NYC Health Care Coalition Emergency Preparedness Symposium
NYC Department of Health and Mental Hygiene
co-hosted with the Borough of Queens Emergency Preparedness Coalition

Tuesday, February 6, 2024

Virtual meeting link:

https://us02web.zoom.us/j/89534569330?pwd=NC9pYURZOVFCeGtCS2h4bVorSkQ4UT09

Agenda

TIME	Symposium Opening and Welcome
10:00 - 10:05	**Opening Remarks and Welcome** • **David Miller**, Executive Director Health Care System Readiness, NYC Health Department • **Greg Wayrich**, Chair Borough of Queens Emergency Preparedness Coalition (BQEPC)
	Borough of Queens Emergency Preparedness Coalition (BQEPC)
10:05 – 10:55	**Recent Lessons Learned and National Health Care Coalition Conference 2023 Debrief** • **David Schowerer**, Senior Director, Northwell Health, Treasurer, BQEPC • **Jose Rodriguez**, Dir. Hosp Police/Safety/EM, NYC H+H/Coler, BQEPC Member • **Mohammed Salahuddin**, Administrator, NYC H+H/Queens, Vice Chair, BQEPC • **Greg Wayrich**, Manager, EM/EHS, NYP Queens, Chair, BQEPC
10:55 – 11:05	**Q&A for BQEPC presentations**
	NYC Department of Health and Mental Hygiene
11:05 – 11:15	**MRSE and Response Annex Updates** • **Ari Rubinstein**, Senior Director, Healthcare Operations, NYC Health Department
11:15 – 11:40	**Presentation of the New York City Panel on Climate Change's Latest Assessment Report** • **Tom Matte**, Workgroup Chair, New York City Panel on Climate Change • **Jenna Tipaldo**, Member, New York City Panel on Climate Change • **Katie Lane**, Member, New York City Panel on Climate Change
11:40 - 11:55	**Community Health Care Association of New York State (CHCANYS) and Community Health Centers in NYC** • **Anne Hasselmann**, Emergency Preparedness Consultant, CHCANYS • **Radhames Tejada**, Assistant Director, Emergency Management, CHCANYS • **Liliana Heredia**, Vice President, Workforce Development, CHCANYS
	Closing Remarks and Adjourn
11:55 - 12:00	**Coalition Announcements** **Closing Remarks** • **David Miller**, Executive Director Health Care System Readiness, NYC Health Department **Adjourn**

February 2024 Leadership Council Meeting

Pediatric Decontamination
&
Case Study

Mohammed Salahuddin

Administrator, Emergency Medicine & Emergency Management

NYC Health + Hospitals | Queens

Vice Chair, BQEPC

Decontamination of Children

Whether it is accidental release, accident, or an intentional terrorist action, the threat of exposure of the public to hazardous chemicals is real. Children are particularly vulnerable to:

- Aerosolized biological or chemical agents because they normally breathe more times per minute than adults
- Agents that act on or through the skin
- Children will require different advanced planning and supplies for decontamination.

BQEPC – Pediatric DECON

Pediatric Vulnerabilities

- Close to the ground
- Have more permeable skin
- Larger body surface area
- Higher number of respirations per minute
- Susceptibility to fluid losses
- Underdeveloped immune system
- Rapidly dividing cells

BQEPC – Pediatric Decon

Pediatric Decon Considerations Vulnerabilities

- Water pressure
- Water temperature
- Non-ambulatory child
- Language Barriers
- Mental health concerns

BQEPC – Pediatric Decon

“Need for Action”:

1. Identify opportunities to improve hospital DECON training and exercise for hospital-based first-receivers of a contaminated pediatric or adult patient

2. Equip healthcare coalitions with strategies to convene subject matter expertise to develop tools and facilitate standardized data collection

3. Promote best practice recommendations for pediatric healthcare coalition members to engage public health partners

BQEPC – Pediatric Decon

Case Study: District of Columbia Health and Medical Coalition

- DC Hospital Association
  - Preparedness Association Liaison (PAL)
  - Emergency Management Committee (EMC)
- National Capital Region (NCR) Coordination

DECON Workgroup Hospital Members

1. Children's National
2. George Washington University Hospital
3. Howard University Hospital
4. MedStar Georgetown University Hospital
5. MedStar Washington Hospital Center
6. Sibley Memorial Hospital
7. United Medical Center

BQEPC – Pediatric Decon

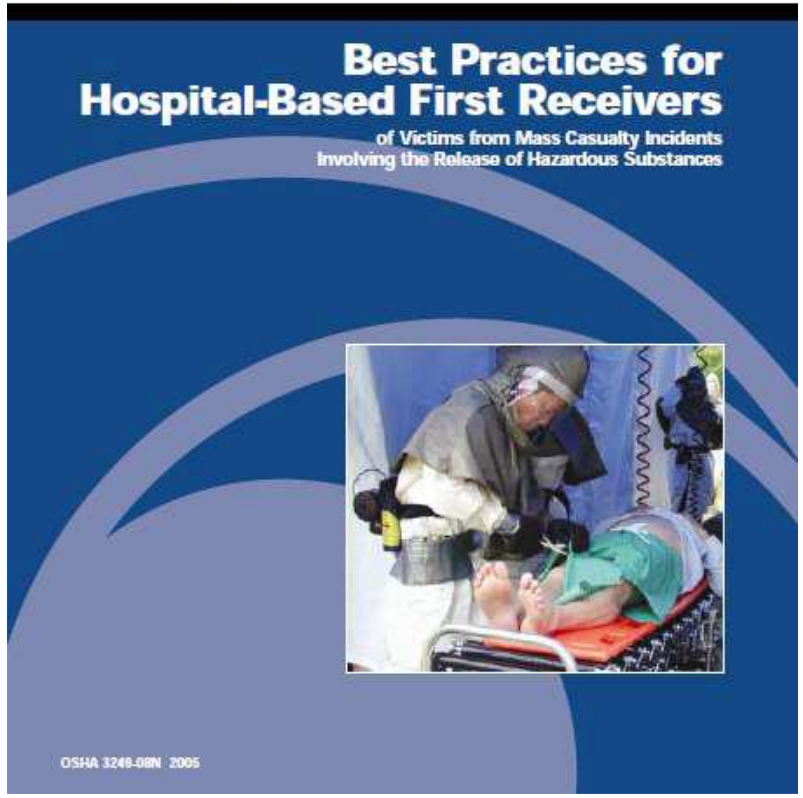
Case Study: District of Columbia Health and Medical Coalition

- Pediatric DECON was identified in their Spring 2022 DC Hospital HAZMAT Response Readiness Gap Analysis.
- 1 year, $100,000 , equal distribution across 7 subgrantees
- Standardized list of approved and authorized equipment/supplies for procurement

BQEPC – Pediatric Decon

Training Guidance

- Competencies for Operations Level training - **page 35**
- Competencies for Awareness Level training - **page 36**



BQEPC – Pediatric Decon

Case Study: District of Columbia Health and Medical Coalition

Training Methods utilized

- Virtual Training Courses
- In-Person Performance Training
- Decon Activation Video
- DC Health and Medical Coalition City-Wide Functional and Full Scale Exercises

BQEPC – Pediatric Decon

Case Study: District of Columbia Health and Medical Coalition

Improvement Plan & Continued Actions

Capitalize on the ASPR HPP BP-5 grant cycle focusing on the response to a chemical emergency:

- Revise and modify the *DC HMC Support to Healthcare Facilities during a Chemical Emergency*
- Update *DC HMC Support to Healthcare Facilities during a Radiation Emergency*

Enhance regional coordination and plan development:

Review and update Hazardous Waste Management:

In Closing

BQEPC and its members will continue to participate in these national conferences and bring back best practices to implement and share as we continue to work towards:

- 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

QUESTIONS?

Thank you!

Mohammed Salahuddin

NYC Health + Hospitals | Queens

Email: Salahudm@nychhc.org

Increasing Resiliency Through Coalition Response

Heather Burton Fortner, MPA
Mid-South Emergency Planning Coalition Memphis, TN

BQEPC Presenter - Jose Rodriguez

Healthcare Coalitions: Definition/Locations

- Group of healthcare –related organizations collaborating/working within a single jurisdiction to promote and increase overall preparedness
- These can be public, private, or unincorporated

Locations

FEMA regions aligned with ASPR Field project Officers

8 HCCs in Tennessee –aligned with EMS regions

Why Have HCCs? Members

- Easy answer – to meet a grant requirement of ASPR and receive grant funds
- More complicated – to improve preparedness and impact response activities among HCC members and the community.

Healthcare Coalitions Members

- Coalition Coordinator
- Acute care Hospitals. Emergency Management, EMS and Public Health – Core members
- Non-Hospital facilities joined after CMS preparedness Rule
- Non-governmental and non-healthcare facilities

HCC Preparation/Response

- Meetings – opportunities to share processes and procedures
- Document reviews
- Training –ICS Based
- Exercises – to test plans

Response

* Minimal resources needed
* Significant resources needed
* Facility evacuation
* Mass casualty event

A Package

- Participate in planning and exercises
- Special Events
- Trainings on new and existing program
- Regularly scheduled exercises
- New initiatives

Embrace the truth that Coalitions respond

- COVID-19
  - Join Task Force
  - Med Surge Group
- Feb '21, Dec '22, and July '23 water crisis
- Sept '22 Active Shooter

Healthcare Resource Tracking System (HRTS) Data – as of 5:00 p.m. 1/6/2021

Mid-South Regional Hospital Capacity Report	Current Census	Currently Available Beds	*Utilization %
Acute Care	2206	152	94%
COVID Positive	497		21%
PUI	54		2%
ICU	397	23	95%
COVID Positive	164		41%
PUI	5		1%

Mid-South Regional Hospital Resource Capacity Report	Current Census	Currently Available Resources	*Utilization %
Negative Pressure Rooms	216	226	49%
Vents (All Types)	259	275	49%
COVID Positive	113		44%
PUI	4		2%

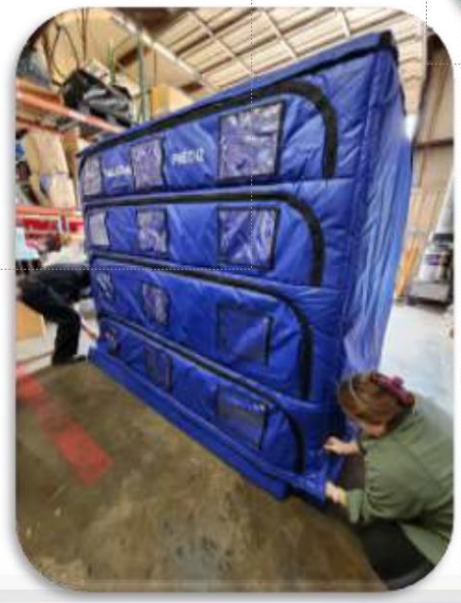
Data is NOT cumulative. Data is reflective of all hospital facilities located within Shelby, Tipton, and Lauderdale Counties in TN; Crittenden County in AR; and DeSoto County in MS. COVID Positive and PUI data above does not include VA.
*Unavailable beds account for patient beds/patient use (census), unstaffed beds, and otherwise unavailable beds/resources.

