Program Deliverable Quality

A Guide for
New York City Healthcare Preparedness Program Managers, Coalition Sub-recipients and Contractors

New York City Department of Health & Mental Hygiene
Office of Emergency Preparedness and Response
Bureau of Healthcare and Community Readiness

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Acknowledgements

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Questions about this guide

Please direct questions about this guide to Darrin Pruitt at dpruitt@health.nyc.gov.

Welcome, Program Managers, Coalition Sub-Recipients[i] and Contractors[ii]!

Thank you for being an important part of developing preparedness, response and recovery capacity and capabilities as a sub-recipient of the New York City Health Care Coalition (NYC HCC) or contractor with the New York City Department of Health and Mental Hygiene (DOHMH). As stewards of federal funds provided by the Administration for Strategic Preparedness and Response (ASPR) Healthcare Preparedness Program (HPP), DOHMH provides you this guide to support DOHMH program managers and you develop and submit quality deliverables and help DOHMH in its obligation to serve the preparedness, response and recovery needs of the NYCHCC and its member facilities and healthcare sectors.

Most of DOHMH's program investment of HPP funds is in contracts with sub-recipients or contractors. Their deliverables (items submitted for payment) in contracts are essential to the overall impact of the HPP in NYC. These deliverables should be seen as mechanisms to support the mission of DOHMH, its roles during emergencies, and the bureau administering the HPP funds: the Bureau of Healthcare and Community Readiness (BHCR). BHCR's mission is:

To support the NYC healthcare system to respond safely and effectively in emergencies.

Purpose of this document

Deliverables NYC HCC sub-recipients or contractors develop to fulfill preparedness and response contracts support ***capacity and capabilities development of healthcare sectors and facilities in the five boroughs of New York City***. All deliverables developed and submitted need to serve this higher purpose.

Deliverables must be of such quality that they can serve this purpose when delivered to Program Managers at DOHMH.

While DOHMH often requires drafts of documents as deliverables, bear in mind this is not for the purpose of having DOHMH Program Managers edit them for style, grammar or audience. Drafts allow Program Managers a chance to offer insights to improve content, updates on DOHMH's understanding of the intent of the deliverable or changes to its intended audience, and ensure deliverables meet the principles in the box to the right. This guide helps sub-recipients and contractors develop and submit deliverables ready for use by NYC healthcare sectors and facilities.

The quality of deliverables

Deliverables you submit to the New York City Department of Health and Mental Hygiene must be of such quality that they:

- Can support emergency preparedness, response and recovery capacity and capabilities development;
- Can do this for the healthcare sector(s) (and facilities in the sector(s)) for which they are intended;
- Can do this at the time you deliver them to program management staff at DOHMH.

This guide is not intended to be exhaustive as a model for quality deliverables. However, in developing this guide, DOHMH staff consulted existing literature and standards put forth by such organizations as the DHS HSEEP for exercise development and our own catalogue of plans and toolkits for best practices in developing several types of deliverables. All readers of this guide should feel free to submit other standards or examples for consideration for addition to this guide.

For deliverables specific to program evaluation, please see "A Guide to Evaluation for New York City Health Care Coalition Programs" available from DOHMH Program Managers, Bureau of Healthcare and Community Readiness (BHCR).

What's in this guide

This guide provides best practices for the following topics:

- Writing for the intended audience
- Avoiding jargon and using plain language
- Testing your deliverables with the intended audience
- Writing for impact
- Avoiding grammar and syntax errors
- Writing for posting to DOHMH's provider page
- Writing for publication
- Types of deliverables
- Standards and reference resources for each deliverable type
- Health Equity considerations for deliverables
- Roles and responsibilities for sub-recipients and contractors and BHCR Program Managers
- Appendices

Part 1. Writing well

Writing for the intended audience

Given that deliverables may be reviewed by various levels of staff in DOHMH or other city organizations, used by members of the healthcare provider community or the public at large, a necessary first question when approaching the development of a deliverable is "who is the audience?" Sub-recipients and contractors should confer with DOHMH Program Managers to answer the below questions. Sub-recipients and contractors may also want specific language added to their contract scopes of work (SOW) to indicate exactly what DOHMH expects in deliverables.

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)?

Resources for writing for an audience can be referenced here, here, and here.

Avoiding jargon and using plain language

Further, in general it is a good idea to avoid jargon, no matter who the audience is, and opt to use plain language in all writing. Plain language writing includes avoiding big words, using the active voice instead of the passive voice, listing items in bullets, breaking up long paragraphs and sentences, and many other practices. Reference a checklist in the appendices here and other resources for this here and here. This resource shows before and after examples of applying plain language to specific kinds of documents. Lastly, New York City offers its own guide here.

Testing deliverables with the intended audience before submitting them

DOHMH highly recommends providing deliverable document(s) to its intended users so they can give sub-recipients and contractors an idea of the readability and utility of the document(s). When sending document(s) to intended users:

- provide them well prior to when the document(s) is due;
- provide a timeline for feedback;
- clearly state the intended use of the document(s);
- ask if the documents are useable as intended. For this, one may have to provide users with an emergency scenario so they have context for reviewing the utility of the document.
- ask if there are any issues with organization, sentence length or jargon that make the document hard to follow or use;
- ask what's missing? and
- ask if readers get the main point of the document.

Writing for impact

DOHMH sets goals and reports on them for developing our programs. We also do this for those interested in the change or impact due to our efforts and our return on the considerable financial investment of HPP funds. For this reason, when deliverables call for evaluation of their impact, it is important that the reporting on this impact is clear.

Impact is the reportable, quantifiable, or potential difference that a program is making in people's lives. In reporting impact, Sub-recipients and contractors should seek to report payoffs and benefits to NYC's healthcare system or the NYCHCC. These benefits may extend to just one healthcare sector (e.g., end stage renal disease providers). The focus is on the New Yorker's – not internal, organizational or personal – benefit. See tips for impact writing.

