



NYC Health Care Coalition (NYCHCC) Emergency Preparedness Symposium (EPS) co-hosted with Borough of Queens Emergency Preparedness Coalition (BQEPC)

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

Thursday, March 9, 2023



DISCLAIMER: This project was supported by the Department of Health and Human Services' Administration for Strategic Preparedness and Response under award number 6U3REP190597-04. Its content is solely the responsibility of the authors and does not necessarily represent the official views of the Department of Health and Human Services' Administration for Strategic Preparedness and Response.

Agenda

- **10:00 - 10:05 AM** | *Welcome and Opening Remarks*
- **10:05 - 10:25 AM** | *Evacuation for People with Disabilities*
- **10:25 - 10:45 AM** | *ASPR Update on the MRSE*
- **10:45 – 11:05 PM** | *The BQEPC- The Past, Present and Future of a Boro Coalitions Growth*
- **11:05 - 11:15 AM** | *Burn Surge Exercise AAR Discussion*
- **11:15 - 11:30 AM** | *Radiological Hazard Annex*
- **11:30 – 11:50 AM** | *ASPR Proposed Healthcare Preparedness and Response Capabilities*
- **11:50 – 12:00 PM** | *Looking Ahead to BP5 & Closing Remarks*
 - Program Support Tools
 - Closing Remarks
 - Coalition Announcements
- **12:00 PM** | *Adjourn*

NYC Health Care Coalition (NYCHCC)

- The NYCHCC brings together members of the health delivery system, its partners, and related government agencies into an integrated emergency planning and response entity
 - leverages the strengths of each member
 - strengthens resiliency for continuity of health care delivery during, and after, an emergency incident
- The biannual **Emergency Preparedness Symposia** supports the sharing of information, best practices, and innovations throughout the Coalition and provides a learning opportunity for members.

NYCHealthcareCoalition.com



Borough of Queens Emergency Preparedness Coalition (BQEPC)

Greg Wayrich, EMT-P, Chair/Emergency Preparedness Coordinator
Borough of Queens Emergency Preparedness Coalition

BQEPC



**Borough of Queens
Emergency Preparedness Coalition**

March 2023 Leadership Council Meeting

Greg Wayrich, EMT-P
Chair, BQEPC,
EPC, NYP Queens

National Healthcare Coalition Preparedness Conference



- Anaheim Marriott – Anaheim, CA
- 1000+ Attendees
- 50+ Vendors
- 3 Days of Conference content
- BQEPC/PDC/NYC HCC presence
- Networking and best practices
- Federal partners/ASPR

National Healthcare Coalition Preparedness Conference

Key Takeaways

- General Session speakers gave ASPR updates: Dawn O'Connell, Jennifer Hannah and Dr. Hunt
- Keynote by Montrece Ransom on Belonging
- General Session from Dr. Feinzimer and Chief Hoggatt: Active Shooter

National Healthcare Coalition Preparedness Conference



National Healthcare Coalition Preparedness Conference

Key Takeaways

- FEMA Region meetings: Heard from others across the states
- Exhibitors were very engaged.
- The NHCPC conducts a great event.

National Healthcare Coalition Preparedness Conference

SAVE THE DATE FOR #NHCPC23



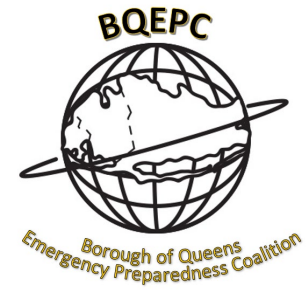
2023 National Healthcare Coalition Preparedness Conference

REGISTRATION OPENING IN JUNE!

NOVEMBER 28-30, 2023

PARIS HOTEL & CASINO, LAS VEGAS, NV

QUESTIONS?

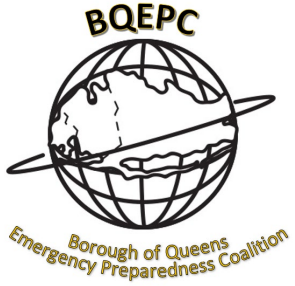


People with Disabilities and Building Evacuation Planning

Jose Rodriguez, Senior Director
NYC H+H/Coler

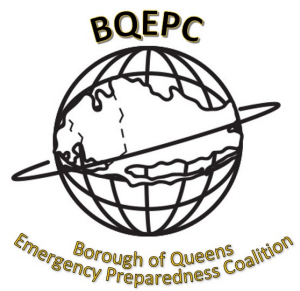
(Summary from presentation by Nicholas E. Gabriele, VP Jensen Hughes)

National Healthcare Coalition
Preparedness Conference
Nov 29-Dec1, 2022
Anaheim, CA



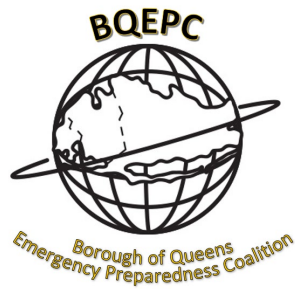
Discussion Topics

- Introduction to Accessibility & Emergency Planning
- Laws/Standards/Codes/Approaches
- Foundations for Inclusive Planning
- Developing Integrated Evacuation Plans
- Plans, Training, Exercises, Drills



Building Evacuation Plans

- Most healthcare facilities are required to have an emergency action plan (EAP) per OSHA 29 CFR 1910.157
- US Statistics:
 - 15,700 fires in high-rise buildings (2011 US statistics; Ref. Hall 2011)
 - 61 Active Shooter Incidents (2021 US statistics; Ref. US Dept. of Justice)
 - 60,000 Individuals Flee CA Wildfires (2020 CA statistics; Ref. Cal Fire)



Accessibility Protection for People with Disabilities

- American with Disabilities Act (ADA) 1990
- Section 1557 of the Affordable Care Act
- State and Local Building Codes
- Architectural Barriers Act of 1968
- Rehabilitation Act of 1973
- Fair Housing Act

ADA Definition of Disability

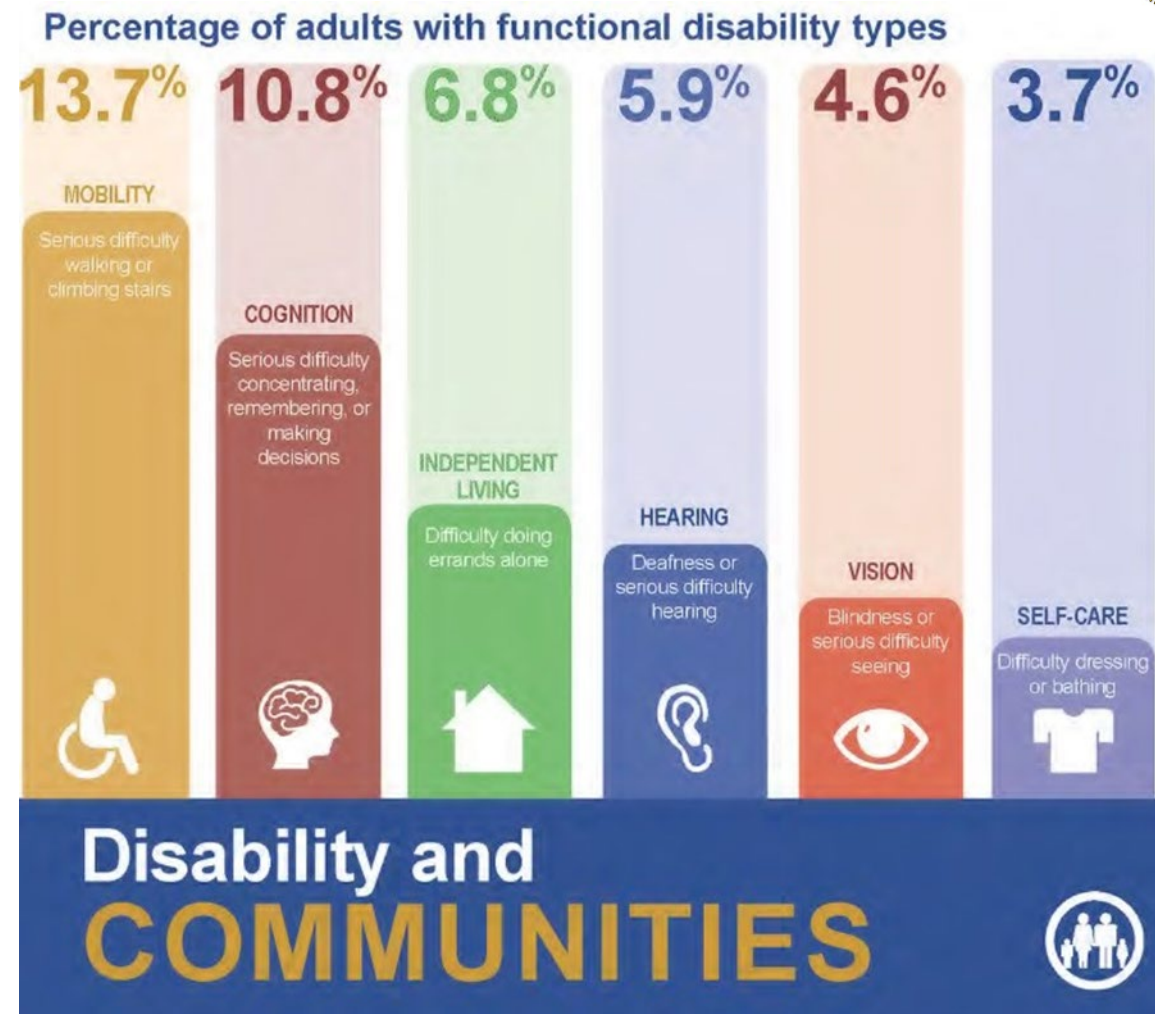
- “ A person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.”
- US Facts:
 - Over 60 Million People have a disability
 - 19.3% of Americans self identify as having a disability
 - 105 Million people have a relationship with someone with a disability