Less than 80% utilization
80-90% utilization
More than 90% utilization

Facility Name	Status	Request	Action/Update by RHC
Regional One	We had 30 psi overnight then it dropped down to 20. We contacted mlgw and faucets it has since risen to 24. We are working contingency plans for sterilization and we have water bottles and gallons on hand with an extra pallet on the way. Our biggest concern is the boilers. We lose heat we lose the hospital. Fortunately ours are on the basement level and 24 psi is keeping it in a holding pattern for now. We expect a rise back to 30 or 34 overnight due to business occupancy closings here and around town. Currently the only thing is inconvenience of toilets and faucets struggling on floors 2 and above.	We would love for mlgw to keep hospitals as a priority and so far they have been responsive. Will contact if anything worsens.	keeping in contact with Safety Officer
Mid South Rehab Services	We have had no issues for our clinic spaces in regards to water pressure. Our clinic spaces are all located within ALF/ILF facilities in the area. However, we do have reduced water pressure (about 60% of normal) at Town Village at Audubon Park ILF for the facility as a whole. Despite the reduced water pressure, the facility has reported no significant needs at this time.	There have been no issues reported to us for our clinic space or the facility as a whole at The Village of Primacy Place ALF in East Memphis or Dogwood Creek ALF/ILF in Germantown.	
Methodist Germantown	no issues		
FKC Bartlett 6198	no issues		
The Parkview Memphis	low water pressure on all 10 floors. We are having to pour water into the commodes in order to flush them. Bought 50 gallons yesterday to flush toilets. Hot water boiler caught fire today - needs to be replaced. Food is still available although vendor only provided one delivery this week.	300 gallons of water - delivery to 1914 Poplar Ave.	RESOURCE REQUEST SUBMITTED 2/18
Graceland Rehab	no issues		
FKC East Memphis 1775	no issues		
Kings Daughters and Sons	no issues		
Allenbrooke	no issues		
Baptist Womens	maintaining operational capabilities	please contact Kirby Pirtle 268-5480 if any planned water outages are expected so they can prepare the facility	
Baptist Collierville	maintaining operational capabilities		
Baptist Memphis	maintaining operational capabilities		
Gastro1	all sites are currently closed		

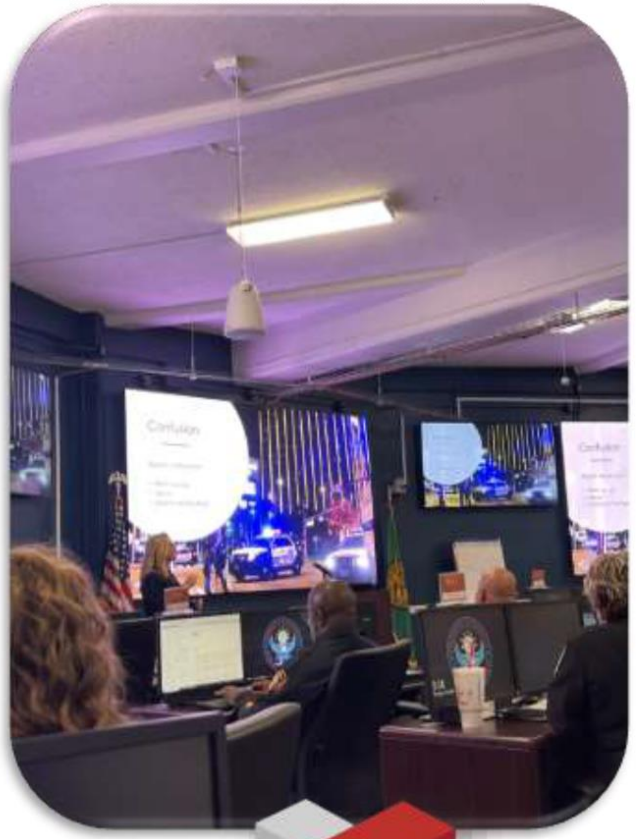
Utilize “down time”

- Join local community support groups
- Attend non-traditional trainings and meetings
- Host industry specific meetings
  - Address recurring issues
  - Recruit special speakers
- Train on equipment

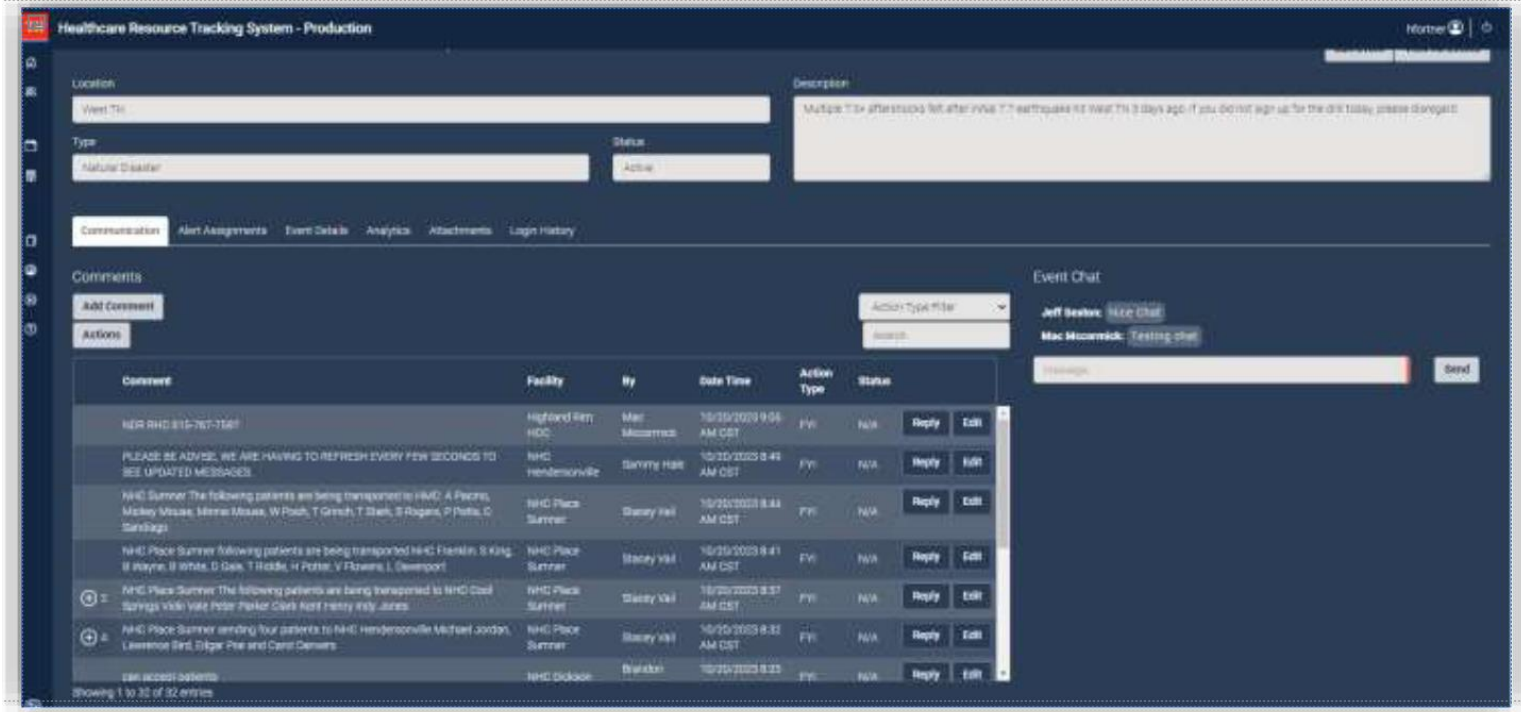


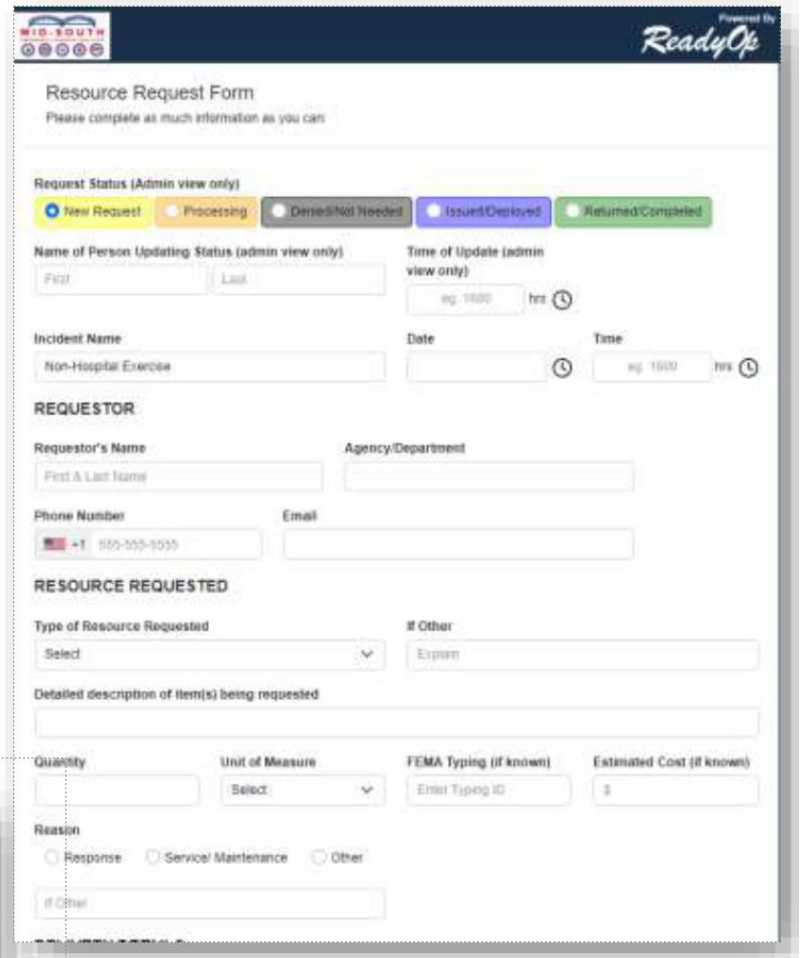
OFFICE OF COMMUNITY ENGAGEMENT & OUTREACH

THE ASSISI FOUNDATION OF MEMPHIS, INC.