Sub-recipients and contractors should ask themselves as they prepare deliverables (or wish to report on the change their work has made): "What difference will this make to the safety or positive health outcomes of users of the NYC healthcare system?" That difference is the heart of the deliverable Sub-recipients and contractors are completing and should be easy to see by any reviewer of the deliverable or user of the deliverable, be they healthcare providers or New Yorkers themselves.

Avoiding grammar and syntax errors

For documents and tools to be useful to their readers and users, sub-recipients and contractors must invest time as authors in effective writing as stated above. Foundational to effective writing is writing that is

grammatically correct and that flows logically. Basic grammar and spell check is built into most word processing applications such as MS Word. There are also helpful sources online for checking grammar, word choice and other helpful tips for avoiding syntax and semantic errors. Googling "writing correctly" will give sub-recipients and contractors plenty of resources. Also, as encouraged above, having others read documents work prior to submission is beneficial.

A compendium of resources for correct and effective writing including grammar and other writing standards is found here.

Writing for posting to DOHMH's provider page

After having observed all of the above for effective writing, Sub-recipients and contractors may be asked to submit a deliverable for posting to DOHMH's emergency preparedness provider page. Items to be posted on this page require the following steps:

1. Webpage content must be submitted to the appropriate BHCR Program Manager
2. The following DOHMH personnel must review and approve the submitted content:
    a. BCHR Program Manager
    b. BCHR Executive Director and Assistant Commissioner
    c. OEPR Deputy Commissioner
    d. DOHMH Office of External Affairs and/or DOHMH executive leadership (Commission of Health or designee), as appropriate
3. Depending on the type of content submitted (e.g., plan template, outreach flyer, best practices guide), additional steps may be required, including contracting with a publication design vendor or marketing vendor to develop or format images, provide insight on engaging desired audiences, translate materials, etc.

Writing a technical report

Several of DOHMH's deliverables entail writing a technical report of project findings or outcomes. These reports should include the following:

- Background: state the nature of the problem investigated or the purpose of the project. Explain the need for the project in terms of the pervasiveness of the problem or gap in the area of concern. For example, there may be a gap in preparedness your work or experience has brought forward in the area of infection control in long-term care. Your project is seeking to close that gap. This section is written in the present tense unless you explore literature on the topic. Those references to the literature are written in the past tense.

- Methods or project steps: state the steps your work took or the methods of your study/project that you conducted to accomplish your outcome. For example, you may have carried out a survey of infection control practices of nursing staff in long-term care facilities. Describe your survey (the number of items and how it was administered). Also describe what methods you used to analyze the data resulting from the survey. Write this in the past tense.

- Results: state the results you found in carrying out your project. Do not explain unless the reader could not clearly understand the result(s) without explaining it/them. For example, your survey may have gone out to 50 facilities. How many of them (number and percent) answered? Your survey from above should also tell you about the people you surveyed. Describe them as your questions

allowed: what number and percent were male? Female? Gender neutral? Report the result on the scales your questions used. What number and percent scored the item as 1? As 5? What number and percent agreed or disagreed? Write this section in the past tense.

- Limitations of the project: Here you will acknowledge that your project had flaws. All projects do. There isn't time and money enough to carry out a perfect project. If your project used a survey, and you were not able to follow up with respondents about their answers, then acknowledge this. If you relied on a convenience sample or a sample that was not as representative as you might like, add this as a limitation. In next steps (below), you can suggest how to fix any or all of the limitations in future work. Consider health equity questions your project design couldn't address or repercussions of its design on health equity. Write this section in the present tense.

- Discussion or implications of results: here you explain the outcome or interpret the results. This is perhaps the most crucial of all the sections. The recommendations you suggest here help shape the program and future work. Make the most of this section to highlight what you found and how it can be applied to the sector's emergency management effectiveness or need for more support. For example, you may find that more than half of nursing home facilities used a buddy system for infection control practices. You may want to suggest this a best practice that needs to be incorporated in all facilities through training and follow up.

- Next steps: in this section you should state what you think should happen next given what the project turned up. State these next steps in clear, simple bullets. Include who should do what, how and by when. Provide examples of how this might happen and what resources are needed. For example, if you suggest training for the buddy system above, clearly state who would develop and carry out the training, how (online or in person, or both), to whom and by when. Consider next steps for health equity always. Write this in the present or future tense.

You can also add sections for References, Acknowledgements and Appendices as appropriate. Other tips for writing technical reports can be found here:

Technical Report: What is it & How to Write it? (Steps & Structure Included) (bit.ai)

50 Professional Technical Report Examples (+Format Samples) ▷ (templatelab.com)

Writing for publication

Among DOHMH's many tactics for supporting healthcare emergency preparedness, response and recovery is dissemination of best practices and/or findings of funded projects and studies of real-world application of those best practices. One way to disseminate these is to publish. Publishing can be done in trade publications (e.g., FDNY's *Watchline, Emergency Management*), to ASPR TRACIE, in peer-reviewed journals (e.g., *Disaster Medicine and Public Health Preparedness*), or to other journals and websites read by emergency managers and healthcare providers. Each place where Sub-recipients and contractors might like to publish will have its own authoring guidelines one will be required to observe in the manuscript or tool submitted. In addition, DOHMH must approve Sub-recipients' and contractors' publications prior to submission to the magazine, website or journal. This includes DOHMH IRB review for protection of human subjects. A DOHMH Program Manager will start the process. (Note: this process must start ***before*** any work is done in the contract.) Sub-recipients or contractors should discuss with DOHMH Program Managers what they intend and then submit a completed manuscript. Once ready, the Program Manager will submit the

document to DOHMH's publication tracker and keep Sub-recipients and contractors apprised of the status and any needed revisions. Once Sub-recipients and contractors arrive at an approved version of the document, they can then submit it via the publisher's submission process, often found online.

Part 2. 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 Protection example or The Long-term Care Exercise Guidebook
Train-the-trainer toolkit or training	Appendix 4 – Train the Trainer Observation Form.