Ref: ADA

Types of Disabilities

- Vision
- Hearing
- Mobility
- Cognitive
- Learning
- Remembering
- Communicating
- Mental Health
- Social Relationships
- Multiple Disabilities

Ref: CDC



Legal Protection for People with Disabilities

- Americans with Disabilities Act (ADA) 1990
- Section 1557 of the Affordable Care Act
- State and Local Building Codes
- Architectural Barriers Act of 1968
- Rehabilitation Act of 1973
- Fair Housing Act

Ref: ADA



All-Hazard + Scenario-Based Building Evacuation Planning

- Fire
- Active Threat
- Coordinated Evacuation

According to the ADA:

- Emergency plans should ensure that persons with disabilities are provided a full and equal opportunity to benefit from these services in the most integrated setting appropriate to the needs of the individuals”
 - Cultural Shift
 - Understand Needs
 - Integrate into Plans
 - Adapt Planning Approaches
 - Adjunct Equipment, Technology, People



Elements of Evacuation Information

- Notification – What is the Emergency?
 - Fire: fire alarm system activation
 - Active Assailant: Overhead page, voice commands
 - Coordinated Evacuation: Communicated instructions
- Way Finding – Where is the Way out?
 - Fire: Tactile Exit signs, Areas of Refuge - Education
 - Active Assailant: Run Hide Fight
 - Coordinated Evacuation: Rely on emergency services, buddy system
- Use of the Way – Do I need help to get out?
 - Buddy System – Effective; Self-directed; Assisted Buddy Assignments; Education, training and drills
 - Service Animals – include in plans & Practice; Understand the need to evacuate with owner; discuss how can assist if the service animal becomes hesitant or disoriented; notify first responders



Ref. NFPA

Elements of Evacuation Information

- Assistance – If I need help to get out, what kind of assistance?
 - Fire: Protected means of egress to the public way
 - Active Assailant: (Run) Avoid (Hide) (Barricade (Fight) Confront
 - Coordinated Evacuation: Rely on emergency services, buddy system
- Assistance: People to Help.....who, what, when?
 - Manages the assistance?
 - Provides the assistance?
 - How many people?
 - Type of assistance?
 - Need to wait for first responders?



Elements of Evacuation Information

- Assistance:
 - Ramp or direct exit to grade?
 - Stairs for person on limited mobility?
 - Elevator?
 - Other devices available?



Stakeholders

- Individuals with or without access or functional needs
- Owners/management/responsible authorities
- Staff and those responsible for emergency planning
- Community partners (Emergency management, fire, Police, EMS)

Ref: NFPA

QUESTIONS?

BQEPC



**Borough of Queens
Emergency Preparedness Coalition**

MRSE update from ASPR

A Look Into ASPR Medical
Response and Surge Exercise



Past

-
- Based on feedback provided by Health Care Coalitions (HCCs), the Coalition Surge Test (CST) and Hospital Surge Test (HST) were refreshed to create the MRSE.



Present

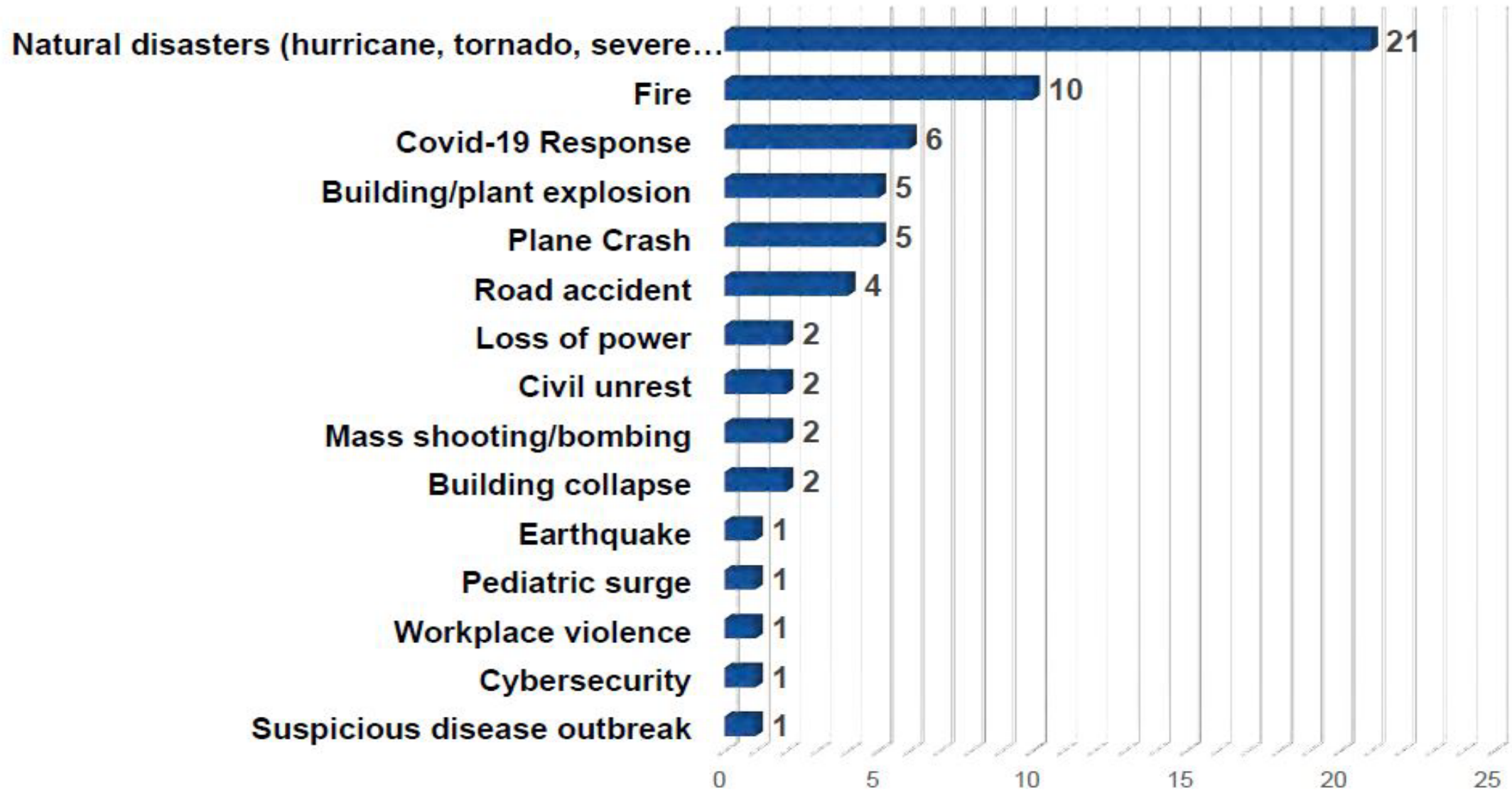
-
- HCCs can design and tailor the exercise according to their Hazard Vulnerability Assessment (HVA).
 - The MRSE incorporates more flexibility and opportunity for more collaboration across HCCs' jurisdictions.