Incorporate into response operations





RED	1
YELLOW	2
GREEN	2
BLACK	0

TN

TENNESSEE DEPARTMENT OF HEALTH

MASS CASUALTY MANAGEMENT SYSTEM

Region 8

DESTINATION All

TRIAGE STATUS All

TN

TOTAL
5
UNINJURED
0

Triage Tag	Hospital MRN	Triage Status	Destination Facility	If OTHER	Last	Sex	Age	Age	Transport Unit	Family	Disposition
ME742355		Green (Walking)	Methodist North				14	Years	7	Yes	
ME742354		Yellow (Delayed)	Regional One Health		Doe	M	28	Years	6	Yes	
ME742352		Yellow (Delayed)	Methodist North				26	Years	5	Yes	
ME742351		Green (Walking)					2	Months	5	Yes	
ME741976		Red (Immediate)	Le Bonheur Children's				5	Years	4	Yes	

Place an emphasis on preserving patient care

- 18 emergency departments
  - 95%+ capacity
  - 2-3 hour offloads are typical
- 41 Assisted Living Facilities
- 32 Skilled Nursing Facilities
- 56 Dialysis Centers

TN Department of Health

Memphis Delta Healthcare Facility Status Board

County: (All)

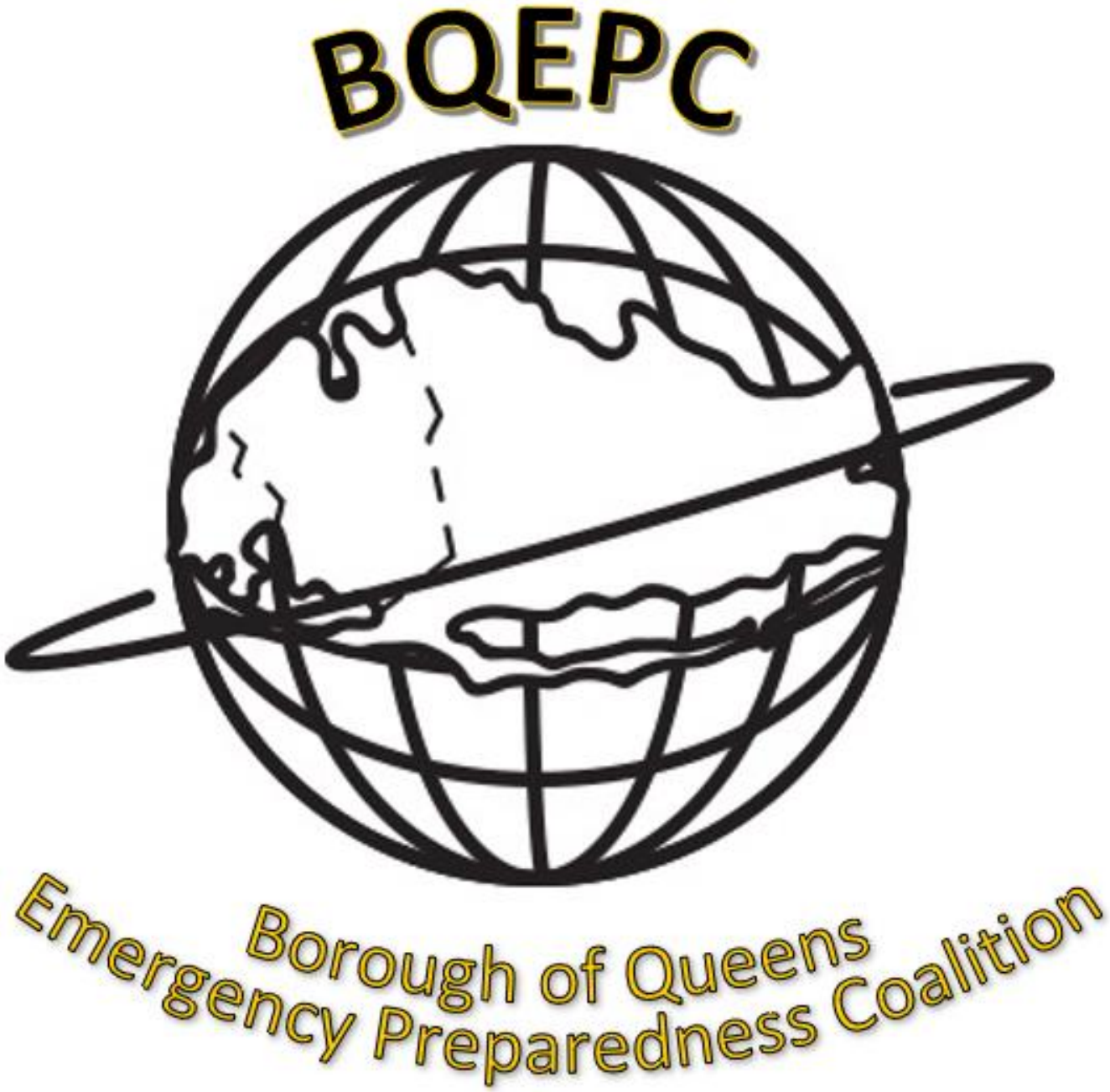
Active Events: None

Download Image | Download PDF

ED Status	Normal	Advisory	Severe	Critical	Divert
Offload Times	0-30mins	30-60mins	60-90mins	91-120mins	>160mins

Facility	ED Status	Offload Status	Stroke Center	Trauma Center Level 1	Orthopedics	Cardiac/Stemi - Interventional	CT	Labor and Delivery
Services Provided								
Baptist Children's Hospital	10/20/2023 6:30:04 AM	10/20/2023 6:30:04 AM						
Baptist Desoto	10/20/2023 5:56:58 AM	10/20/2023 5:56:58 AM						
Baptist Memorial Hospital	10/20/2023 6:45:04 AM	10/20/2023 6:45:04 AM						
Baptist Memorial Hospital For Women	10/20/2023 6:30:19 AM	10/20/2023 6:30:19 AM						
Baptist Memorial Hospital Tipton	10/19/2023 2:05:43 PM	10/19/2023 2:05:43 PM						
Baptist Memorial Hospital-Collierville	10/20/2023 7:10:05 AM	10/20/2023 7:10:05 AM						
Baptist Memorial Hospital-Crittenden	10/16/2023 10:30:35 AM	10/16/2023 10:30:35 AM						
Lauderdale Community Hospital	10/20/2023 7:31:08 AM	10/20/2023 7:31:08 AM						
Le Bonheur Children's Hospital	6/22/2023 6:15:08 AM	3/31/2023 6:57:49 PM						
Methodist Hospital-Germantown	10/20/2023 7:15:39 AM	10/20/2023 7:15:39 AM						
Methodist Hospital-North	10/20/2023 7:17:03 AM	10/20/2023 7:17:03 AM						
Methodist Hospital-South	10/20/2023 7:18:17 AM	10/20/2023 7:18:17 AM						
Methodist Olive Branch	10/20/2023 7:18:54 AM	10/20/2023 7:18:54 AM						
Methodist University Hospital	10/20/2023 7:14:09 AM	10/20/2023 7:14:09 AM						
Regional One Health	10/19/2023 4:13:37 PM	10/19/2023 4:13:37 PM						
St Francis Bartlett Med Ctr	10/19/2023 2:36:17 PM	10/19/2023 2:36:17 PM						
St Francis Hospital	10/8/2023 9:32:45 AM	10/8/2023 9:32:45 AM						
St Jude Childrens Research Hospital	9/18/2023 3:24:49 PM	9/18/2023 3:24:53 PM						
Veterans Affairs Medical Center	10/20/2023 9:17:08 AM	10/20/2023 9:17:08 AM						

CRITICAL ADVISORY - All resources are at max- capacity requiring EMS to deviate from requested facility if at all possible.
ADVISORY - Limited resources due to influx of patients or other issues interrupting or delaying services.



Utility Failure – A Story of Two Facilities

Based on a presentation from the 2023 NHCPC

Joint objective

- Understand the events, impacts and solutions of the Jackson Water Crisis
  - St. Dominic's
- Understand the Events, impacts and solutions for Houston Healthcare
  - HCA Houston Healthcare Tomball
- Utility failure
  - Improvements and future response

Common Threats to our utilities

- Multiple Threats
  - Routine service
  - Disasters
  - Mechanical failure
  - Vendor failure
  - Planned outages
  - Supply chain interruptions
  - Malicious act (physical and cyber)
- Cascading Failures

BQEPC
Borough of Queens Emergency Preparedness Coalition

Tale of Two Hospitals

- Winter Storm Uri
  - Freezing temps in areas not used to prolonged freezing
  - Utility failures from water treatment and pumps freezing
- Time to fix
  - Both facilities counted on municipality fixing issue on relative time – Not 7-10 days
- Supplies on hand
  - Modest supply but not enough to continue
  - One gallon of water is about 8 pounds – 5-gallon jugs are about 40 pounds
    - How are you moving them upstairs?