DOHMH deliverable templates

Completion of some deliverables by sub-recipients and contractors can be supported by completing a template or form. The advantages of this for the Sub-recipient or contractor are

1. templates simplify completing deliverables;
2. content or data DOHMH requires is clearly called out in the sections of the template or form;
3. often the contributors and processes for completing the template are spelled out in steps; and
4. reviewing completed templates facilitates quick review and approval of deliverables.

For DOHMH, use of templates helps ensure meeting certain HPP requirements through gathering particular content or data.

Part 3. Health Equity considerations for deliverables

The City of New York is dedicated to racial equality and DOHMH specifically is dedicated to health equity to ensure equal health outcomes for all New Yorkers. OEPR for Equity (O4E) has been working to develop a tool to help program developers and managers ensure the principles of racial and social justice are included in their programs. The tool is forthcoming. BHCR staff should consult this tool when it becomes available. Sub-recipients and contractors with contracts managed by DOHMH/BHCR staff should consult with their program manager on

incorporating racial equity and social justice into their contract deliverables. You may also consult the New York City Race to Justice web site.

Please contact the O4E coordinator, Omneya Ghanem, if you have any questions and to get an update on the tool and its implementation.

Part 4. Deliverable review tool for product quality

At this time, the below scoring rubric (Table 2) is not formalized into Sub-recipient or contractor scopes of work but BHCR Program Managers are encouraged to adopt it for all written work that Sub-recipients or contractors submit, especially work that does not have a DOHMH-provided template. (BHCR evaluation staff will check in with Program Managers on benefits, challenges and needed changes to the rubric in order to adapt it for optimal utility.)

Table 2. Deliverables review tool for deliverables prior to submission

Deliverable quality self-assessment					
Deliverable Reviewer Date	**Ratings**				**Comments**
	1	2	3	4	
Assessment questions	Needs 0 changes	Needs 1 - 3 changes	Needs 4 - 5 changes	Needs >5 changes	**Checkmarks in columns 2 - 4 indicate the document needs revision.**
Suitability for intended audience: • Is the intended audience clear? • Does the level of detail match the audience? • Does the tone match the audience?					Have members of the intended audience "tested" the deliverable and provided input?
Suitability for intended use: • Is the deliverable's length and format appropriate for its intended use? • If intended to do so, could the deliverable be used for planning or during response as is?					Has the sub-recipient asked an intended user of their document/tool to see if it works as intended?
Suitability for publication (print or web). Is/does the deliverable: • free of inappropriate repetition? • factually consistent throughout? • consistent in tone and voice? • free of grammatical errors? • free of computational errors? • developed from original writing (not cut and paste from other sources)? • properly attribute sources of information in foot or endnotes?					Ask yourself if you would present this document or tool as it is currently written to a prospective journal or conference.

Part 5. Subject matter expert review of deliverables.

At times program managers will receive deliverables from sub-recipients containing content on subjects upon which the program manager is not expert. Program managers should reach out to DOHMH resident subject matter experts (SMEs) to get their input into the soundness of what the sub-recipient has delivered. Program managers should:

- review the list of OEPR or other staff below who may be able to review content.
- reach out to the SME to arrange a review. Work with the SME's schedule and anticipate that they will have work on-going.
- Ask the SME in an email for a review of the following and, once their availability is known, specify a timeframe. Ask:
    - Does this content conform to or vary from what you know about this subject (or the current planning around this subject)?
    - What changes need to be made to make it conform to what you know (or to the planning currently being done) about the subject?

Table 3. Subject matter experts in DOHMH who may be able to review content in deliverables.

Subject area	Subject matter expert in DOHMH or elsewhere	Bureau
Alternate Care Sites	*David Miller*	BHCR
CBRNE: Biological Threat Agents	*Kobria Karim*	BAPR
CBRNE: Chemical spills/disasters	*Caroline Nguyen, Maureen Little*	BAPR
CBRNE: Radiation disaster or hazard	*Mark Maiello*	BAPR
CBRNE: Nuclear hazard	*Mark Maiello*	BAPR
CBRNE: Explosive hazard	*Vacant*	
Continuity planning	*Yim Lin (Cory Pardo backup)*	BAPR
Evaluation, testing	*Darrin Pruitt*	BHCR
Exercise planning, conduct and evaluation *Emergency preparedness training*	*Jade Smart*	BHCR
Federal Medical Resources	*David Miller*	BHCR
ICS/HICS	*Jimmy Dumancela*	BHCR
Hazard Vulnerability Assessment	*Mustafa Ali*	BHCR
Hospital Operations	*David Miller*	BHCR
Infectious disease outbreaks and operations	*Mary Foote*	BHCR
Long-term care	*Danielle Sollecito*	BHCR
Medical/clinical	*Mary Foote*	BHCR
Medical Surge	*David Miller*	BHCR
Military Medical Resources	*David Miller*	BHCR
Planning	*Cory Pardo*	BAPR
Recovery planning	*Vacant*	
Survey and data gathering and analysis	*Darrin Pruitt*	BHCR
Training design, development and evaluation *Train-the-trainer*	*Darrin Pruitt*	BHCR

Part 6. Roles and responsibilities

Program Managers

Role: serve as the representative of DOHMH and ensure meeting DOHMH's obligation to the NYC Healthcare Coalition, ASPR HPP requirements, BHCR strategic goals and sector strategic goals. Ensure principles of racial equity and social justice are considered in program and scope of work development and execution.