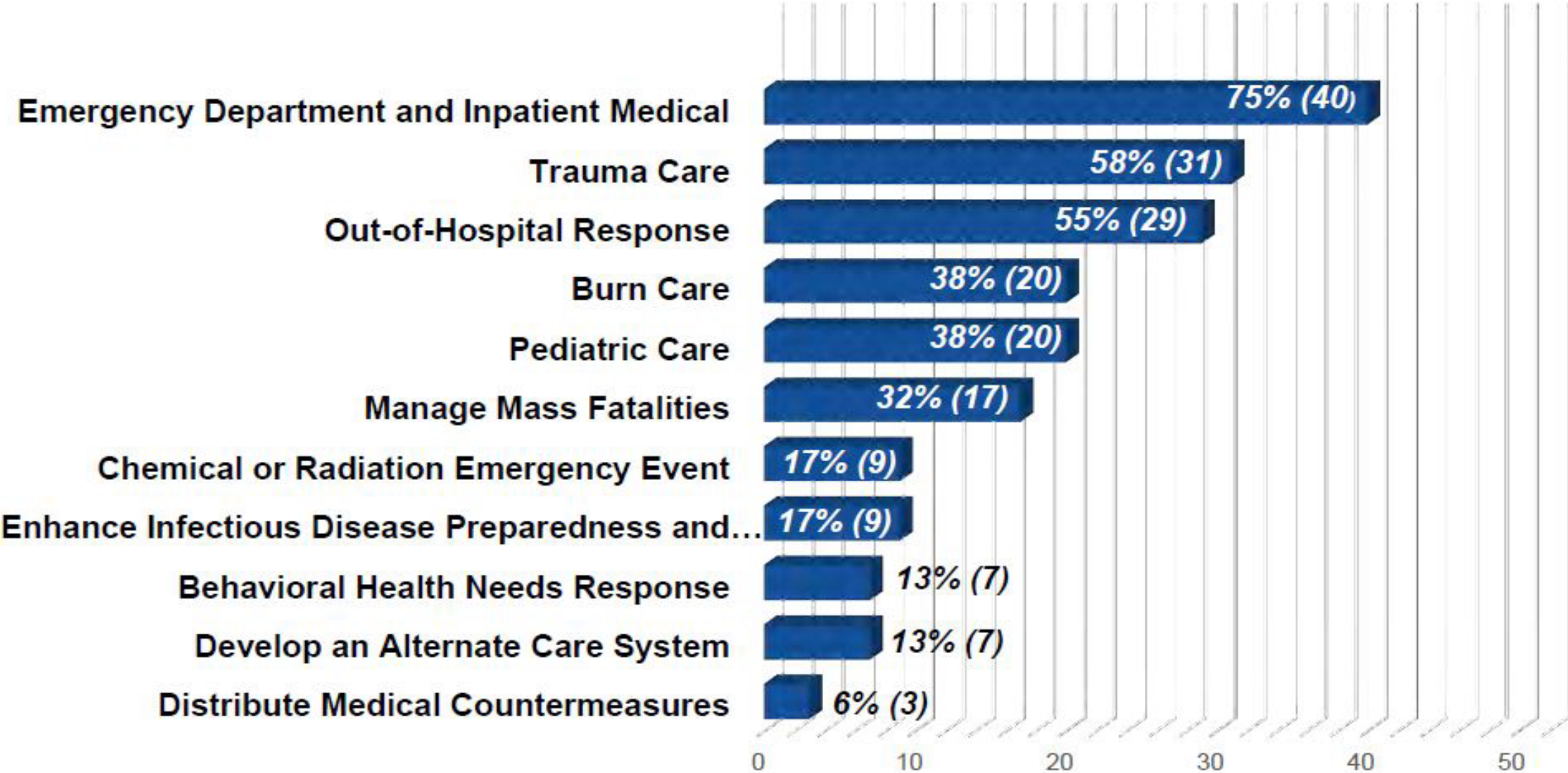
Future

-
- HCCs can use the MRSE to exercise plans with new partners, build resilience, and improve communication across the HCC and members.
 - The MRSE Support Team welcomes continued feedback to improve the exercise.