Facility Solutions

- Tanker trucks brought in
  - Over a dozen 6,000 gallon tankers from out of state used for Houston incident
  - Used trucks to fill portable tanks to pressurize the lines
  - Engineering services developed and installed access to pipes
  - Do you have external hook ups and backflows installed after that?
  - Down stream effects of non potable water in system
    - Filters to change
    - Flushing
    - Boil water orders
  - Food service for patients
  - Recommendation “whatever you think you needed or computed, triple it”

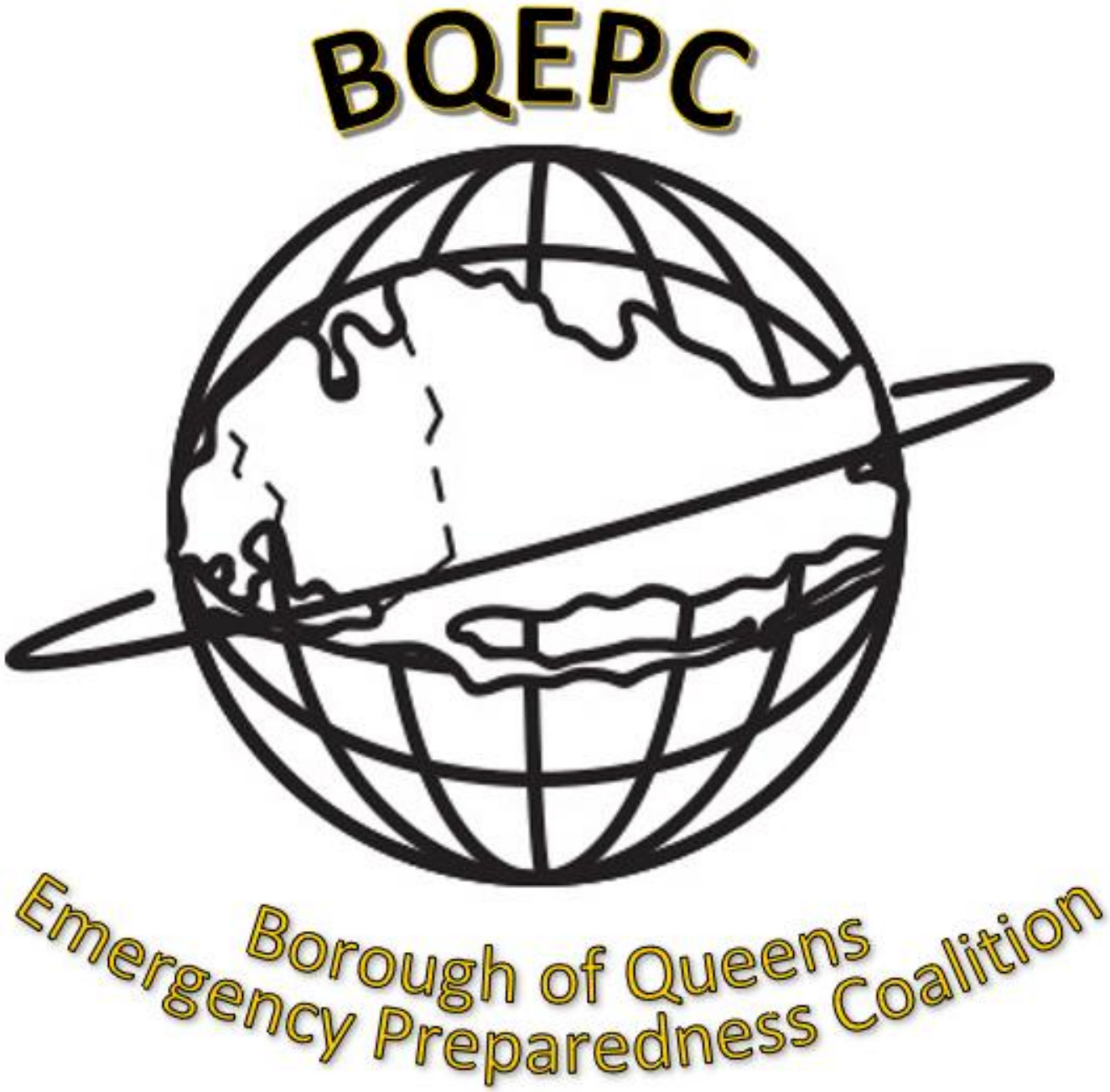
Staffing

- Affected staffing – Does this affect their homes?
  - HCA spent $380,000 from their HCA Hope Fund to assist staff with repairs to their homes
- Do you have room to keep people?
- Feeding and housing constraints
- Duration of event
  - We can handle a day or two
    - Can you handle 7 days?

BQEPC
Borough of Queens Emergency Preparedness Coalition

Take Aways

- You need more water than you think
- Utilities from municipalities are not guaranteed to be fixed fast
- Vendors are key for deliveries of not traditional stuff
- Staff will be affected
  - Can you help them
  - Can you house them
  - Do you have funding to assist
- Do you have the needed connections for utilities
- Incident Commanders can’t be part of any teams they need to be free



February 2024 EPS Meeting

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

National Healthcare Coalition Preparedness Conference

- Paris Hotel and Casino – Las Vegas, NV
- 1200+ 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 on Storm Response from Andrew Sulyma and Dan Berc
- General Session on MCI Kimble Richardson and Mark Dugan
- Address by Jennifer Pitcher, Exec. Dir. MESH

National Healthcare Coalition Preparedness Conference

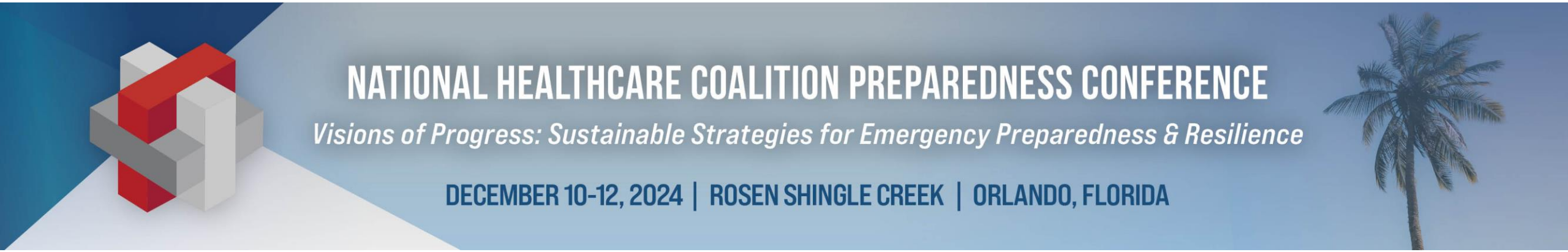
National Healthcare Coalition Preparedness Conference

Key Takeaways

- FEMA Region 2 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 #NHCPC24



QUESTIONS?

Hurricane Ian: Lessons Learned

Greg Wayrich
Chair, BQEPC

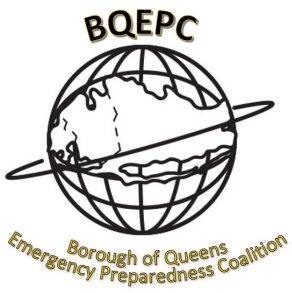
(Summary from presentation by Nichole Shimko, RN SW Florida HCC)

National Healthcare Coalition Preparedness Conference

Nov 30-Dec 2, 2023

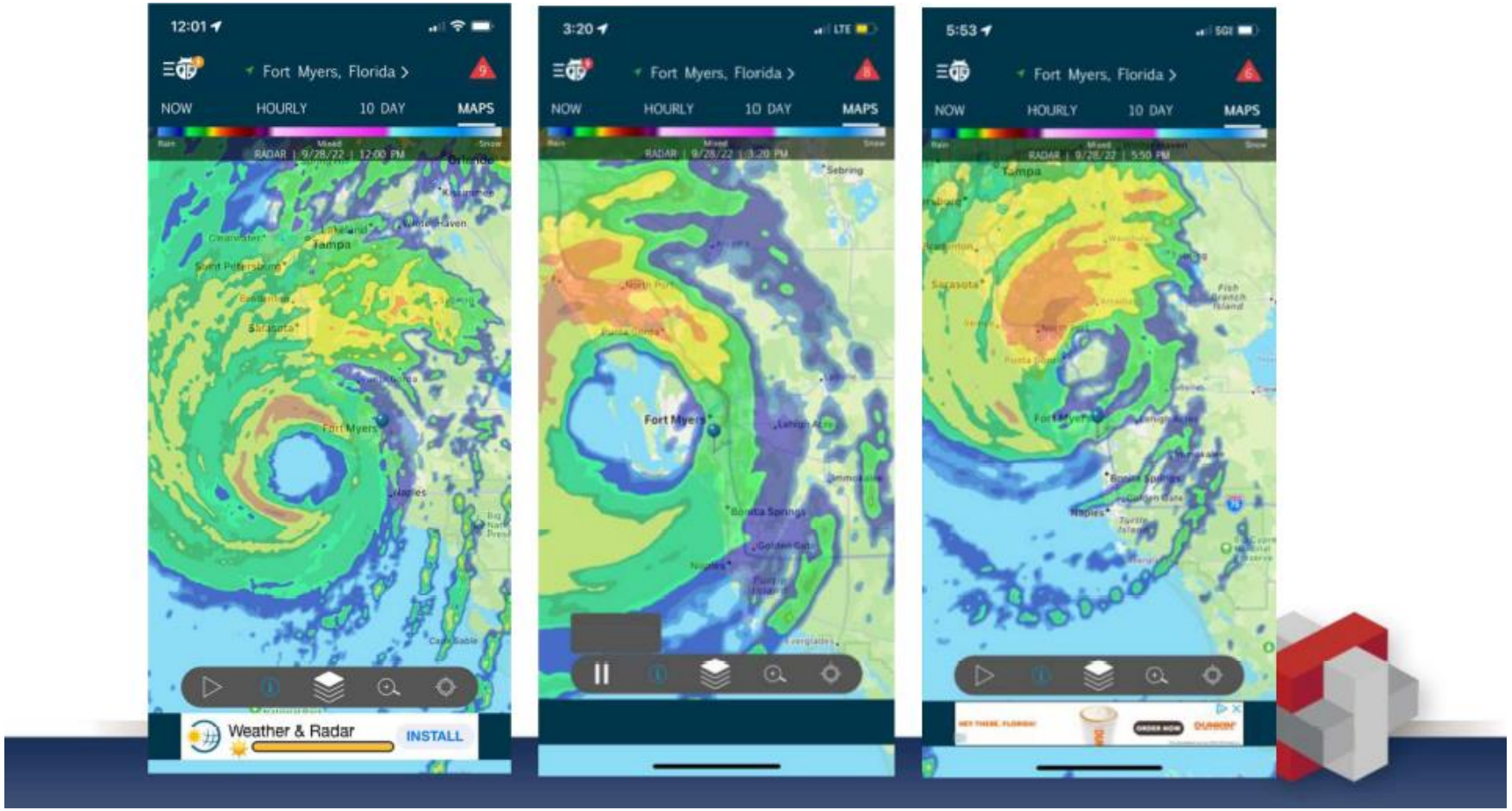
Las Vegas, NV

Discussion Topics



- Illustrate the key factors that contributed to evacuation
- Identify three differences and triage tactics for evacuating a neonatal patient
- Describe repatriation and challenges faced with neonatal patients