Task	Checklist
1. **Develop outcome language or goals for your sector.**	☐ Articulate the impact you are trying to have through your contract and non-contract work with the sector of the healthcare system addressed in your scope(s) of work and the patients/residents it serves. ☐ Use a quick sheet of sector impacts accomplished, impact level goals for the next 3 to 5 years and impacts intended with new scopes of work. (See Appendix 5.) ☐ Use PESTEL scanning at meetings with the sub-recipient(s) you interact with, becoming more aware of forces affecting the sector(s) and their planning, response and recovery efforts. ☐ Communicate the vision to sub-recipients and contractors
2. **Incorporate your goals or outcomes into your scopes of work.**	☐ Write a deliverable as if it were the desired outcome. For example: a deliverable might read "Develop, conduct and evaluate a full-scale exercise." As an outcome that indicates desired impact it would be written this way: "15 long term care facilities will have the ability to develop, conduct and evaluate a full-scale exercise."
3. **Invite the BHCR evaluation lead to initial meetings with your sub-recipients and contractors.**	☐ Include evaluation lead in your invitation (Teams or Outlook) ☐ Inform the sub-recipient or contractor that the evaluation lead is attending the meeting. ☐ Include evaluation in the meeting agenda.
4. **Schedule and attend regular progress check-in meetings with sub-recipients and contractors.**	☐ Establish regular meetings and schedule them with all parties needing to attend. Check ins are required, but you may schedule them monthly, bi-weekly or weekly, depending on the pace of the deliverables in your SOW. ¨ Use Appendix 3 as a standard agenda (table form) for these meetings or this file has more options.
5. **Attend regular progress check-in meetings with supervisor and evaluation lead**	☐ Accept meetings as scheduled. ☐ Prepare for the meeting by assembling any documentation pertaining to HPP requirements, performance measures or DOHMH evaluation projects underway.
6. **Update sub-recipients and contractors and supervisors on the current status of deliverables that are due**	¨ Plan to send messages to sub-recipients or contractors and supervisors ahead of the end of Oct, the end of February and the first of June. ¨ Relate to the sub-recipient or contractor the status of review of deliverables they have submitted.

Task	Checklist
and/or have been submitted.	
7. **Review and approve deliverables.**	☐ Ensure submission of the deliverable by the due date by communicating in check in meetings about it. ☐ Carry out a first review. Use the Self-assessment of deliverables prior to submission in Table 2 above. ☐ Pass the document(s) on to SMEs (see list above) as needed for further comment and feedback. ☐ Send the deliverable back to the vendor with comments for improvement, or communicate to the sub-recipient or contractor that the deliverable is approved. ¨ If not approved, state to the sub-recipient or contractor the changes that are required to make the deliverable eligible for approval.
8. **Review vouchers and invoices submitted by the sub-recipient or contractor.**	☐ Check vouchers for correct completion, including correct budget period, correct number (numbering should be in sequence submitted), correct completion of the vouchered amount and completion of all columns on the voucher. ¨ Sign the voucher and upload it here.
9. **Upload approved deliverable documents to SalesForce.**	☐ Use this Salesforce guide. (DOHMH Program Managers only) This may be done by a person with a SalesForce license if the program manager does not have a license.
10. **Create a tracking sheet in Excel and monitor spenddown of funds.**	¨ Follow the example found here. (DOHMH Program Managers only)
11. **Complete program closeout reporting**	¨ Address requests for data, deliverables, reports etc. from evaluation lead and supervisor.
12. **Discuss strategies for the upcoming budget period**	☐ Obtain input from sub-recipients or contractors on the next set of efforts that they should work on. (*Remind sub-recipients and contractors that future work depends on continued funding and this is not guaranteed.*) ¨ Complete a quick sheet (see Appendix 5) in early spring in order to direct the development of the HPP work plan and scopes of work for the upcoming budget period.
13. **Upload approved deliverable documents to shared drive or SharePort**	☐ Determine where you and your supervisor have agreed deliverables should be stored. ☐ Create a folder in that location.

Task	Checklist
	¨ Store deliverables there.
14. Complete required training	☐ PM Support Program training near the beginning of the budget period. ¨ Federal Grant Funding Awareness and Requirements in HealthNet as requested by GMA.

Deliverable Owner

Role: under the guidance of the Program Manager (contract owner), serves a point of contact for deliverable (s) and ensure meeting DOHMH's obligation to the NYC Healthcare Coalition, ASPR HPP requirements, BHCR strategic goals and sector strategic goals.

Task	Checklist
1. **Develop outcome language or goals for your sector if needed.**	☐ Articulate the impact you are trying to have through your contract and non-contract work with the sector of the healthcare system addressed in your scope(s) of work and the patients/residents it serves. ☐ Use a quick sheet of sector impacts accomplished, impact level goals for the next 3 to 5 years and impacts intended with new scopes of work. (See Appendix 5.) ☐ Communicate the vision to sub-recipients and contractors
2. Update sub-recipients and contractors and supervisors on the current status of deliverables that are due and/or have been submitted.	☐ Plan to send messages to sub-recipients or contractors and supervisors ahead of the end of Oct, the end of February and the first of June. ☐ Relate to the sub-recipient or contractor the status of review of deliverables they have submitted.
3. **Schedule and attend regular progress check-in meetings with the Program Manager.**	Establish regular meetings and schedule them with all parties needing to attend.
4. **Review and approve deliverables.**	☐ Ensure submission of the deliverable by the due date by communicating in check in meetings about it. ☐ Carry out a first review. ☐ Pass the document(s) on to SMEs as needed for further comment and feedback. ☐ Send the deliverable back to the vendor with comments for improvement, or communicate to the sub-recipient or contractor that the deliverable is approved. ☐ If not approved, state to the sub-recipient or contractor the changes that are required to make the deliverable eligible for approval.

Task	Checklist
5. **Upload approved deliverable documents to SalesForce.**	☐ Use this Salesforce guide. (DOHMH Program Managers only) This may be done by a person with a SalesForce license if the program manager does not have a license.
6. **Create a tracking sheet in Excel and monitor spenddown of funds.**	¨ Follow the example found here. (DOHMH Program Managers only)
7. **Upload approved deliverable documents to shared drive or SharePort**	☐ Determine where you and your supervisor have agreed deliverables should be stored. ☐ Create a folder in that location. ¨ Store deliverables there.