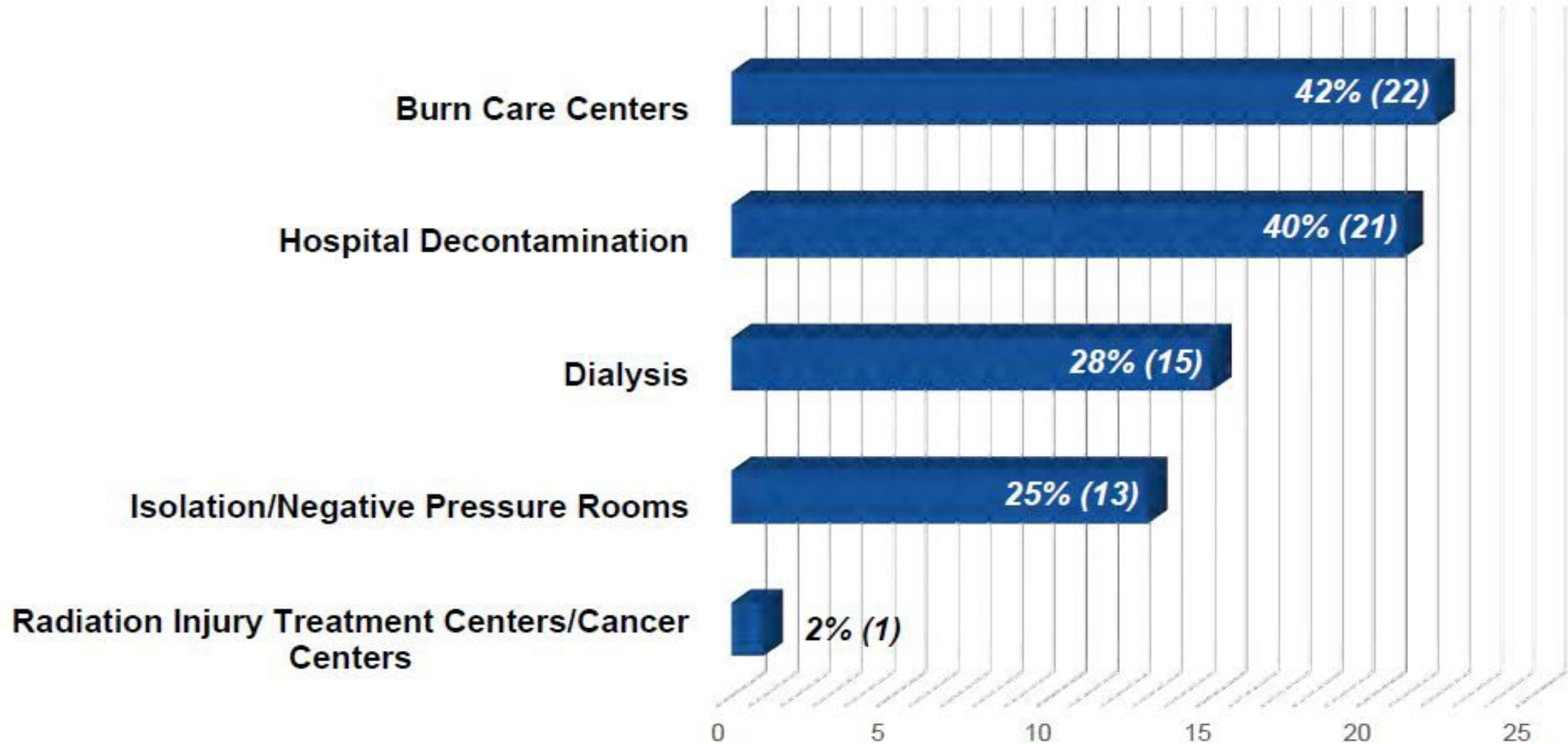
Types of Exercise Scenarios



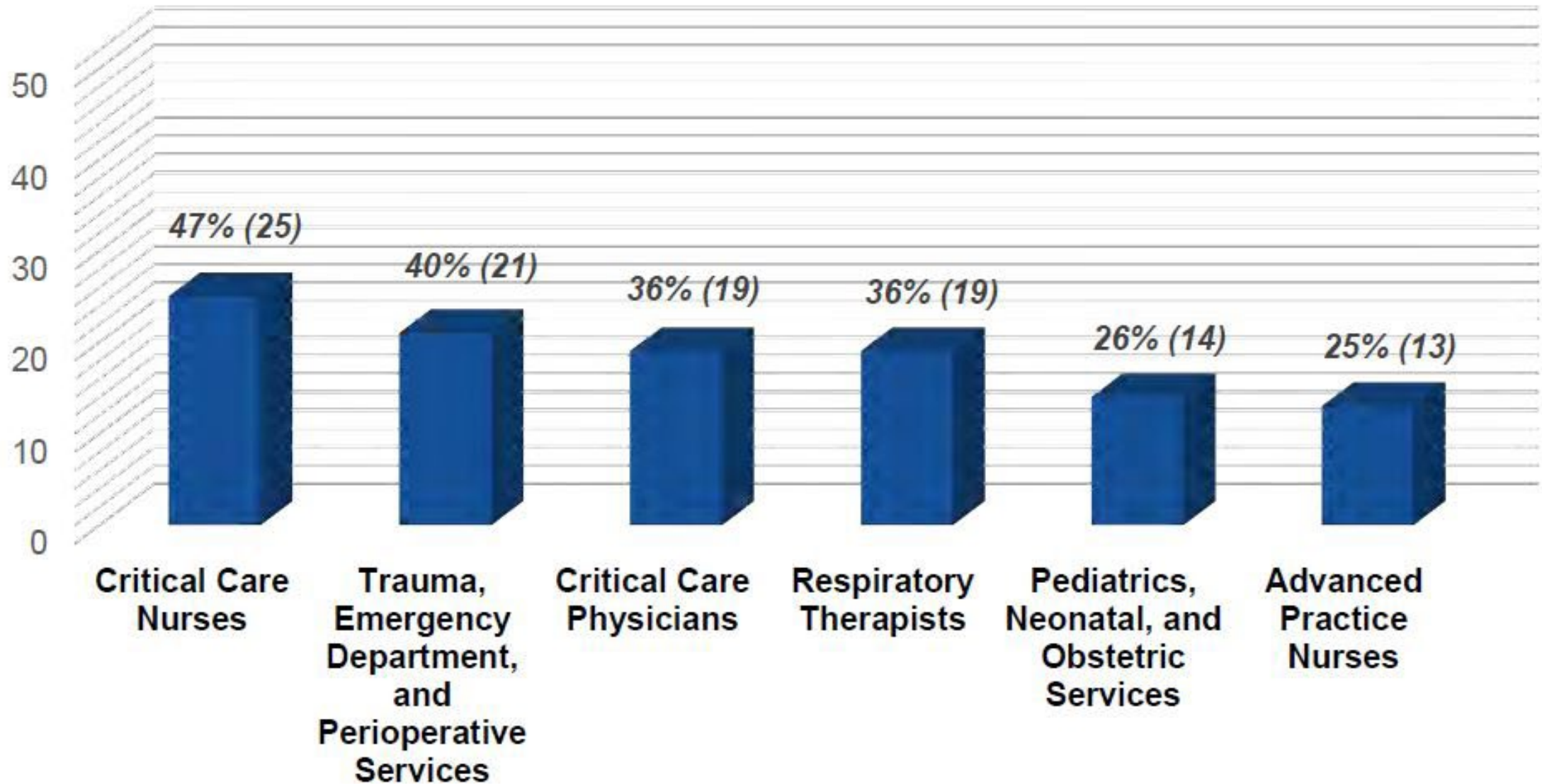
Exercise Hazard Categories



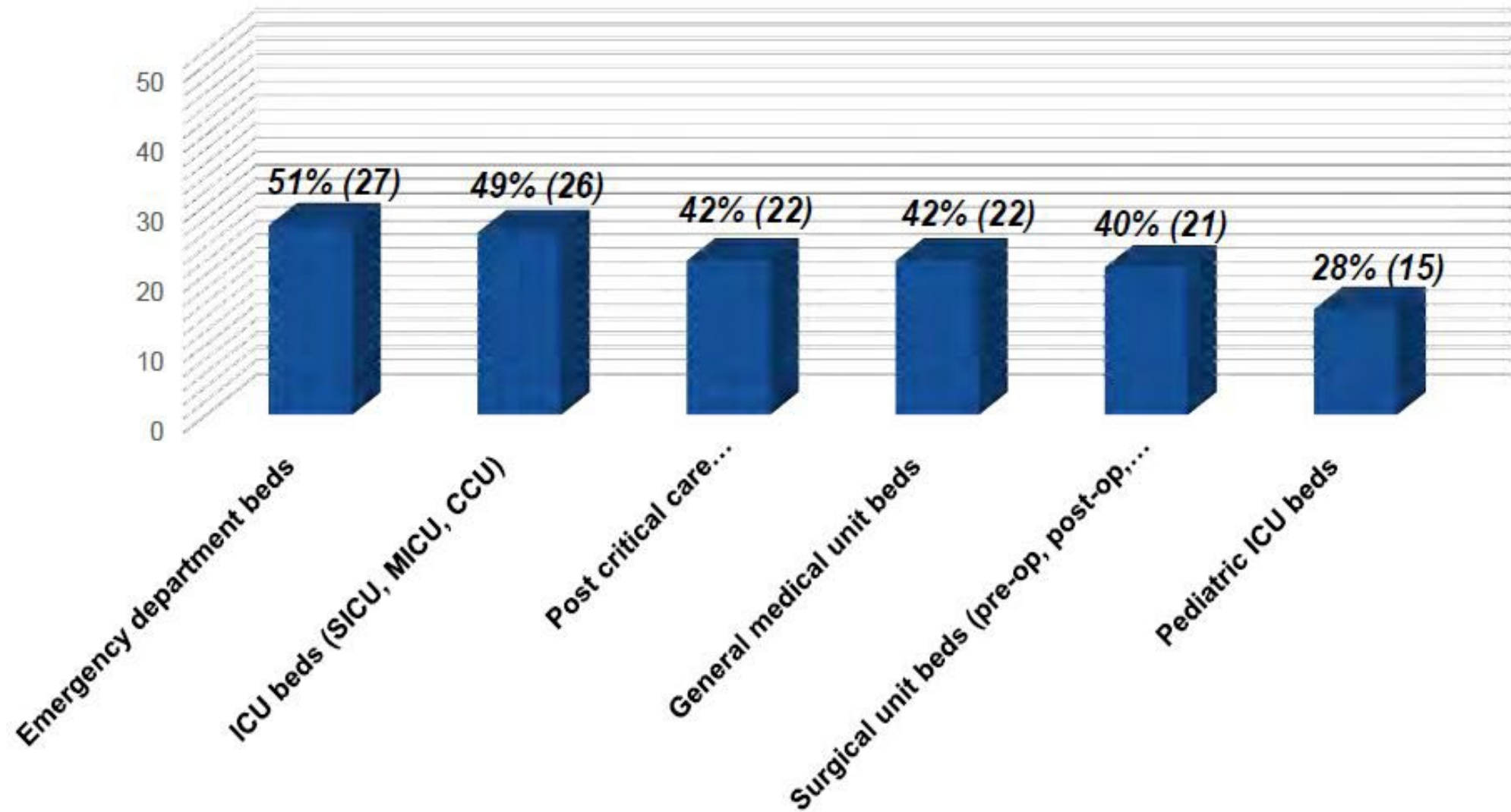
Hazard-Specific Specialty Facilities



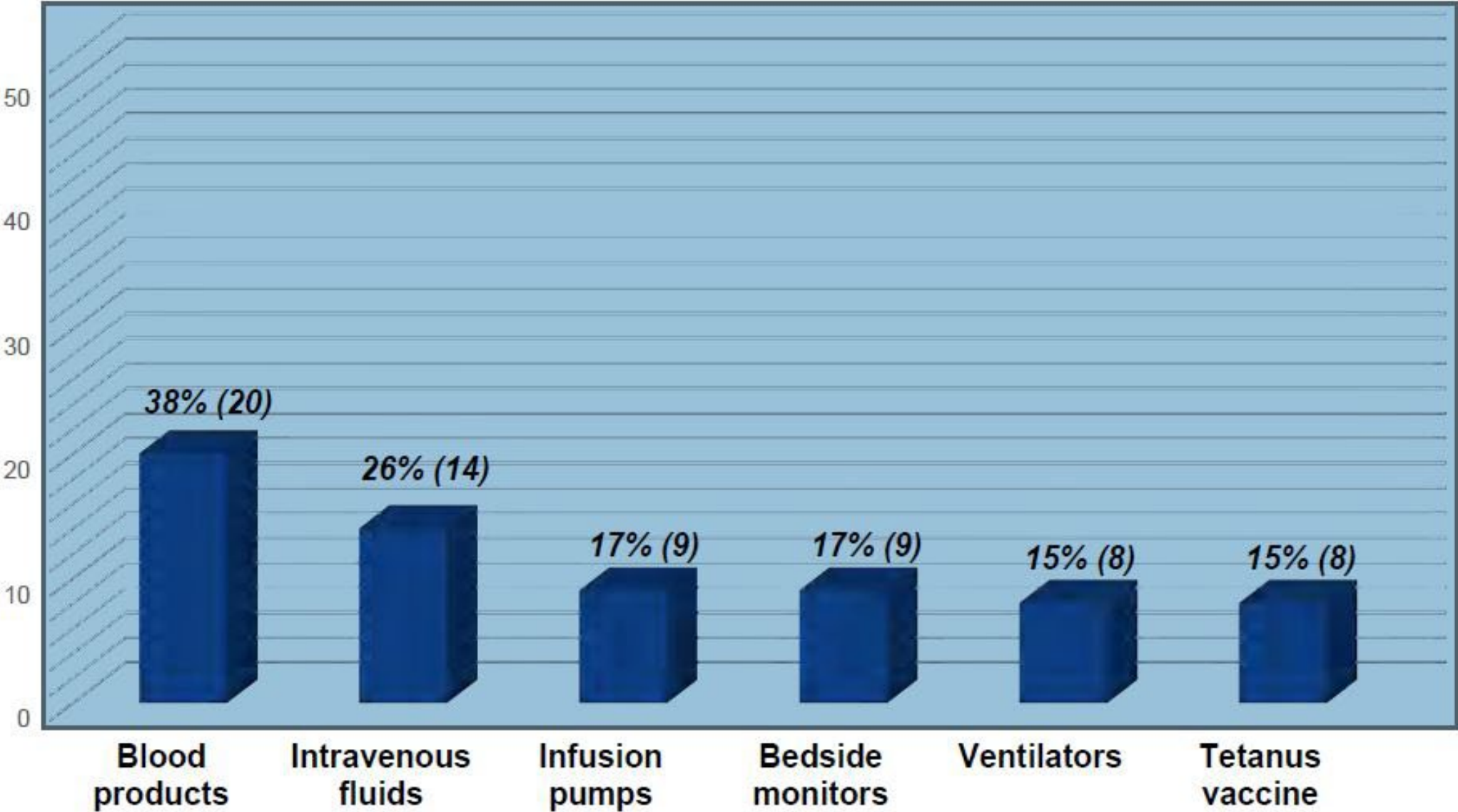
Critical Personnel that are NOT met during the Exercise