Hurricane Ian

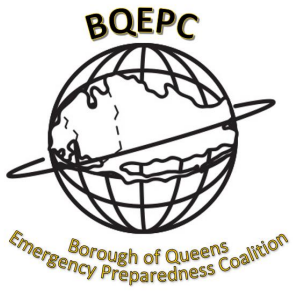


Hurricane Ian

Hurricane Ian

- Water Main break
- Communication gaps
- Evacuation triage
- Resource management
- Coordination
  - EMS/Helo/Bed allocation

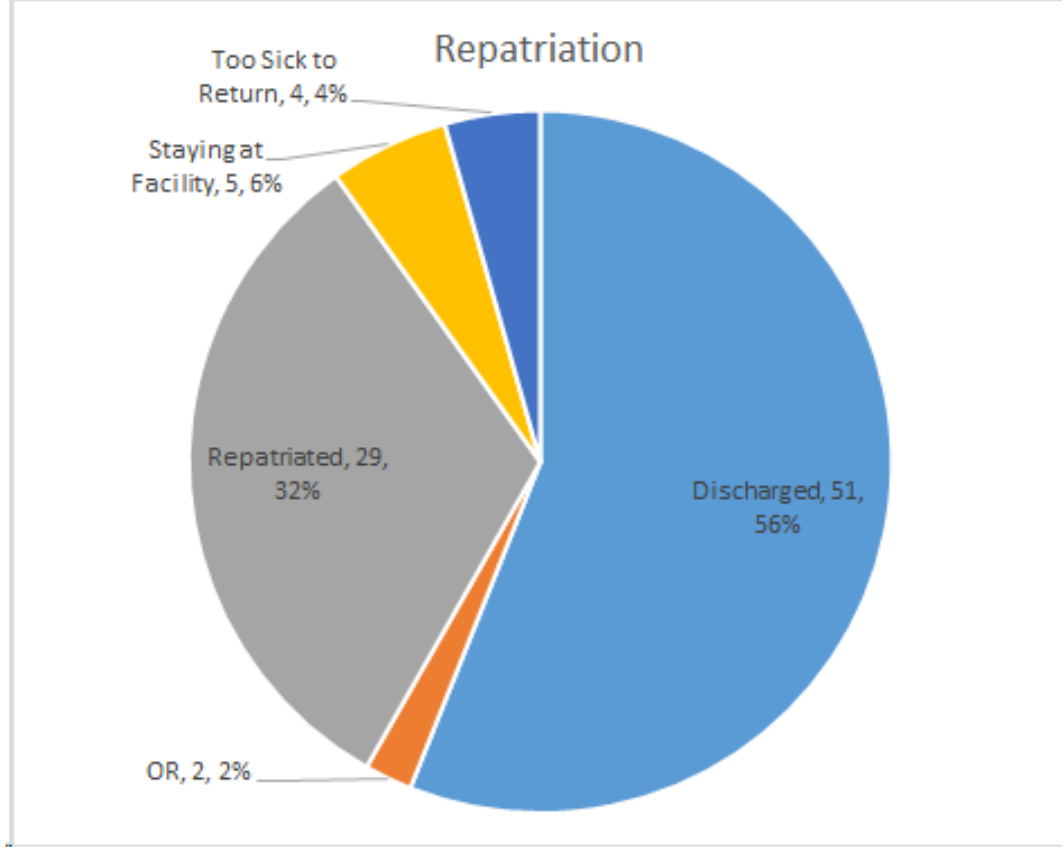
Hurricane Ian



- 81 total patients
- 62 Neonates
- 8 PICU
- 6 Peds
- 3 PONC
- 2 Peds ED

- All moved in 36 hours

Hurricane Ian



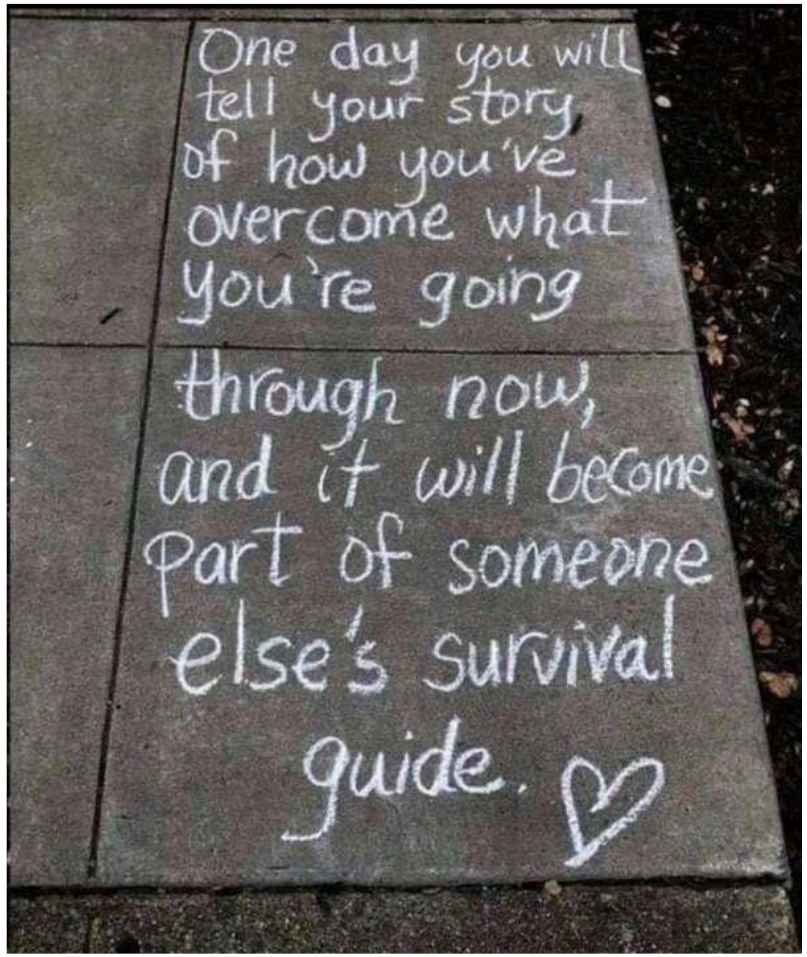
Hurricane Ian: Strengths

- Early Communication
- Back-up Plan
- No Middle-Man
- Used to Interfacility collaboration
- Golisano teams went on transport

Hurricane Ian: Opportunities

- Streamline paperwork (transfer vs evacuation)
- Isolette Team
- Redistribute team to help Repatriation
- Plans for families at receiving facilities

Hurricane Ian



Hurricane Ian: Lessons Learned

Greg Wayrich
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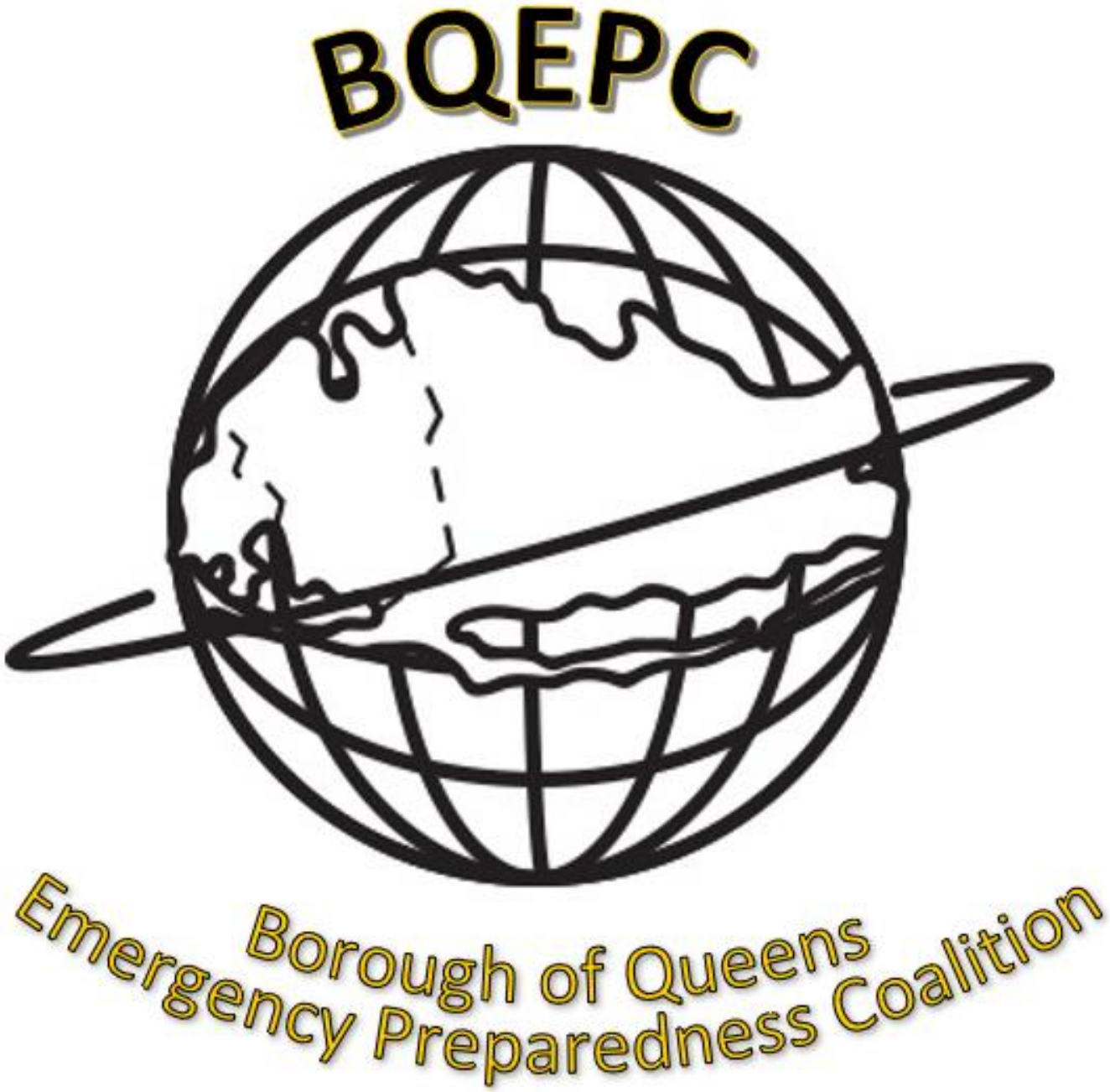
National Healthcare Coalition Preparedness Conference

Nov 30-Dec 2, 2023

Las Vegas, NV

QUESTIONS?