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 this agenda for those meetings:
    a. Introductions (as needed)
    b. Deliverable updates
    c. Challenges with meeting due dates
    d. Other logistical or content issues affecting the program (e.g., real world events causing a change in the SOW, numbers of facilities enrolled vs the target number, etc.)
    e. Current invoicing and related issues
    f. Status of any deliverables slated for DOHMH program evaluation or supporting HPP requirements, including data collection and anecdotal updates on progress.
    g. Upcoming events
    h. See Appendix 3 for a table to provide DOHMH Program Managers for program management update meetings. Complete this and send it to Program Managers ahead of 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 (see Appendix 5.) in order to help them envision next steps for the program and plan for potential future funding.

Program evaluation staff

Role: serve as lead in developing the evaluation plan, methods and tools to ensure the impact of BHCR's programs is clearly articulated for reporting and future planning, and yearly required reporting to ASPR HPP is completed fully and on time.

1. **Develop and maintain an evaluation plan for BHCR's programs.** This may include targeting specific deliverables or sets of deliverables for evaluation and/or monitor them or other deliverables in order to complete HPP requirements for the budget period.
2. **Alert all Program Managers if there are deliverables in their contracts supporting program evaluation or HPP requirements.**
3. **Review all scopes of work outcome statements.** These statements can be incorporated into each deliverable. They should describe clearly what the healthcare system or particular sector (e.g., long term care) will have or the change the system will experience.
4. **Assist Program Managers in developing quick sheets for their sector** that include a brief overview of sector impacts already accomplished, impact level goals for the sector over the next 3 to 5 years and the impact intended by current budget period scopes of work. A quick sheet (see Appendix 5.) should be completed by Program Managers in early spring of each year prior to developing the new work plan for HPP and scopes of service for the upcoming budget period.
5. **Develop impact statements from work completed by sub-recipients and contractors via their scopes of work** during the middle to late summer yearly in order to complete the HPP/BHCR annual report.
6. **Create opportunities for feedback from BHCR Program Managers on evaluation methods and incorporate this feedback** in a continuous cycle to streamline processes and increase accuracy and timeliness of measurement and reporting.
7. **Assist Program Managers with adhering to best practices for evaluation** by reviewing all data gathering tools including surveys, pre- and post-tests and EEGs and other exercise evaluation tools. Evaluation staff need at least one week's notice in order to carry out a thorough review.

MOCHA

In addition to the overall division of project responsibilities, you and your supervisor may also develop a MOCHA (a framework for assigning roles and tasks to projects) with the cooperation of various staff in BHCR, OEPR and DOHMH. MOCHA stands for Manager, Owner, Consulted, Helper and Approver. Please see this folder (for DOHMH Program Managers only) or this website from the Management Center for a complete description of the framework, examples and actual MOCHA documents for real, on-going projects. MOCHAs go a long way to clarify the direction and responsibilities of managing projects. However, you may also add a project timeline, mapping out scheduling of interactions and clarifying coordination. This and other important project management considerations is laid out in a project charter.

APPENDICES

Appendix 1. Call-down drill notification template

Community Health Care Association of New York State (CHCANYS)			CHCANYS
After Action Report / Improvement Plan			
Incident Name	**Call Down Notification Drill #1**		
Date	***October 29, 2020***	**Focus Area**	**Notification and Communication**
Required Activities			
Action Items	☐ Using protocols developed by Community Health Care Association of New York State (CHCANYS), plan and conduct two (2) call down notification drills with NYC-based federally-qualified health centers (FQHCs) (N=44) including at least one (1) point of contact per FQHC network to increase response rates and improve communications among NYC-based FQHCs and CHCANYS. ☐ Determine and share drill parameters and general timeframe for response with members prior to conduct of the drill. ☐ Include at least one (1) interactive component / activity in the call-down notification drill ☐ Compile and share aggregate results with all participants following the drill.		
Goals	☐ Validate and update membership contact list with correct contact information for all NYC-based FQHC networks ☐ Increase response rates and improve communications among NYC-based FQHCs ☐ Introduce new instant notification platform - VEOCI ☐ Receive at least one (1) response per FQHC network		
Overview			
Overview	• CHCANYS used its new emergency management software platform VEOCI to conduct a notification drill with an interactive component (one of two such drills planned in Budget Period 2 - July 2020- June 2021). • The ongoing COVID-19 pandemic presented a challenge and an opportunity to conduct the drill, since the drill scenario asked for real-life information, but imposed additional effort on behalf of FQHCs to provide such information. • On October 29, 2020, at approximately 10:30 AM CHCANYS issued a notification to all contacts on file for NYC-based FQHCs using its VEOCI platform asking NYC-based FQHCs to provide additional information whether they performed on-site COVID-19 and Influenza tests via an interactive component, i.e. a mini survey (including information about specific test platform used for both COVID-19 and Influenza testing). • The overarching goal of the drill was twofold – 1) reach all contacts on file and 2)		

	receive at least one response to the survey per FQHC network. • CHCANYS was responsible for monitoring the results of the drill and sharing them with NYC Department of Health and Mental Hygiene (DOHMH), who was the requestor agency of this information.

	• VEOCI notification process was launched on October 29, 2020 at 10:27 AM and completed at 1:40 PM (EST). The notification included a voice phone call, an email message and a SMS text message. Contacts may have received all three, or just one type of messaging, depending on their contact information currently on file. Once the user acknowledged the notification, the other methods of delivery would stop. The notification message itself asked users to click on the link to the online survey where they needed to provide requested information about COVID-19 and influenza testing.
	• FQHCs received the following messaging:
	  ○ Phone Message: *"This is a CHCANYS Notification Drill for NYC. Please check your email for a link to fill out information about your flu vaccination capabilities. Do you understand this message?"*
	  ○ Email Message: *"Please Click the link below to fill out information about your Flu Vaccination Capabilities - https://veoci.com/v/p/form/8qjrvmv9j4va."*
	  ○ Text Message: *"This is a CHCANYS Notification Drill for NYC. Please check your email or click the link below to fill out information about your flu vaccination capabilities. Do you understand this message? https://veoci.com/v/p/form/8qjrvmv9j4va."*
	• The notification group consisted of a total of 179 contacts, representing all NYC-based FQHCs (N=44) with at least one (1) contact available per each unique network.