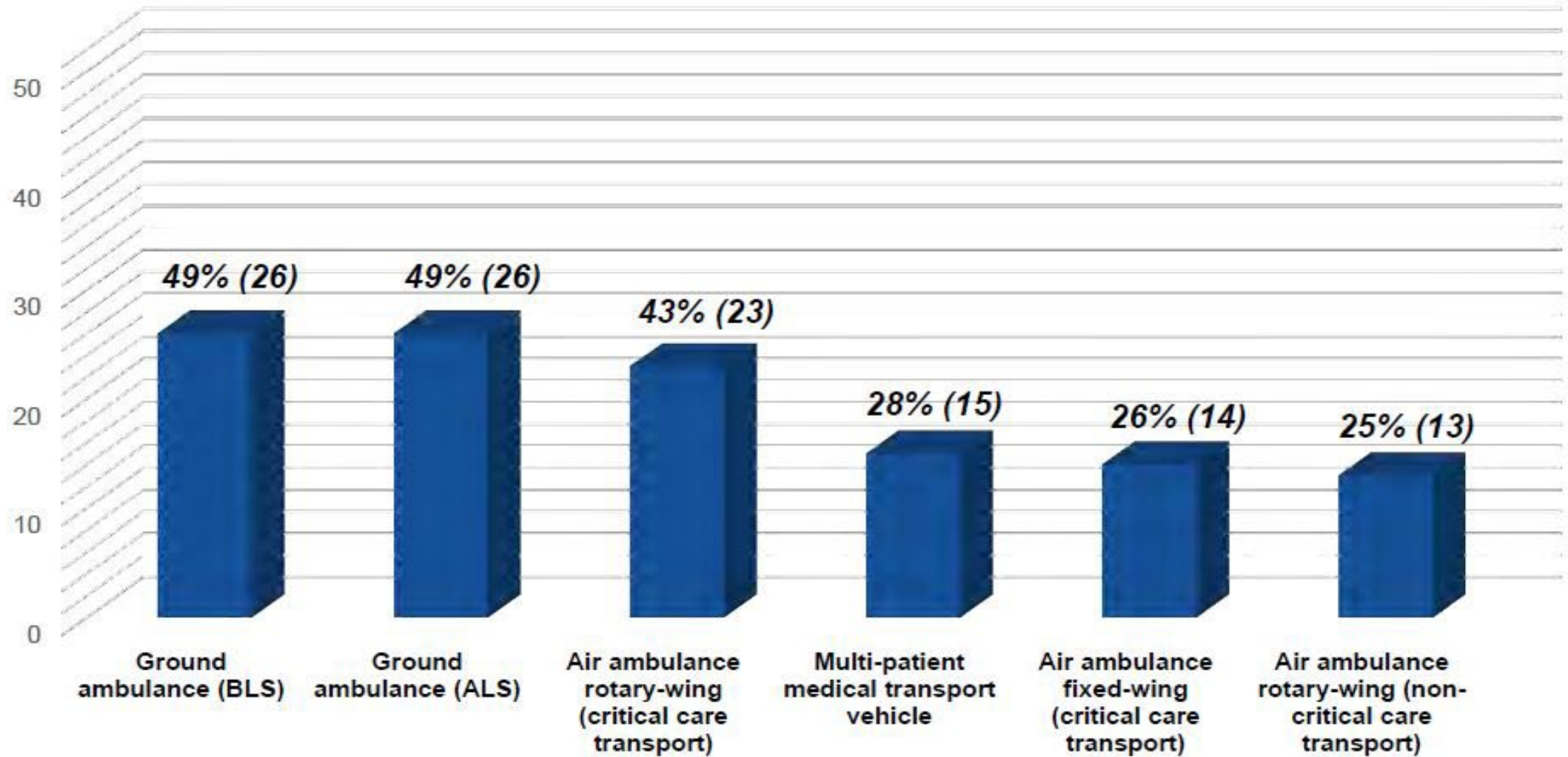
Critical Beds that are NOT met during the Exercise



Critical Medical Supplies that are NOT met during the Exercise



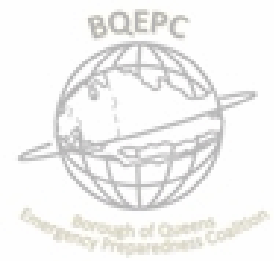
Critical EMS Response Resources that are NOT met during the Exercise



Top Issues During MRSE

- Communication across HCC
- Patient Tracking during the exercise
- Knowledge of available response plans and resources
- Interactions of agencies

*Borough of Queens
Emergency Preparedness Coalition*



March 2023 Leadership Council Meeting

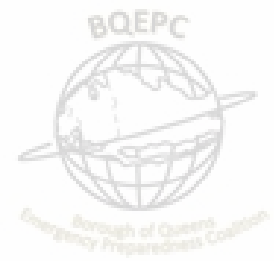
BQEPC – Past, Present, Future

Mohammed Salahuddin
Director, Emergency Management
NYC Health + Hospitals | Queens



BQEPC – Past, Present, Future





BQEPC – **P**ast, Present, Future

Past



Queens County Emergency Preparedness Healthcare Coalition (QCEPHC)

- Founded by Queens Hospital Center in partnership with local hospitals
- 40 Members
- 15 Organizations



BQEPC – **P**ast, Present, Future

Past – Challenges to overcome

- Redefining our purpose and mission as a coalition
- Limited participation and activities
- Access to funds were a cumbersome process
- Coordinating in a time of emergency across our Queens borough
 1. Access to appropriate, accurate, and current data/information
 2. Clear processes to implement response

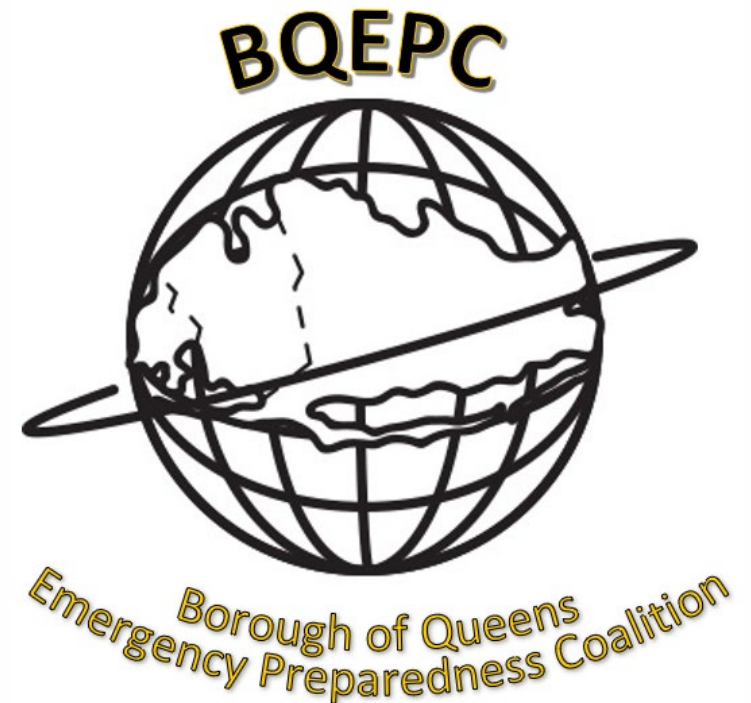


BQEPC – Past, **P**resent, Future

The Mission of the BQEPC is to act as a sustainable, regional organization that may serve to promote emergency preparedness and resilience across the community.

Results of the tireless work by our coalition members, guided by an updated mission, we have created:

- A new Charter
- A model of shared governance
- A new Logo





BQEPC – Past, Present, Future

We are now 42 Members and 25 Organizations strong, and growing.

A New look, with an urgency towards building community preparedness in Queens.



Queens



Long Island Jewish Forest Hills
Northwell Health*



Cohen Children's Medical Center
Northwell Health*



NYC Pediatric Disaster Coalition



Mount Sinai
Queens



Coler



The premier healthcare support service provider nationwide



ST. JOHN'S
EPISCOPAL HOSPITAL





BQEPC – Past, Present, **F**uture

Future Objectives and Priorities

- **Collecting/disseminating situational awareness information**
 - Patient Movement - Load-balancing/patient distribution
 - Supporting scarce resource access – Medical Resource Sharing
 - Supporting access to life-saving capabilities
- **Promote active participation and expand coalition capabilities**
 - Coalition fund dissemination



BQEPC – Past, Present, **F**uture

Fund Dispersal Plan

50% funds brought in that year will be dispersed among active BQEPC members who meet designated participation and service criteria.

- Half the disbursement based on participation, will be split evenly with participation criteria
- Service Half will be based on service to BQEPC

Remaining 50% funds brought in that year used for:

- Annual payments (roughly 20%)
- 20% for joint coalition projects under BQEPC flag
- 10% will be set aside for Contingency



BQEPC – Past, Present, **F**uture

Future Objectives and Priorities Cont.