MRSE update from ASPR

A Look Into ASPR Medical Response and Surge Exercise

Past

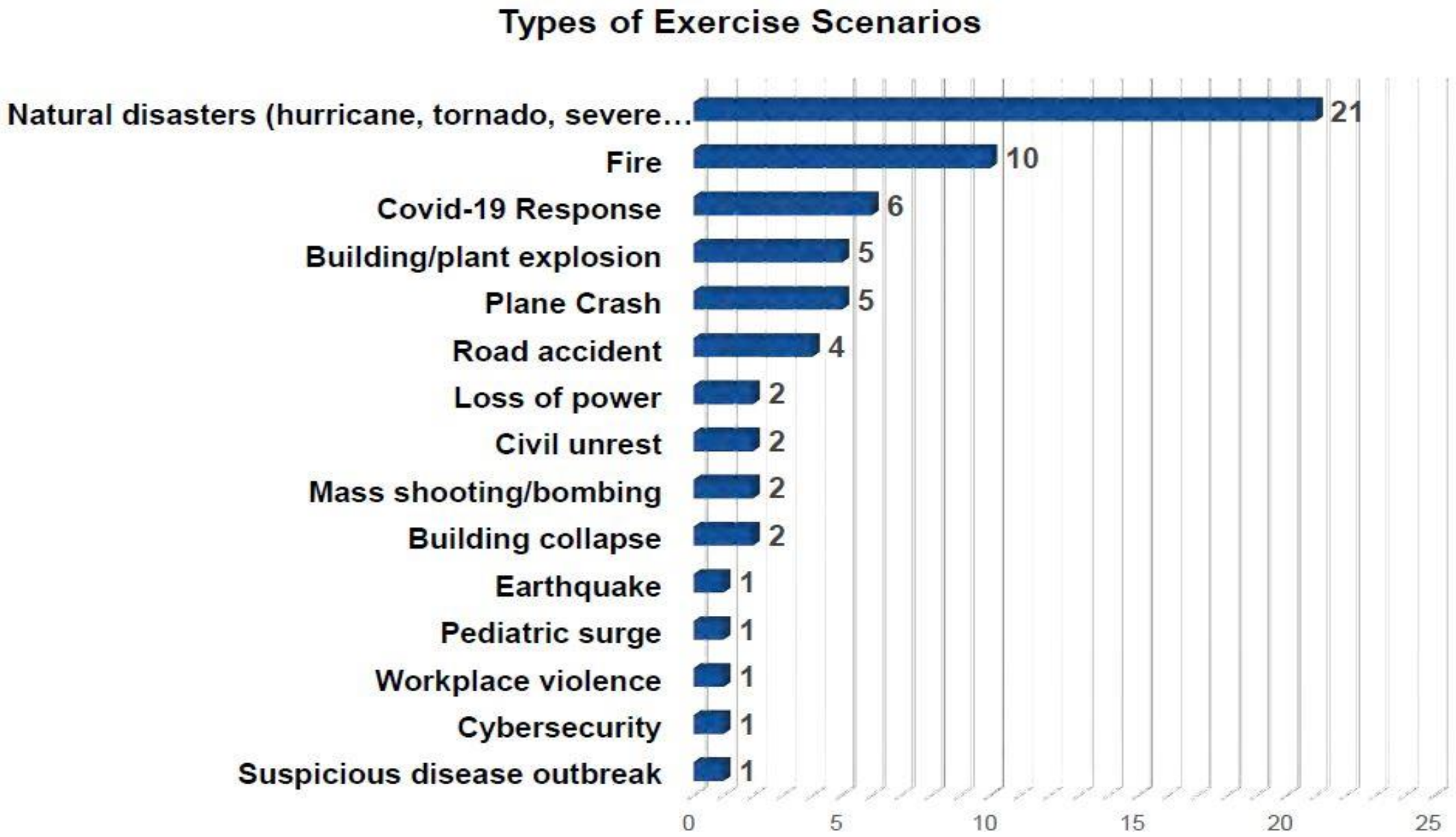
- Based on feedback provided by Health Care Coalitions (HCCs), the Coalition Surge Test (CST) and Hospital Surge Test (HST) were refreshed to create the MRSE.

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.

