation Emergency(ies)



Design a Deliverable to Address Hospital gap(s)

Required Activities

- Using strategic plan and/or recent (e.g., from BP3) risk assessment finding(s), COVID-19 and response planning, HVA and/or AAR/IP, design a deliverable that includes implementing a project to address **recovery planning gaps or identified hazards**. Recovery planning should be distinguished from continuity of operations (COOP) planning which seeks to maintain functions during, and following, an incident through response and mitigation activities.
- Develop and submit a deliverable proposal for DOHMH approval (DOHMH to provide template).
- Upon completion of the DOHMH-approved deliverable, develop and submit a final summary report, including description of how completion of the project has advanced progress on **recovery planning**.

Required Documentation

- DOHMH-approved deliverable proposal (template to be provided by DOHMH) **due in the initial performance period of the contract (July 1 to October 31, 2022)**. **Payment Amount: \$5,000.00**
- Final summary report **due in the final performance period of the contract (March 1 to June 1, 2023)**. **Payment Amount: \$12,000.00**
- Note: Hospital cannot propose an exercise to satisfy this deliverable

Recommendations for Design a Deliverable for Recovery Planning



Support Collection of Hospital Emergency Contact Data

Required Activities

- Update and/or confirm contact information for Subrecipient by updating the hospital detail view semiannually in Sit Stat 3.0. Advise DOHMH of changes and updates to service contact information on an ongoing basis.
- Provide the required information for fields:
 - Primary EM POC
 - Backup EM POC
 - Infection Control Director
 - Infectious Disease Director
 - Obstetrics & Gynecology (OB/GYN) Director
 - Pediatrics Director
 - Neonatology Director
 - Medical Records Director
 - Pharmacy Director
 - Loading Dock Address
 - Radiation Safety Officer
 - Chief Information Security Officer