- **Expand community partnership**
 - Continue to recruit community organization/entities
 - Host/participate in joint community partnership events
- **Integration with other Coalitions and Partners**
 - Determine paths and systems of information sharing with key partners
 - Identify paths for escalation of issues and problems
 - Search for best practices, locally and nationally



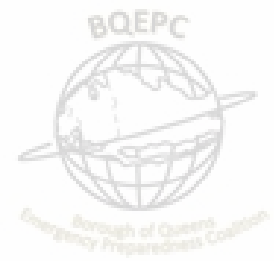
BQEPC – Past, Present, **F**uture

In Closing

BQEPC and its members will continue to practice continuous improvement as we look to the future. By means of:

- Improved situational awareness
- Stronger community partnership
- Better aligned with other coalitions

**We look to continue serving the borough of Queens
and the city of New York**



BQEPC – Past, Present, Future

QUESTIONS?

Thank you!

Mohammed Salahuddin
NYC Health + Hospitals | Queens
Email: Salahudm@nychhc.org



Burn Surge Exercise AAR Discussion

Meeting Objectives

After Action Report

- Reach final consensus on AAR

Improvement Plan

- Reach consensus on corrective actions
- Assign preparedness stakeholders to corrective actions
- Concrete deadlines for corrective action implementation

Program Reporting

Discuss next steps

Executive Summary

- The BP4 NYC Burn Surge Exercise was held on February 16, 2023.
- The exercise was a virtual tabletop exercise (TTX), planned for four hours with a workshop/seminar at the beginning. Exercise play was limited to the NYC Healthcare Coalition and agency partners and focused on the response to a surge in burn patients.
- The exercise scenario involved a fire leading to a surge of burn patients at hospitals and healthcare facilities.
 - During Circus Festival in a large NYC Park, there is a pyrotechnic failure causing a fire, which spreads across the stage in the main circus tent. There are a range of injuries including burn, trauma, and crush, as well as smoke inhalation concerns.

Exercise Objectives

- **ASPR 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.

Exercise Objectives

- Objectives align to ASPR **Capability #4: Medical Surge**
- **Objective #1**
 - Validate the ability of the HCC members to activate their Mass Casualty Plans within the first 12 hours following a burn incident in accordance with the NYC HCC Burn Surge Annex.
- **Objective #2**
 - Identify methods that HCC members will employ to triage and prioritize patients for treatment or transfer to specialty facilities within the first 12 hours following a burn incident in accordance with the NYC HCC Burn Surge Annex.
- **Objective #3**
 - Discuss how HCC members will coordinate during the response when clinical resources are strained or depleted within 2 hours of the onset of the incident or arrival of patients in accordance with the NYC HCC Burn Surge Annex.

Exercise Participants

BronxCare Health System
Calvary Hospital
Hospital for Special Surgery
Maimonides Medical Center
Memorial Hospital for Cancer and Allied Diseases (MSKCC)
New York Community Hospital
Richmond University Medical Center
St. Barnabas Hospital
St. John's Episcopal Hospital
The Brooklyn Hospital Center
University Hospital of Brooklyn - SUNY Downstate Medical Center
Wyckoff Heights Medical Center
NYC Health + Hospitals
Montefiore Health System
Medisys Health Network
FDNY

Northwell Health
NewYork-Presbyterian Healthcare System
Mount Sinai Health System
NYU Langone Health
One Brooklyn Health System
Pediatric Disaster Coalition
Community Healthcare Organization of New York State
North HELP Coalition (Mt. Sinai Hospital)
Greater New York Hospital Association - Continuing Care (GNYHA-CC)
The Audacia Foundation Inc. on behalf of Southern New York Association (SNYA)
Greater New York Healthcare Facility Association (GNYHCFA)
New York State Association of Healthcare Providers, Inc.
Home Care Association of New York State (NYS HCA)
Hospice and Palliative Care Association
Greater New York Hospital Association
NYCEM

Exercise Results

■ Objective #1

- Validate the ability of the HCC members to activate their Mass Casualty Plans within the first 12 hours in accordance with the NYC HCC Burn Surge Annex.
- **Rating: (P: Performed without Challenges)**

■ Objective #2

- Identify methods that HCC members will employ to triage and prioritize patients for treatment or transfer to specialty facilities within the first 12 hours in accordance with the NYC HCC Burn Surge Annex.
- **Rating: (S: Performed with Some Challenges)**

■ Objective #3

- Discuss how HCC members will coordinate during the response when clinical resources are strained or depleted within 2 hours of the onset of the incident or arrival of patients in accordance with the NYC HCC Burn Surge Annex.
- **Rating: (P: Performed without Challenges)**

Strengths

- **Strength 1:** Institutional MCI Plan: Plans are applicable and operational, and institutional staff is well-informed of plan components and necessary steps for activation
- **Strength 2:** Network/Partner Collaboration: Networks and independent facilities work cooperatively between facilities (in-network) and collaboratively with partners throughout the NYC Healthcare Coalition (HCC)
- **Strength 3:** (A) Institutional: Networks/Facilities have the support of institutional leadership; (B) Citywide: Networks/Facilities have the support and access to resources from NYC agencies (e.g. DOHMH, NYCEM, FDNY); (C) Subject Matter Expert: Networks/Facilities have the support and access to resources from subject matter experts (e.g., Burn Consortium and Pediatric Intensive Response Team/Pediatric Disaster Coalition)

Areas for Improvement

- **Area for Improvement 1:** Improve Coordination between NYC Burn Plan and NYC DOHMH Burn Surge Plan
- **Area for Improvement 2:** Finalize NYC Burn Plan with clear guidance for order of operation and activation
- **Area for Improvement 3:** Distribute NYC DOHMH Burn Plan
- **Area for Improvement 4:** Utilize or create consistent systems and protocols to notify relevant parties during an activation
- **Area for Improvement 5:** Establish an operations command model for patient movement

Improvement Plan

Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Capability 4: Medical Surge	Interagency Coordination	Improvement 1: Improve Coordination between NYC Burn Plan and NYC DOHMH Burn Surge Plan	Plan Organize Equip Train	New York City Department of Health and Mental Hygiene			
Capability 4: Medical Surge	Orders of Operation	Improvement 2: Finalize NYC Burn Plan with clear guidance for order of operation and activation	Plan Organize Train	New York City Emergency Management			
Capability 4: Medical Surge	Information Sharing	Improvement 3: Distribute NYC DOHMH Burn Plan	Plan Organize Equip Train	New York City Department of Health and Mental Hygiene			
Capability 4: Medical Surge	Activation and Notification	Improvement 4: Utilize or create consistent systems and protocols to notify relevant parties during an activation.	Plan Organize Equip	New York City Department of Health and Mental Hygiene			
Capability 4: Medical Surge	Operational Command and Control	Improvement 5: Establish an operations command model for patient movement.	Plan Organize Equip Exercise	New York City Department of Health and Mental Hygiene			



Radiological Hazard Specialty Surge Annex

DYOD deliverable supporting annex (Overview)

- **Goal:** Operationalize best practices, plans, protocols, and tools to enable a coordinated response to radiation hazard throughout the NYCHCC.
- **Outcome(s):** Strengthened planning and response capacities, supporting the NYCHCC and advance progress on Network radiation hazard planning
- Using recent HVA, After Action Report/Improvement Plan (AAR/IP) and/or evaluation finding(s) from radiation hazard planning or incident, design a deliverable that includes implementing a project or conducting an exercise to address radiation emergency(ies).

Deliverable Requirements

- **Final Summary Report**

If deliverable is a project: develop and submit final summary report with details of implementation, goals and objectives, findings, impacts, outcomes, stakeholders, and next steps; and other supporting documentation, including (but not limited to) meeting agendas, notes, and sign-in sheets.

Specialty Surge Annex Framework Core Elements

- Indicators/triggers and alerting/notifications of a specialty event
- Initial coordination mechanism and information gathering to determine impact and specialty needs
- Documentation of available local, state, and interstate resources that can support the specialty response and key resource gaps that may require external support (including inpatient and outpatient resources)
- Access to subject matter experts (SMEs) – local, regional, and national
- Prioritization method for specialty patient transfers (e.g., which patients are most suited for transfer to a specialty facility)
- Relevant baseline or just-in-time training to support specialty care
- Evaluation and exercise plan for the specialty function.”