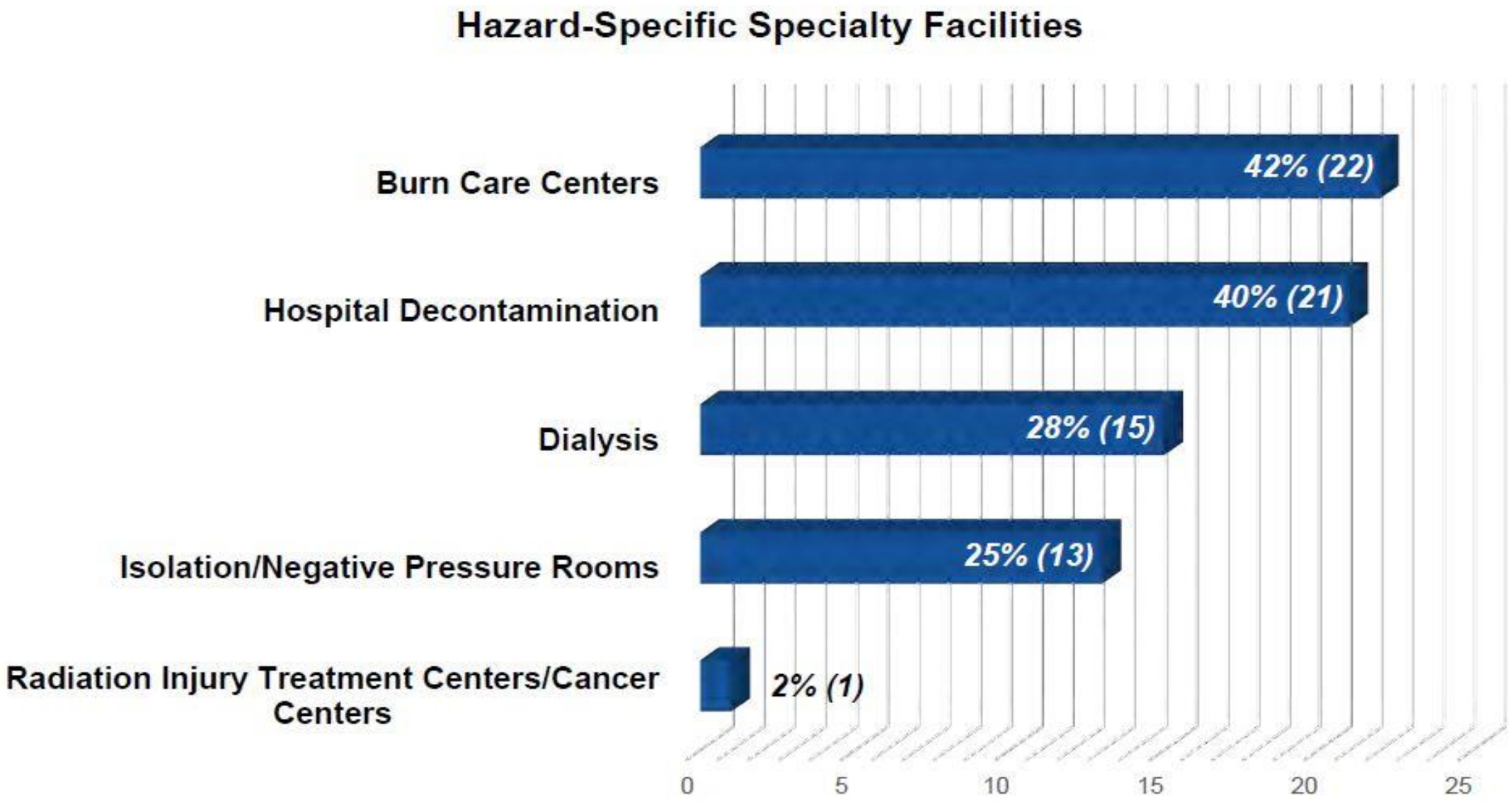
Future

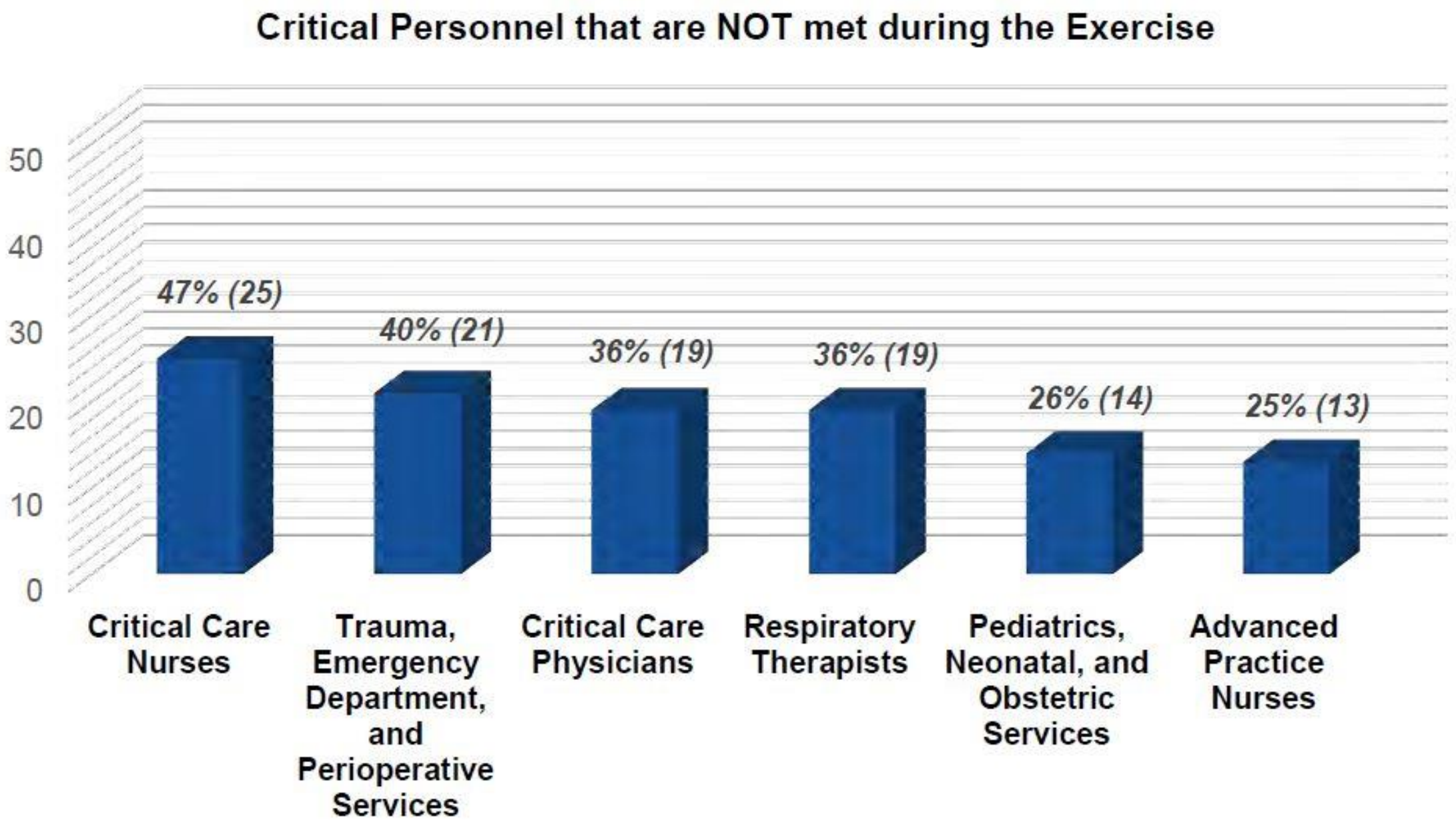
- HCCs can use the MRSE to exercise plans with new partners, build resilience, and improve communication across the HCC and members.
- The MRSE Support Team welcomes continued feedback to improve the exercise.

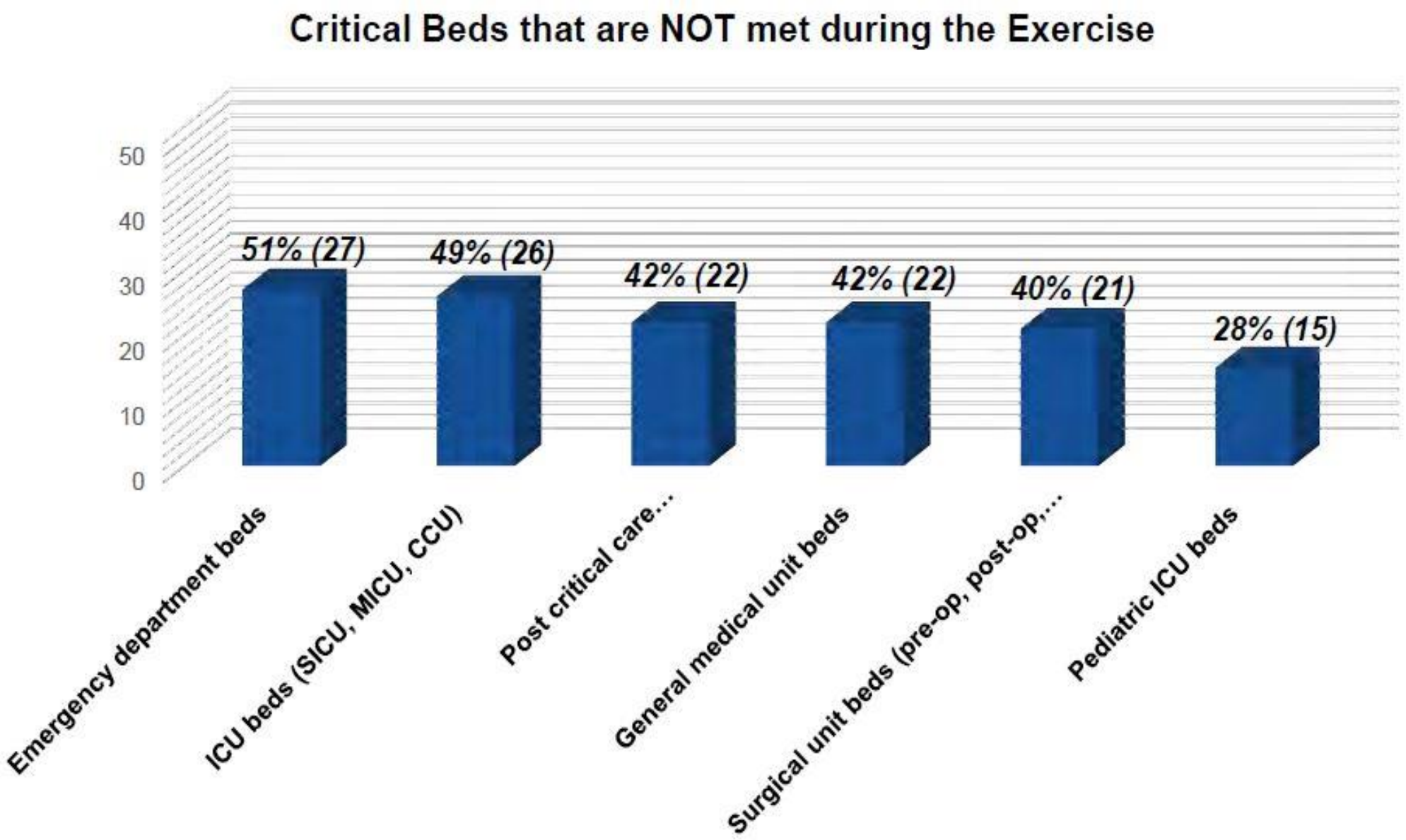


BQEPC - Borough of Queens Emergency Preparedness Committee

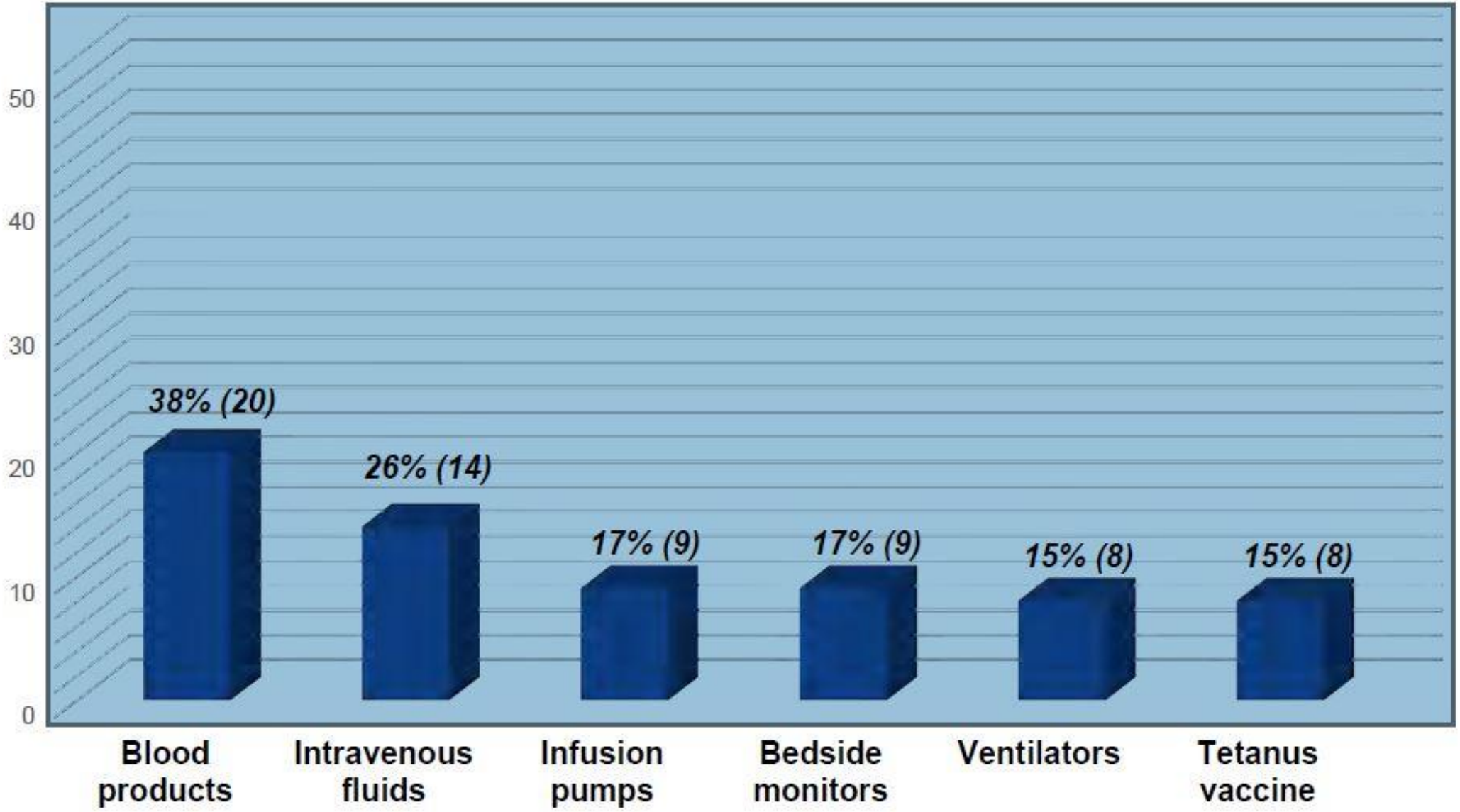
Exercise Hazard Categories
Emergency Department and Inpatient Medical
75% (40)
Trauma Care
58% (31)
Out-of-Hospital Response
55% (29)
Burn Care
38% (20)
Pediatric Care
38% (20)
Manage Mass Fatalities
32% (17)
Chemical or Radiation Emergency Event
17% (9)
Enhance Infectious Disease Preparedness and…
17% (9)
Behavioral Health Needs Response
13% (7)
Develop an Alternate Care System
13% (7)
Distribute Medical Countermeasures
6% (3)
0
10
20
30
40
50