Results	Please note that for the purposes of this report the following definitions are used: **UNKNOWN** – VEOCI used the listed contact and it did not bounce back. However, it is unclear whether the contact interacted with the system. **OPENED** – the contact received and opened a message, either by text or email. **REPLIED** – the contact received, opened and replied to the request for information in the message. **NOTIFICATIONS:** Total number of contacts included in notification was N=179, representing all 44 NYC-based FQHC networks. • Notifications sent to contacts successfully, status "UNKNOWN" – n=139 (78 %) • Notifications sent to contacts successfully, and receipt confirmed as both "OPENED" and "REPLIED" - n=40 (22 %) **SURVEY RESPONSES RECEIVED:** Total number of FQHC networks in the drill (N=44): • Unique FQHC networks submitting at least one (1) survey response - n=38 (86 %) • FQHC networks who did not submit a survey response - n=6 (14 %)

	Refer to **Attachment 1** – *CHCANYS Notification 1 – Flu Capacity Survey Results* for additional detailed information. Received data was compiled and provided to NYC DOHMH as requested initially via an online dashboard, and the final compilation of data was shared via email.
Gaps and Opportunities for Improvement	○ VEOCI platform is new to CHCANYS and CHCANYS team has not had a chance to fully configure it and understand all the features available. We expect that as we are familiarized with the platform, the process of notifications and collecting important information will be a smoother process. ○ Because the drill consisted of two components, i.e. the notification itself and the online survey, contacts may have been confused about confirming the notification, choosing instead to fill out and submit the online survey only. ○ It is unclear how to see any emails that bounced due to incorrect email addresses on file.
Corrective Actions	• Discuss any additional reporting features with VEOCI team on tracking "bad" contact information within the platform. • Continue improving CHCANYS' list for FQHC emergency contacts to ensure there are at least three (3) contacts per unique FQHC network. • Include the findings in the overall CHCANYS after-action report for COVID-19 when it is compiled. • Review the list of the health centers who did not provide a response. Contact these health centers to engage them in available activities to improve communication and participation rate. • Repeat call down notification drill at least twice annually.
	For questions, please contact: Harold Jorge, hjorge@chcanys.org

Appendix 2. Meeting report template

Purpose:

- The purpose of this meeting/conference is to…..

Objectives/Goals

- By the end of this meeting/conference, we will have:
    - Enter goal or outcome text
    - Add bulleted goal or outcome text as needed

MEETING/ CONFERENCE NOTES

I. Meeting/Conference Goals and Outcomes

1. **Enter goal 1 text**: Placeholder text
    a. Enter activities/action item and/or plan of action

        - Enter bulleted text as needed
            - Enter bulleted text as needed

2. **Enter goal 2 text:** Placeholder text
    a. Enter activities/action item and/or plan of action

    - Enter bulleted text as needed
        - Enter bulleted text as needed

3. **Enter goal 3 text:** Placeholder text

    a. Enter activities/action item and/or plan of action
        - Placeholder text

        - Add bulleted text as needed

II. Enter concerns/challenges and describe with bullets:

a. List and describe the concerns, challenges, and provide recommendations to OEPR

- Placeholder text

- Placeholder text

- Add bulleted text as needed

III. Next Steps

a. Enter information for next steps- Reference section 2 above.
   - Placeholder text
   - Add bulleted text as needed

Appendix 3. Agenda example (table format) for meetings with DOHMH Program Managers

Program/ contract	DOHMH PM	Deliverable	Status (draft, with DOHMH, etc.)	Challenges	Programs impacted by deliverable
TA	Darrin	All Hazard TA EM session	17 requests to be scheduled	N/A	TA
Hazard Specific Training: BP1	Darrin	BP1 2.D.2.b Final Behavioral Health training materials	IMS to submit revised final pending Mental Health input	N/A	Hazard Specific Training

Appendix 4. Train the Trainer Observation Form.

Many Sub-recipients and contractors will offer to design and conduct train-the-trainer training for our programs. Of value, given the small budgets BHCR has, is the economy of scale train-the-trainer training can provide. The idea is "train a few to train many." However, while the program content Sub-recipients and contractors develop may do a good job at providing training on emergency management topics, their content often does not provide trainees with the training development and delivery knowledge and skills they need *to become trainers themselves*. This is the ultimate goal of the train-the-trainer approach. BHCR Program Managers should review Sub-recipients and contractors' train-the-trainer materials and have the education SME on staff in BHCR review the materials **before** agreeing to let the vendor go ahead with their deliverable.

In reviewing materials, BHCR Program Managers should look for written evidence of:

1. Application of adult learning principles: Are there statements relating the material to the trainee's job or role in their organization or facility? Are there statements of the value the trainee will take away (new knowledge or skills they will acquire)?
2. Highlighting common mistakes trainees and workers make with the content or the tasks being trained.
3. Solutions to common mistakes and effective ways to train or retrain on the point, content or task.
4. Suggestions (or tricks) to remember content, such as mnemonic devices or meta-cognitive approaches to learning and problem-solving that trainers can impart to trainees.

Further, BHCR Program Managers can use the Train-the-Trainer observation form found here for reviewing a live demonstration by the vendor of their train-the-trainer sessions. This should help BHCR Program Managers discern if the training will turn out competent trainers of the content.

	Excellent	Good	Fair	Poor	Comments
Relating training content to trainees' roles or jobs					
Trainer states clearly the importance of the training.					
Trainer states clearly the tasks trainees will be able to do after the training.					
Trainer states how this will support the trainees' current roles or jobs.					
Before demonstrating how to do a task, trainer relates the topic to the job or provides practical applications.					
Effectiveness of approaches to prepare trainees to train					
Trainees take a test of their knowledge and skills prior to training.					
Trainer provides objectives that are clear.					
Trainer asks for questions from the trainees.					
Trainer's questions are open ended, not yes/no.					
Trainer provides step-by-step directions for each topic or task.					
Trainer promotes participation from all trainees.					
Trainer provides a chance for trainess to perform tasks during the session.					
Trainee performance during demonstrations					
Trainer provides general instructional methods for training content.					
Trainer provides methods for assessing performance of trainees who will receive training from the session's future trainers.					