DYOD Rad: projects and exercises (8 Networks)

- Exercises: FE to test system senior leaders' response (1)
- Projects:
 - vulnerabilities and gaps assessment (2)
 - Education/training (3)
 - hospital first receiver program (1)
 - enhance program for labs (1)

DYOD Rad: Projects (9 Independent Hospitals w/ 911)

- Projects:
 - vulnerabilities and gaps assessment (2)
 - Plan, policy, workflow, plan annex (4)
 - Education/training (4)
 - identifying decontamination space (1)

DYOD Rad: Topics (3 Independent Hospitals, no 911)

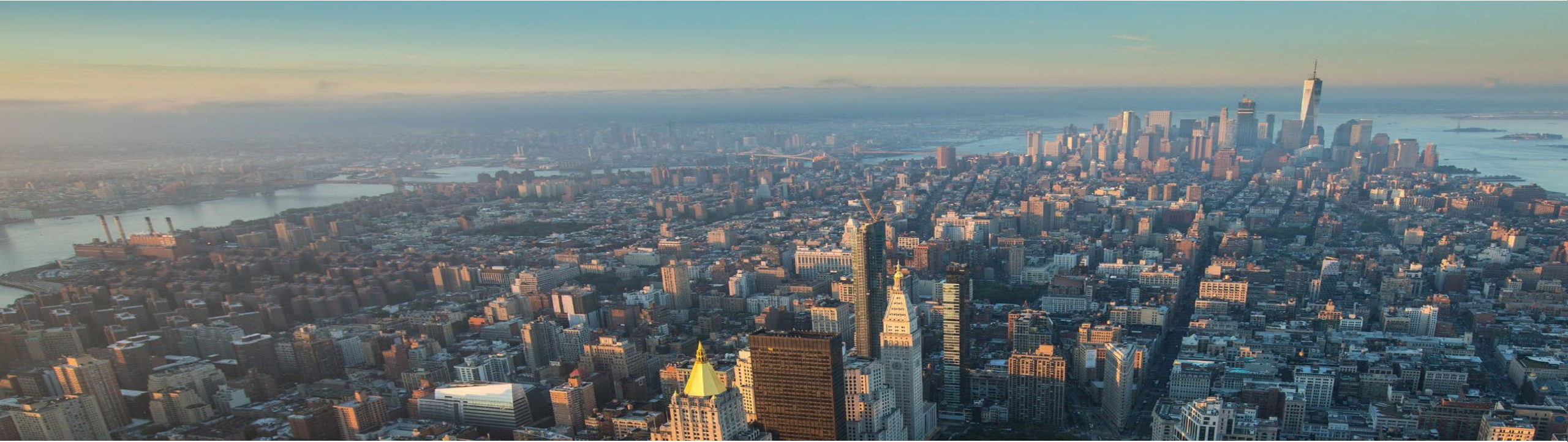
- Projects:
 - Plan, workflow, plan annex (2)
 - Education/training (1)

DYOD Rad: Projects (Totals)

- Exercises (1)
- Projects:
 - vulnerabilities and gaps assessment (4)
 - Plan, policy, workflow, plan annex (6)
 - Education/training (8)
 - hospital first receiver program (1)
 - enhance program for labs (1)
 - identifying decontamination space (1)

Additional Radiation Deliverables in BP4

- All hospitals and networks: Support Collection of Hospital Emergency Contact Data, including update of Radiation Safety Officer
- Independent hospital (911) deliverable: Develop Resilience for Hospital Radiation Management Staffing – Proposal and final documentation



Long Term Care Exercises

Radiological Event

Long Term Care Exercise Program [LTCEXP]

- The **LTCEXP** is designed to improve the disaster readiness of the City's long-term care facilities by having facility exercise planning teams develop skills and demonstrate competencies in various aspects of exercise design, development, conduct, evaluation, and improvement planning, enabling them to strengthen their facility's planning efforts and develop future exercises for their own facilities, thereby creating program sustainability.
 - In our 8th year of the LTCEXP
 - 7 month program
 - Engaged over 50% of the LTC sector in functional exercises



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

Program Dates
All sessions, including the exercises, are virtual!

- Introduction to Exercises
October 19, 2022
- Initial Planning Meeting
November 16, 2022
- Midterm Planning Meeting
January 11, 2023
- Final Planning Meeting
February 15, 2023
- Controller/Evaluator Briefing
March 13, 2023
- Functional Exercise
(SNF/ACF only; attend one half-day session)
March 14-15, 2023
- After-Action Conference
March 16, 2023
- After-Action Review and Improvement Planning Workshop
March 29, 2023
- Tabletop Exercise (HC/HPC Only)
April 4, 2023

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 long-term care facilities by having facility exercise planning 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 fifty skilled nursing and adult care facilities in the LTCEXP: Citywide Functional Exercise. In a unique expansion of this year's programming, an additional five home care (HC) agencies and five hospice and palliative care (HPC) facilities are invited to participate in a separate, domain specific LTCEXP tabletop exercise. Participants in both exercises 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 2022 through April 2023 and includes Homeland Security Exercise and Evaluation Program (HSEEP) training and coordinated planning meetings that focus on conducting, evaluating, and documenting a citywide exercise involving your facility.

Program Structure
The LTCEXP will be divided into two sections: a functional exercise and a tabletop exercise. The functional exercise offering includes an introductory webinar, followed by three planning meetings, a briefing webinar, the functional exercise, and an after-action review conference. Participation in each activity is required as part of the program. HC and HPC facilities will not be required to attend the webinars, and will only participate in the virtual tabletop exercise component on April 4, 2023.

All activities will be conducted virtually. Each facility participating in the functional exercise will establish an exercise planning team (EPT) ideally 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. Each facility will provide DOHMH with a digitally signed commitment letter verifying their participation.

Preparing for the Program
Participants are strongly encouraged to take the following two FEMA interactive web-based Independent Study courses prior to the start of the program.

- IS-120-C: [An Introduction to Exercises](#)
- IS-130-A: [How to be an Exercise Evaluator](#)

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](#)

NYC Health

For More Information
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Senior Program Manager
Long-Term Care Emergency Preparedness and Response
Bureau of Healthcare and Community Readiness
347.396.2782 | 646.300.3472
DLSolc@health.nyc.gov

LTCEXP Functional Exercise

- Exercise
 - Operation HExRaDD 2023 - Healthcare Exercise for a Radiation Dispersal Device
- Exercise Dates
 - FE: March 14th and March 15th via multimedia presentation on Zoom
- Participants
 - 55 LTC facilities participating in the FE
 - Each facility will stand up their Command Center and DOHMH/IMS will manage a virtual Command Center
 - Each facility will establish their own objectives within the broader exercise
 - NYS and NYC Long Term Care Associations
 - NYSDOH
 - NYCEM
- Exercise Timeline
 - Explosion in Times Square
 - Following Day
 - Five Days Later

LTCEXP TTX

- Exercise
 - Operation HExRaDD 2023 - Healthcare Exercise for a Radiation Dispersal Device
- Exercise Dates
 - April 4th via Zoom (Homecare and Hospice and Palliative Care only)
- Participants
 - 23 Home Care and Hospice and Palliative Care agencies participating in the TTX
 - Home Care Association of NYS
 - NYS Association of Health Care Providers
 - Hospice and Palliative Care Association of NYS
 - NYSDOH
 - NYCEM
- Exercise Timeline
 - Explosion in Times Square
 - Following Day
 - Five Days Later



ASPR Proposed Healthcare Preparedness and Response Capabilities

David J. Miller Jr., *Executive Director*

March 9, 2023

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**Participation
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How do you feel about the HPP program?

Objectives of the Capabilities Update

The updated Health Care Preparedness and Response Capabilities (Capabilities) will build on previous and existing documents and focus on critical functions and outcomes to help health care save lives and continue to function during and after disasters.

The 2017 - 2022 capabilities will be updated to:

- Address **insights learned during COVID-19**, while maintaining an **all-hazards approach**
- **Speak to all entities** with health care preparedness and response functions
- **Foster equity** in preparedness, response, and recovery functions, and address the needs of at-risk individuals
- Improve the **usability of the document** to best meet the needs of the field

Guiding Principles

1. **Driven by health care challenges**
2. **Informed by external and ASPR stakeholders**, including those on the front lines of health care preparedness and response
3. **Forward thinking** to address shifts in health care that may affect future preparedness, response, and recovery efforts

The Updated Capabilities will be...

- **National health care preparedness and response capabilities**
- **Strategic guidance for health care** rather than cooperative agreement requirements
- **Complementary to the 2017-2022 Capabilities document**, which is **still current and available** to serve as a guide for foundational capabilities of health care coalitions (HCCs)
- **Focused on patient care coordination** across the health care delivery system
- **Written to speak to the critical roles of HCCs** and other coordination entities at the community, state, and regional level, **as well as to stakeholders across the continuum of care** such as emergency medical services (EMS), health care facilities, long-term care (LTC), primary care, home care, and telemedicine
- **Managed as a “living document”** rather than having a fixed update cycle

The Capabilities Will Address Recent Health Care Delivery Challenges...

The Capabilities address **challenges experienced across the continuum of care** in recent responses (including COVID-19) and provide actions to...



Embed equity

into every level of preparedness, response, and recovery



Adapt disaster responses

to climate change, cyber threats, and the ever-changing pace and volume of disasters



Take an all-hands-on-deck approach

to protecting the health of the nation in the wake of more frequent disasters that require coordination and participation of the entire continuum of care



Prevent surge to save lives

given a recent study¹ suggesting 1 in 4 COVID-19 deaths can be attributed to hospitals strained by surging caseloads



Effectively manage strain on health care facilities

using patient distribution to decrease mortality that can occur because of surge



Support the health care workforce

and ensure workforce resilience given challenges with burnout, moral distress, and workplace safety



Augment the health care workforce

numbers given challenges with inadequate staffing across the spectrum of health care delivery



Plan and respond across day-to-day patterns

(i.e., across catchment areas, jurisdictional bounds, and federal regions), looking to coordination structures like MOCCs for solutions



Operate with PPE and medication shortages

And coordinate with supply chain across communities, particularly in rural and frontier areas, that may face additional resource challenges



Continue community-based support and services

to maintain people's health and mitigate unnecessary surge on hospitals.

¹ Kadri SS, Sun J, Lawandi A, et al. Association Between Caseload Surge and COVID-19 Survival in 558 U.S. Hospitals, March to August 2020. *Ann Intern Med.* 2021;174(9):1240-1251.