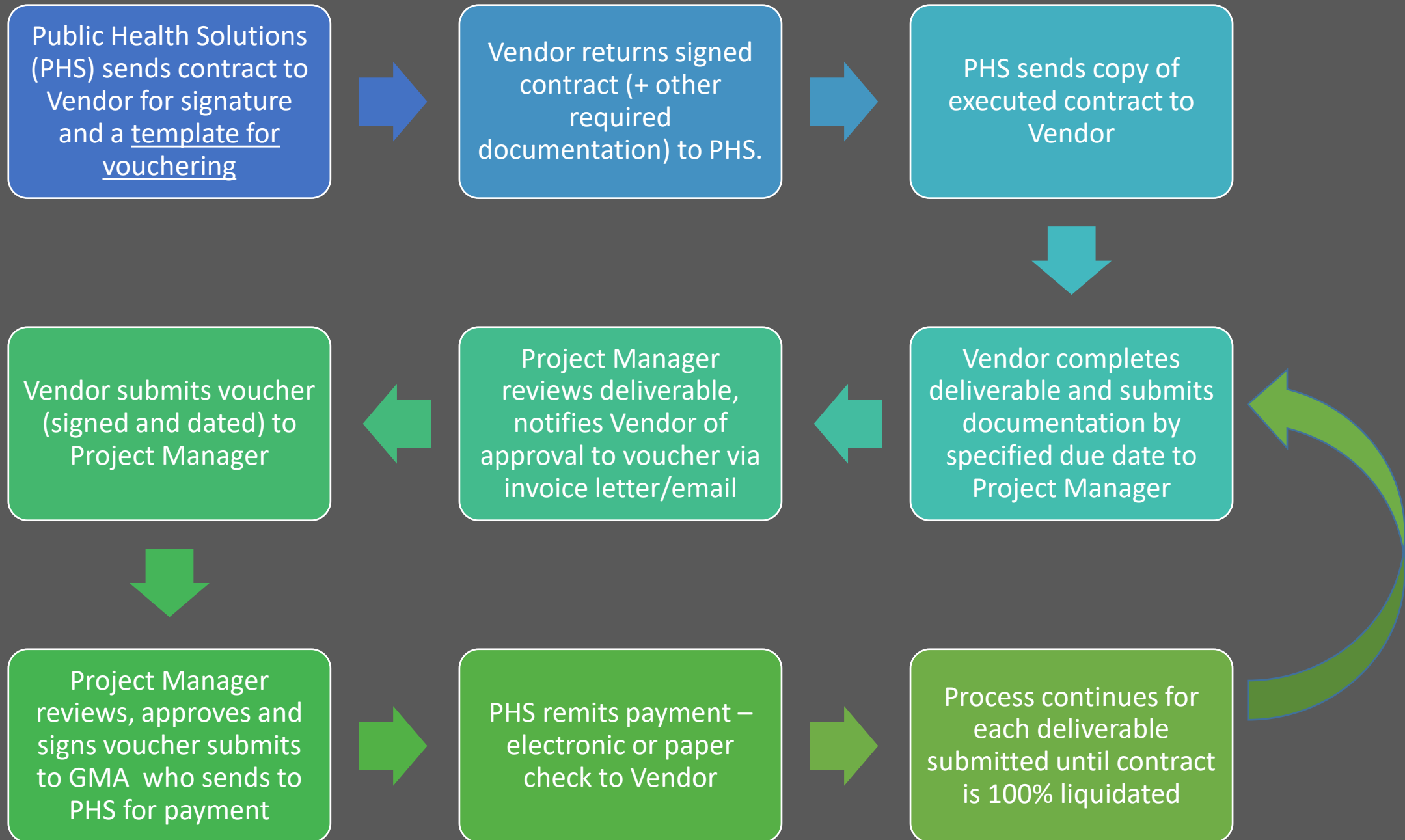
Required Documentation

- DOHMH-generated email acknowledging contact information updates completed and verified **due in the initial performance period of the contract (July 1 to October 31, 2022).**
Payment Amount: \$1,000.00
- DOHMH-generated email acknowledging contact information updates completed and verified **due in the final performance period of the contract (March 1 to June 1, 2023).**
Payment Amount: \$1,000.00

Business Process

Vouchering (Invoicing)

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



**PUBLIC HEALTH SOLUTIONS
VOUCHER FOR PAYMENT**

Subrecipient: _____ Contract Number: _____
 Address: _____ Payment Amount for BP3: _____
 Grant/Program Name: _____ Contract Term: _____
 Voucher Number: _____ Voucher Period: _____

This report must be filed out completely and submitted to:

Chanukka Smith
 Senior Program Manager
 NYC Dept. of Health and Mental Hygiene
csmith29@health.nyc.gov
 347-388-2746 (phone)

Remit payment to:

Contractor: _____
 Address: _____
 Attn: _____

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT (I) THE AMOUNTS CLAIMED THROUGH THIS VOUCHER REPRESENT AMOUNTS DUE TO MY ORGANIZATION BY PUBLIC HEALTH SOLUTIONS; (II) THIS CLAIM IS JUST, TRUE, AND CORRECT; AND (III) NO PART OF THIS CLAIM HAS BEEN PAID BY PUBLIC HEALTH SOLUTIONS, OR ANY THIRD PARTY AND THAT THE BALANCE THEREIN IS ACTUALLY DUE AND OWING.

 (Print Name) Title: _____

 (Signature) Date: _____

DOHMH USE ONLY

VOUCHER AMOUNT APPROVED TO PAY: _____
 PROJECT MANAGER NAME: _____
 SIGNATURE: _____
 DATE: _____

ADMINISTRATIVE USE ONLY

SIGNATURE: _____
 DATE: _____

PUBLIC HEALTH SOLUTIONS USE ONLY

SIGNATURE: _____
 PRINT NAME: _____
 DATE: _____

Deliverables Page

Public Health Solutions

Subrecipient:
 Contract Number:

A	B	C	D	E	F	G
Deliverable	Deliverable Due By Date	Payment Amount	Previous Amount Vouchered	Current Voucher Amount	TOTAL Amount Vouchered To Date	Remaining Balance
C1.1.1. Participate in NYCHCC LC Meetings - Online evaluation survey for meeting 1 of 4	10/29/2021	\$2,000.00	\$ -			\$ 2,000.00
C1.1.2a. Participate in NYCHCC LC Meetings - Online evaluation survey for meeting 2 of 4	2/28/2022	\$2,000.00	\$ -			\$ 2,000.00
C1.1.2b. Participate in NYCHCC LC Meetings - Online evaluation survey for meeting 3 of 4	2/28/2022	\$2,000.00	\$ -			\$ 2,000.00
C1.1.3. Participate in NYCHCC LC Meetings - Online evaluation survey for meeting 4 of 4	6/1/2022	\$2,000.00	\$ -			\$ 2,000.00
C1.2.1. Participate in EPS - Online evaluation survey for EPS 1 of 2	2/28/2022	\$2,000.00	\$ -			\$ 2,000.00
C1.2.2. Participate in EPS - Online evaluation survey for EPS 2 of 2	6/1/2022	\$2,000.00	\$ -			\$ 2,000.00
C1.3.1. Support a Borough Coalition - Final summary report	6/1/2022	\$3,500.00	\$ -			\$ 3,500.00
C1.4.1a. Participate in the 2022 CST Exercise - Sign-in sheet and Word document contributing to exercise strategy document	10/29/2021	\$1,000.00	\$ -			\$ 1,000.00
C1.4.1b. Participate in the 2022 CST Exercise - Sign-in sheet and Word document contributing to exercise objectives document	10/29/2021	\$1,000.00	\$ -			\$ 1,000.00
C1.4.2a. Participate in the 2022 CST Exercise - Sign-in sheet and Word document contributing to midterm planning document	2/28/2022	\$1,000.00	\$ -			\$ 1,000.00
C1.4.2b. Participate in the 2022 CST Exercise - Sign-in sheet and Word document contributing to final planning document	2/28/2022	\$1,000.00	\$ -			\$ 1,000.00
C1.4.2c. Participate in the 2022 CST Exercise - Exercise and hotwash sign-in sheets, hotwash comments, surge and evacuation data collected, and completed After Action Review template	2/28/2022	\$7,500.00	\$ -			\$ 7,500.00
C1.4.2d. Participate in the 2022 CST Exercise - Document/email of 1 staff as trusted agent	2/28/2022	\$1,000.00	\$ -			\$ 1,000.00
C1.4.3. Participate in the 2022 CST Exercise - Sign-in sheet documenting participation in meetings and Word document contributing to AAR and IP	6/1/2022	\$5,000.00	\$ -			\$ 5,000.00
C2.1.1. Support Collection of Hospital Emergency Contact Data - DOHMH- generated email in the initial performance period of the contract	10/29/2021	\$1,000.00	\$ -			\$ 1,000.00
C2.1.2. Support Collection of Hospital Emergency Contact Data - DOHMH- generated email in the final performance period of the contract	6/1/2022	\$1,000.00	\$ -			\$ 1,000.00
G4.1.1. Design a Deliverable to Address Hospital Surge Related to Identified Hazards - DOHMH-approved deliverable proposal	10/29/2021	\$5,000.00	\$ -			\$ 5,000.00
G4.1.2. Design a Deliverable to Address Hospital Surge Related to Identified Hazards - Final summary report	6/1/2022	\$10,000.00	\$ -			\$ 10,000.00
TOTAL DELIVERABLES:		\$60,000.00	\$ -	\$ -	\$ -	\$ 50,000.00

Cover Page

An aerial photograph of New York City at sunset, showing a dense urban landscape with numerous skyscrapers and buildings. The sun is low on the horizon, casting a warm, golden glow over the city. The Hudson River is visible on the left, and the East River is on the right. The One World Trade Center is prominent on the right side of the image.

Program Implementation and Quality Improvement

DOHMH | OEPR

Program Challenge

- Deliverables that can:
 - Support emergency preparedness, response and recovery capacity and capabilities development;
 - For the intended healthcare sector(s) (or facilities);
 - At the time they are delivered to program managers at DOHMH.

Context

- Staffing fluctuation (DOHMH & sub-recipient)

Project complexity, sector crossover

Decreasing funding, increasing demand

Program Solutions

- Internal: Program Manager professional development and toolkit
- External: Program quality tools/guides and templates posted to program website
 - Sub-recipients have same materials as program managers
 - Cover all types of evaluations, provides examples for key terms and provides guidance for evaluation planning, conduct and report writing
- External: Program quality assessment
 - Focus is on strengths and areas for improvement of the relationship between DOHMH and sub-recipient
 - Two sub-recipients per budget period

Program Benefits

- Transparent assessment of quality and utility so decisions for approval/payment are clear
- Improved story telling from deliverable content (leading to improved decision-making about funding)
- Improved quality, utility, and relationships
- Meeting HPP performance measures and requirements and health equity



Program Deliverables

Things to Consider. . .