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	Excellent	Good	Fair	Poor	Comments
Trainer points out difficulties trainees might encounter with specific content.					
Trainer provides instructional methods to help with difficult content.					
The content and demonstrations of the training match the stated training objectives and tasks trainees will be able to perform after the training.					
Trainees take a test of their knowledge and skills after the training.					
Trainer/training leader preparation					
Trainer gives enough time for the content of the lessons/modules.					
Trainer responds to questions from trainees.					
Qulaity of trainer responses to questions when he or she does not immediately know the answer					
Quality of the visual aids					
Quality of the handouts					
Quality of the equipment or supplies used in demonstrations					

Appendix 5. Program Quick Sheet Example.

NEW YORK CITY HEALTHCARE COALITION: Networks

What has this sector accomplished so far toward being prepared?

- Bullet 1
- Bullet 2
- Bullet 3

Optional graphic here

What impact does this program intend to have over the next 3-5 years?

The NYC Healthcare System will have…

1. **a trained and experienced work force, able to call on developed capacity in the healthcare system;**
2. **clear and timely situational awareness**
    a. **via a situational awareness platform integrated into daily use and adopted by NYCHCC member facilities and their staff;**
    b. **through access to timely, accurate information necessary to plan for emergencies;**
3. **robust and planned resources for mutual aid; and**
4. **efficient and coordinated response through coalition communications and processes.**

How will we know we've made these impacts?

DOHMH will

1. verify that training plans are based on HVA or other assessment and networks follow their training plans and document training took place;
2. review evidence that networks participated in developing a situational awareness platform(s) and planning assumptions are shared in formal meetings (e.g., leadership council, exercise planning);
3. monitor progress of work group meetings and review deliverables (e.g., resource catalog) supporting sharing of resources; and
4. promote planning, exercising and the development of tools that address the risks and hazards identified by the coalition.

How will the current scope of work support the above long range impacts?

Contract deliverables, listed below, will support long range impact.

1. Healthcare network staff will attend NYCHCC Leadership Council (LC) meetings in order to increase knowledge and integration of best or promising practices.
2. Healthcare network staff participate in workshops and other discussions to develop or maintain operational knowledge and skills in emergency management, specific to the NYC region.
3. Facilitate efficient communications between planning partners and coalition members in day to day preparedness activities and emergency responses.
4. Improve planning assumptions and response coordination throughout the coalition.
5. Assess and continue to improve surge capacity and capability throughout the coalition.
6. Develop or maintain operational knowledge and skills for the coalition member to enable a coordinated response throughout the coalition.
7. Develop a situational awareness system for data and communications to enable a coordinated response throughout the coalition.
8. Develop or maintain operational planning for the management of fatalities for the coalition member to enable a coordinated response throughout the coalition.
9. Operationalize best practices, plans, protocols and tools to enable a coordinated response throughout the coalition.

Other work outside the current scope of work will also support long range impact.

1. Example
2. Example

How will we know the activities of the current scope of work were effective?

The healthcare coalitions and evaluation units of BHSR will:

1. Track attendance and respond to salient remarks for improvement found in evaluation reports.
2. Provide follow up reports and track action items that develop from workshops and discussions.
3. Changes to communications planning evidenced in design your own deliverables as available.
4. Record changes and other impacts found in coalition presentations of best/promising practices.
5. Track sending and receiving surge capacity numbers during the annual Surge Ex.
6. Review reports of coalition and borough engagement for evidence of change or improvement of planning assumptions.
7. Report on the progress of implementing a situational awareness application through formal reports and/or AARs from exercises in which the communications platform was incorporated.
8. Report on the status of new or revised mass fatality management plans for networks.

Appendix 6: DOHMH Roles in Emergencies

- Identify diseases and potential risk levels of certain populations
- Provide guidance to the healthcare community regarding disease identification and treatment
- Provide emergency information to the public
- Distribute medication to the public
- Provide safety information to the public and emergency workers regarding potential hazards in different environments
- Coordinate mental health needs and services
- Provide staff for emergency evacuation centers or hurricane shelters

Appendix 7: Communications and Plain Language Checklist

☐ Know your audience and write for them. ☐ Aim to write at a sixth grade reading level. ☐ Write in an active voice. ☐ Put the most important information first. ☐ Be concise: Use short words, sentences and paragraphs. ☐ Use headings, bullet points and lists to break up blocks of text.	☐ Include simple titles and headings for tables and figures. ☐ Avoid jargon by using common words. ☐ Keep acronyms to a minimum and spell out on first mention. ☐ Use people-first language. ☐ Be explicit about racism and inequity in communications.