Current Health Care Preparedness and Response Capabilities

**Capability 1:
Foundation for
Health Care and
Medical Readiness**

**Capability 2:
Healthcare and
Medical Response
Coordination**

**Capability 3:
Continuity of
Healthcare Service
Delivery**

**Capability 4:
Medical Surge**

Proposed Health Care Preparedness and Response Capabilities

Incident Management and Coordination	Patient Movement	Workforce	Resources
Operational Continuity	Information Management	Specialty Care	Community Integration

The Capabilities are in progress and subject to change

Incident Management and Coordination (1/2)

The Desired Outcome

Health care organizations implement incident management practices that **coordinate with jurisdictional and regional incident management structures** and **integrate clinical expertise** to prioritize and deliver patient care and operations.

Incident Management and Coordination (2/2)

Objectives

Use incident command principles and practices across all facilities and agencies and prepare to adapt to changing conditions.

Integrate health care into all levels of incident management and emergency management for situational awareness, resource allocation, and load-balancing.

Develop an integrated approach to rationing or crisis care situations involving providers, health care organizations, surge plans and state and local public health and emergency management authorities.

Integrate health care into recovery planning and functions.

Patient Movement (1/2)

The Desired Outcome

Health care systems provide access and transport to treatment resources across the continuum of care, ensuring patients receive the care they need in the right place at the right time. To prevent and mitigate the impact of surge, patients are **efficiently, equitably, and effectively distributed across a region** in relation to patient care needs.

Patient Movement (2/2)

Objectives

Develop structure for regional patient care monitoring and coordination (e.g., Medical Operations Coordination Cells (MOCCs)) including triggers, location, staffing, authorities, and data agreements.

Prioritize patient transfers and offer care-in-place recommendations through integration of clinical expertise into the MOCC.

During a response, identify locations where patients can receive care based on available resources.

Make necessary modifications to EMS dispatch, treatment, and transport of patients to prevent and mitigate the impact of surge.

Workforce (1/2)

The Desired Outcome

A **resilient, adequately staffed, and supported** health care workforce that can adapt during and after a response.

Workforce (2/2)

Objectives

Maintain sufficient health care workforce availability for steady state that understand and are trained for their potential disaster roles.

Use scaled plans based on the incident impact and recall and deploy adequate numbers of staff to safely address acute health care needs.

Support health care workforce needs during response and recovery, including work, domestic, and behavioral health needs.

The Desired Outcome

A health care delivery system that can **acquire, maintain, and adapt the necessary resources** before, during, and after a disaster to ensure the highest quality and most consistent patient care possible.

Resources (2/2)

Objectives

Collaborate with supply chain partners to determine local and regional resources.

Determine and acquire resources to have on hand and develop necessary push or cache agreements with suppliers, HCCs, or the state.

Develop plans for resource shortage or rationing situations.

Ensure adequate space for patient care during a response.

Operational Continuity (1/2)

The Desired Outcome

Health care organizations have **resilient business operations** and **maintain continuity of patient care** during disruptions to and failures of utilities, physical and digital infrastructure.

Operational Continuity (2/2)

Objectives

Determine and mitigate infrastructure vulnerabilities to allow for continued operations.

Develop plans to evacuate, shelter-in-place, and relocate patients from health care facilities.

Maintain administrative and financial functions to support continuity.



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How prepared are you to evacuate your entire facility at this time? OR How prepared are you to move your critical activities to another location? (scale of 1-10; 10 being fully prepared)

Information Management (1/2)

The Desired Outcome

All levels of the health care system and its partners can **access, analyze, use, and report** health care system and response information through appropriate platforms **consistently and within a useful time frame**. The information ensures the continuity of care and supports the **spectrum of care**, including patient care, load-balancing, clinical operations. It also supports a **common operating picture** which informs equitable resource allocation and response actions, including public and provider communications.

Information Management (2/2)

Objectives

Identify the essential data elements to include in information and information sharing systems for daily and disaster operations.

Implement information systems and procedures for information sharing to ensure timely information is available to meet patient care and clinical operations needs.

Use various information sources to determine response and recovery priorities.

Share information among the health care workforce, delivery organizations, and jurisdictional partners during steady state and response.

Share information with the public during steady state and response.



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What information is necessary for the coalition to be a response element?

The Desired Outcome

A health care delivery system that can coordinate to **effectively deliver, expand, and/or ration** specialized medical care.

Specialty Care (2/2)

Objectives

Mitigate anticipated challenges by identifying available specialty care resources and gaps.

Triage, manage, and distribute patients using EMS during responses requiring specialty care.

Stabilize patients and provide care within health care facilities.

Work regionally across the continuum of care to physically and virtually augment specialty medical care capacity during a response.

Community Integration (1/2)

The Desired Outcome

A health care delivery system that takes a whole community approach, in coordination with public health and social services, to prepare, respond, and recover. This approach focuses on **reducing disparities, supporting access to care, and addressing the access and functional needs of at-risk individuals** by actively incorporating the entire system of care and considering behavioral health needs and social determinants of health.

Community Integration (2/2)

Objectives

Determine the resources and vulnerabilities of the community health care sector, including outpatient/ambulatory care, home care, long-term care, and community-based social services, based on community hazards.

Maintain continuity of care for the community health care sector.

Identify and address the access and functional needs of at-risk individuals.

Mitigate health care delivery inequities through preparedness and response activities and assess impact of disasters on existing inequities.

Minimize the behavioral health impact of disasters by supporting the health care workforce and affected populations with information and services.

Provide information and support to families, caregivers, and community members to reunite them with their loved ones and update them on patient status.

Manage mass fatalities.

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Who is the community to you?



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How might the coalition involve the community?

We want your input!

We will be releasing the **draft Capabilities in early 2023** for stakeholder feedback, and **we welcome your continued input and engagement** as we develop this version.

Please provide input from NYC HCC to dmillerjr@health.nyc.gov

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Provide input on the proposed capabilities.



Program support tools: templates, guides, review tool

How can we do better?

Darrin Pruitt, PhD, MPH

March 9, 2023

Templates

- What they are:
 - Documents DOHMH supplies via program managers/program web site to simplify and provide steps to completing deliverables, facilitate quick review/ approval, provide DOHMH info for HPP requirements, ensure sub-recipients submit all required documentation noted in the SOW.
- Where they are: [Budget Period Documents – NYC Health Care Coalition \(programinfosite.com\)](http://programinfosite.com) (under BP4)
- We will ask you...
 - 1) if they are helpful and 2) if you want more of them.
 - We included the link above to the templates in the survey.

Guides

- What they are:
 - A deliverable quality guide to support sub-recipients or contractors to develop deliverables to support NYCHCC's EM capacity and capabilities. It contains examples as well as program management tools.
 - An evaluation guide to help sub-recipients to develop evaluation and gather data to assess training effectiveness (pre- and post-tests), audience feedback (post-event evaluation) and emergency preparedness exercises.
- Where they are: [Program Implementation & Quality Improvement – NYC Health Care Coalition \(programinfosite.com\)](http://programinfosite.com)
- We will ask you...
 - For each guide if it is helpful.
 - We included the link above to both guides in the survey.

Deliverable review tool

- What it is:
 - A tool for sub-recipient to review your deliverable prior to submitting it, allowing you to score the suitability of it for the intended audience, intended use and publication (grammar, etc.)
 - This tool also allows program managers to review the tool in this identical way as part of their process for approving the deliverable.
- Where it is: [Program Implementation & Quality Improvement – NYC Health Care Coalition \(programinfosite.com\)](http://programinfosite.com)
- We will ask you...
 - If the deliverable review tool is helpful.
 - We included the link above to the deliverable review tool in the survey.



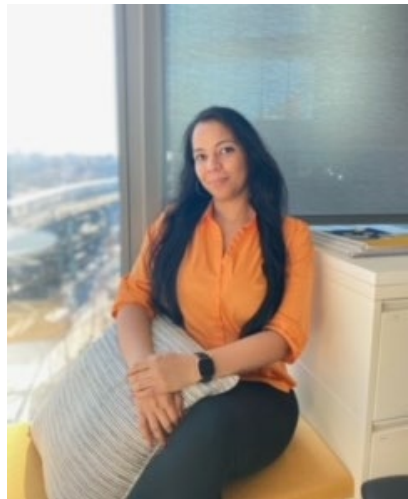
DOHMH Announcements

Welcome New Staff - Bureau of Healthcare and Community Readiness (BHCR)



Sakshi Regmi

- Senior Program Manager of Healthcare Programs
- Overseeing and developing the New York City's Health Care Coalition Hospital Preparedness Program (HPP) contract(s) for 8 healthcare network systems, 14 acute care facilities and 5 borough-based coalitions



Alicia Garcia

- Senior Program Manager of Healthcare Systems, Planning, and Strategy
- Overseeing programs dedicated to the growth and development of Healthcare Coalition capacity, specifically related to Subject Matter Expert Coalitions

RESILIENCE

The NYC Healthcare Coalition Newsletter

March 2023

Volume 1 | Issue 2





Coalition Announcements



Adjourn