Questions to ask about the audience(s) for contract deliverables

1. Is this deliverable intended for one or multiple audiences? Who are these audiences?
2. Will leadership in the DOHMH or other organizations in NYC government be reading this deliverable or using this deliverable in their briefings or for forming other reports?
3. (If the deliverable is intended for the healthcare provider community) How can we make this deliverable useful for that community, and how can it be useful for various staff in healthcare facilities (i.e., clinical vs. non-clinical staff)?
4. How would we tailor the language and format of this deliverable so it can be posted on various websites (e.g., [ASPR TRACIE](#), [NYC Provider Page](#))?

Guidelines for specific deliverables

Table 1. Types of deliverables

Deliverable type (file format)	Example or template
AAR	Access TRACIE and HSEEP HSEEP AAR Template
Call-down drills	Appendix 1 – CHCANYS Call-down notification drill template
Evaluation tool/survey	See DOHMH Evaluation Guide
Functional exercise	HPP funded exercises are required to be NIMS and HSEEP compliant, using HSEEP formatted documentation including ExPlan, AAR and IP.
Meeting reports	Appendix 2 – Meeting Report
Summary report template	See North HELP example
Tabletop exercise	HPP funded exercises are required to be NIMS and HSEEP compliant, using HSEEP formatted documentation including ExPlan, AAR and IP.
Technical Assistance logs	See this example
Toolkit or guidebook	See CHCANYS TA example , Respiratory Template example or The Long-term Care Exercise Guidebook
Train-the-trainer toolkit or training	Appendix 4 – Train the Trainer Observation Form.

Deliverable review tool for product quality

Table 2. Self-assessment of deliverables prior to submission

Deliverable quality self-assessment					
Deliverable	Ratings				Comments
Reviewer					
Date					
Assessment questions	Needs 0 changes	Needs 1 - 3 changes	Needs 4 - 5 changes	Needs >5 changes	
Suitability for intended audience: 1. Is the intended audience clear? 2. Does the level of detail match the audience? 3. Does the tone match the audience?					Have members of the intended audience "tested" the deliverable and provided input?
Suitability for intended use: 1. Is the deliverable's length and format appropriate for its intended use? 2. If intended to do so, could the deliverable be used for planning or during response <i>as is</i> ?					
Suitability for publication (print or web). Is/does the deliverable: 1. free of inappropriate repetition? 2. factually consistent throughout? 3. consistent in tone and voice? 4. free of grammatical errors? 5. free of computational errors? 6. developed from original writing (not cut and paste from other sources)? 7. properly attribute sources of information in foot or endnotes?					

Sub-recipients and contractors

Role: Represent healthcare sectors in NYC, provide subject matter expertise or technical assistance to DOHMH in its mission to support increasing or maintaining capacity and capability among NYC's healthcare sectors to prepare for, respond to and recover from emergencies. Ensure principles of racial equity and social justice are considered in program and scope of work development and execution.

1. **Carry out activities to complete deliverables** designed to support increasing or maintaining capacity and capability among NYC's healthcare sectors to prepare for, respond to and recover from emergencies.
2. **Adhere to standards** set forth in scopes of work for the quality of work required to carry out the above.
3. **Meet with DOHMH Program Managers** weekly or biweekly to provide program updates by following a standard agenda for those meetings.
4. **Review and follow evaluation guidelines** for evaluation type deliverables (e.g., evaluation forms, pre- and post-tests).
5. **Discuss strategies for the upcoming budget period** and plan ahead for deliverables in the scope of work you may potentially develop (depending on availability of funding). Assist DOHMH Program Managers in completing a quick sheet in order to help them envision next steps for the program and plan for potential future funding.

Updating EPC / ALT EPC

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

DOHMH Deliverable Contacts

BP4 Deliverable

Deliverable PM

Participate in the quarterly NYC HCC Leadership Council meetings, bi-annual Emergency Preparedness Symposia

Chanukka Smith csmith29@health.nyc.gov

Support a Borough Coalition

Chanukka Smith csmith29@health.nyc.gov

Participate in a Citywide Tabletop Exercise

Nicole Marks nmarks@health.nyc.gov
Chanukka Smith csmith29@health.nyc.gov

Support Collection of Hospital Emergency Contact Data

Chanukka Smith csmith29@health.nyc.gov

Design a Deliverable to Address Hospital Radiation Emergency(ies)

Marsha Williams mradclif@health.nyc.gov

Design a Deliverable to Address Hospital gap(s)*
*recovery planning gaps or identified hazards

Chanukka Smith csmith29@health.nyc.gov



Thank you!

▶ We look forward to working with you in BP4!