Appendix 8: Glossary of terms

Term	Definition
Accruals	These are funds accumulated from not having spent them for either personnel services (PS) or other than personnel services (OTPS) budgets. (See Carry over.)
ASPR	(Administration for Strategic Preparedness and Response) is the organization leading public health and healthcare preparedness, response and recovery at the federal level. The Hospital Preparedness Program (HPP) falls under the direction of this organization.
Budget period (BP)	The time frame of July 1 in one year to June 30 in the next and the same term of most all contracts the fiscal agent has with sub-recipients and contractors. Each of ASPR's HPP project periods has five years. Each year of the five-year project period is a budget period (BP). For example, in the project period of July 1, 2019 to June 30, 2024, *BP3 is July 1, 2021 to June 30, 2022*.
Carry over	These are funds not spent from other than personnel services (OTPS) budgets and that can be redirected for spending in similar budget lines or for similar purposes (deliverables) as they were originally meant to reimburse. Using these funds is enabled by a Carry Over Request, made at regular intervals during the budget period by the OEPR Bureau of Grants Management and Administration with support from PMs.
Contract	A document encompassing the complete language describing the relationship of the sub-recipient or contractor to the fiscal agent or DOHMH (whom the fiscal agent represents). The contract also includes all appendices, including the Scope of Work and vouchering form as well as signatures of the parties to the contract.
Contractor	A contractor supports efforts made by the New York City Health Care Coalition and is funded by the HPP. An example is a contractor engaged to design, conduct and evaluate an exercise. A contractor is not a member of the NYC HCC.
CRF	(Contract Request Form) The form required to be completed and submitted with any SOW for review by the fiscal agent (PHS). It serves as a top sheet, noting the contract and addenda history, the amount of the current contract and contact information of responsible parties engaged to carry out the SOW portion of the contract.
Deliverable	A deliverable is the activities and evidence of completing these activities (required documentation) listed in a SOW.
Deliverable management	The actions and efforts needed to support one or more deliverables in a contract from design to execution and approval of the deliverable. A person overseeing a deliverable in a contract over which they are not the Program Manager is doing deliverable management. (See Program management.)
Evaluation	The efforts made to assess the processes, outcomes and impacts of a program or a deliverable. Evaluation allows Program Managers and others to tell a story of "how," "why," "to what outcome," etc. from having a sub-recipient or contractor complete a program or deliverable. (See Evaluation Guide.)
Extension	This is the time requested by a sub-recipient or contractor to complete a deliverable beyond the last day of the performance period in a contract. No extensions can be granted after June 1, in any budget period.
Fiscal agent	The agency engaged to the recipient of the ASPR or other award, most often engaged to avoid delays DOHMH might expect by being the direct recipient. The fiscal agent manages the review and execution of all contracts under any particular award and processes payment (cuts checks) for the sub-recipient or contractor completing deliverables. An example of a fiscal agent is Public Health Solutions.
Health Care Coalition	(Also called *NYC HCC*). A formal organization of healthcare networks, facilities, sectors and partners focused on emergency preparedness, response and recovery in NYC. Members assemble together to advise on planning and response strategy and tactics to increase capacity and capability in NYC to prepare for, respond to and recover from events and disasters affecting the delivery of healthcare.
HPP	(Hospital Preparedness Program, locally known in NYC as the "Healthcare Preparedness Program"). This program provides the project oversight, administration and evaluation of programs in the NYC HCC made possible with HPP funding.

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Term	Definition
HPP requirement	These are one or more actions or documents NYC DOHMH is required to submit to or hold for review by ASPR. An example is the Coalition Surge Test (CST) documentation, completed by acute care members of the NYC HCC in fulfilment of an annually required exercise of surge and evacuation capability. Some requirements, like the CST, are HCC benchmarks, meaning their completion is mandatory to prevent forfeiture of funding.
HSEEP	(Homeland Security Exercises and Evaluation Program). HSEEP provides a set of guiding principles for exercise and evaluation programs, as well as a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning. Emergency preparedness exercises funded by the HPP are required to follow HSEEP.
Invoice	The form or letter to be obtained from the sub-recipient or contractor for the deliverables completed and requiring payment. The invoice should be on a sub-recipient's or contractor's letterhead and note the deliverable(s) by number and name for which payment is due. The invoice must be submitted along with the completed voucher (see Voucher) as one document.
Outcome	The resulting state or ability coming from the completion of a deliverable or set of deliverables. Example 1: After completing the workshops, participants will be able to use exercise development tools. Example 2: Twenty staff received training.
Output	The resulting tool, object or document from having completed a deliverable or set of deliverables. Example: A 10-page toolkit for exercise development, conduct and evaluation.
No Cost Extension	(NCE). This is an extension of time but not money to complete deliverables. This is granted by HPP to DOHMH when appropriate. The extension is formally (usually) for 12 months. After this time is up, any unspent funds are returned to the US Treasury. DOHMH usually asks for completion of deliverables by December of the budget period, giving the grantee of the NCE approximately six months to complete the deliverable(s).
Performance period	One of three periods of three to four months during the budget period. (See Budget Period.) The terms of these periods are the first working day of July to the last working day of October (initial), the first working day of November to the last working day of February (midterm), and the first working day of March to the first working day of June (final). The end date of the performance period is the due date for all work in that performance period.
Program management (PM)	The leadership actions and efforts needed to support one or more programs (often in the form of contracts) from design to execution and approval of the deliverables in contracts. A person overseeing a program (contract) builds relationships with sub-recipients and contractors, basing that relationship on the mission of the program, and oversees the quality and approval of deliverables submitted by the sub-recipient or contractor. Program Managers also, and most importantly, communicate with sub-recipients and contractors about their deliverables and ongoing role in support of the NYC HCC.
SalesForce	This is a web-based customer relationship management (CRM) application used by DOHMH and Public Health Solutions to log deliverables approved for vouchering.
Scope of Work (SOW)	The portion of the contract providing background information, assumptions of responsibility and deliverable quality and a table of deliverables with required documentation, due date and reimbursable dollar amounts for sub-recipients and contractors who are parties to the contract.
Sub-recipient	A sub-recipient is a member of the New York City Health Care Coalition (NYC HCC) that is contracted to deliver documents or carry out actions as proof of having supported the NYC HCC's preparedness response and recovery mission, or of having helped other members of the NYC HCC become better prepared or more able to respond to and recover from emergencies affecting healthcare delivery during events and disasters in NYC.
Voucher	The form completed by the sub-recipient or contractor indicating the funds they wish to receive for having completed work. (See Invoice.)

Notes

[i] A sub-recipient is a member of the New York City Health Care Coalition (NYC HCC) that is contracted to deliver documents as proof of having supported the NYC HCC's preparedness response and recovery mission, or of having helped other members of the NYC HCC become better prepared or more able to respond to and recover from emergencies affecting healthcare in NYC.

[ii] A contractor supports efforts made by the New York City Health Care Coalition and is funded by the HPP. A contractor is not a member of the NYC HCC.