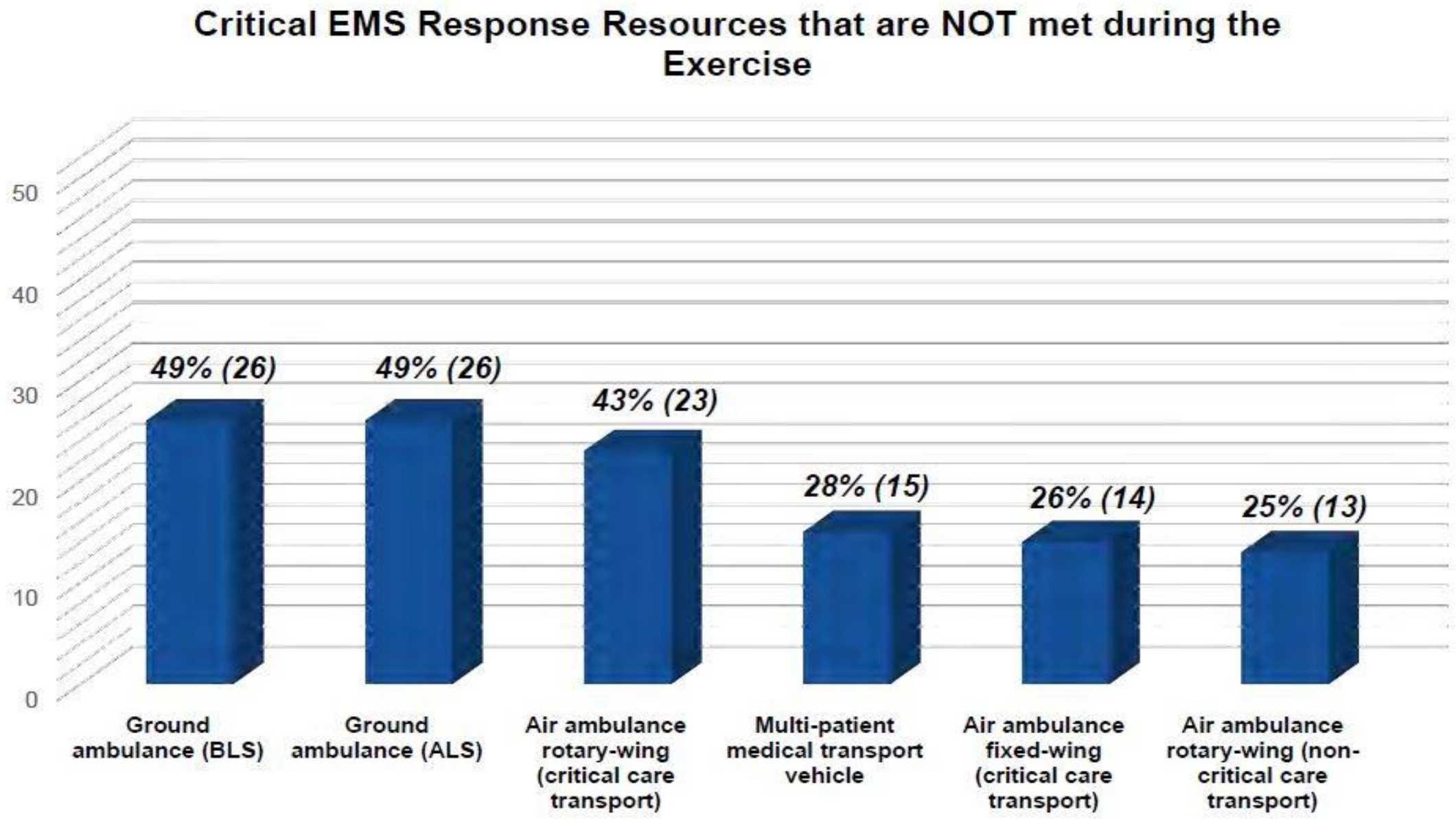

Hazard-Specific Specialty Facilities
Burn Care Centers
42% (22)
Hospital Decontamination
40% (21)
Dialysis
28% (15)
Isolation/Negative Pressure Rooms
25% (13)
Radiation Injury Treatment Centers/Cancer Centers
2% (1)
0
5
10
15
20
25


Critical Personnel that are NOT met during the Exercise
50
40
30
20
10
0
47% (25)
40% (21)
36% (19)
36% (19)
26% (14)
25% (13)
Critical Care Nurses
Trauma, Emergency Department, and Perioperative Services
Critical Care Physicians
Respiratory Therapists
Pediatrics, Neonatal, and Obstetric Services
Advanced Practice Nurses


Critical Beds that are NOT met during the Exercise
50
40
30
20
10
0
51% (27)
49% (26)
42% (22)
42% (22)
40% (21)
28% (15)
Emergency department beds
ICU beds (SICU, MICU, CCU)
Post critical care...
General medical unit beds
Surgical unit beds (pre-op, post-op,...
Pediatric ICU beds

Critical Medical Supplies that are NOT met during the Exercise




Critical EMS Response Resources that are NOT met during the Exercise
50
40
30
20
10
0
49% (26)
49% (26)
43% (23)
28% (15)
26% (14)
25% (13)
Ground ambulance (BLS)
Ground ambulance (ALS)
Air ambulance rotary-wing (critical care transport)
Multi-patient medical transport vehicle
Air ambulance fixed-wing (critical care transport)
Air ambulance rotary-wing (non-critical care transport)

Top Issues During MRSE

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

BQEPC
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 – Past, 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 – Past, 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, Present, 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.

BQEPC – Past, Present, Future

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, Future

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, Future

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, Future

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!

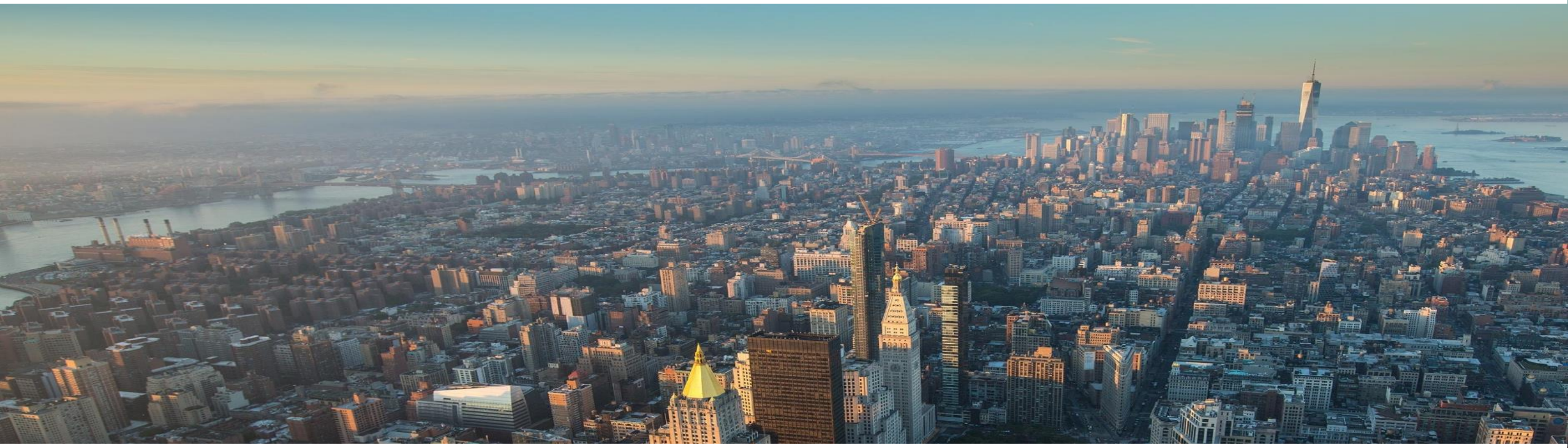
Mohammed Salahuddin
NYC Health + Hospitals | Queens
Email: Salahudm@nychhc.org

2024 Medical Response to Surge Exercise (MRSE)

February 13, 2024

Ari S. Rubinstein
Senior Director of Healthcare Operations
NYC DOHMH

NYC Health



NYC Health

Hospital Preparedness Program (HPP)
Budget Period 5 (BP5) 2023 – 2024
Medical Response to Surge Exercise (MRSE)

Pre-Exercise Workshop

Date: February 13, 2024, 10:00 AM

Exercise Overview

- Exercise Scope:
  - Type: Virtual, Discussion-based Functional Exercise (with Full-scale option)
  - Duration: 2 hours TTX (4 hours with workshop)
  - Location: Virtual - ZOOM
  - Parameters: Exercise play is limited to the NYC Healthcare Coalition and agency partners and will focus on the response to a surge following a chemical incident.
- Focus Area: Response
- 1 module with group discussion and hotwash
- AAR/IP and Participant Feedback (via Microsoft Forms)

- Please complete bed survey that was distributed 1/31/24 by TODAY. NYC DOHMH will provide surge numbers.

Exercise Schedule

Workshop	Time
Welcome and Introductions	10:00 AM
Exercise Overview	10:10 AM
Disaster Mental Health - BHOEPR	10:15 AM
NYC Office of Emergency Management	11:00 AM
NYC DOHMH (Chemical Surge Annex)	11:45 AM
Break	12:00 PM

Exercise Schedule

Event	Date	Time
Conduct Facility Census	Prior to MRSE ExPlay by 2/6/24	
Participant Registration	By invitation and link https://www.programinfosite.com/nycdohmhmeetings/mrse-functional-exercise/	
Participant Brief	2/13/24	10 AM
Workshop		10 AM – 12PM
Start of Exercise (StartEx)		1 PM
End of Exercise (EndEx)		2:30 PM
Hotwash (Quick)		2:35 PM

QUESTIONS

Thank you!

- **See you at the exercise!**

NYC Health

COMMUNITY HEALTH CARE ASSOCIATION of New York State

Health Center Capabilities and Emergency Response Integration

Anne Hasselmann, MPH
CHCANYS Emergency Management Team SME

NYC Health Care Coalition Virtual Meeting
February 6, 2024

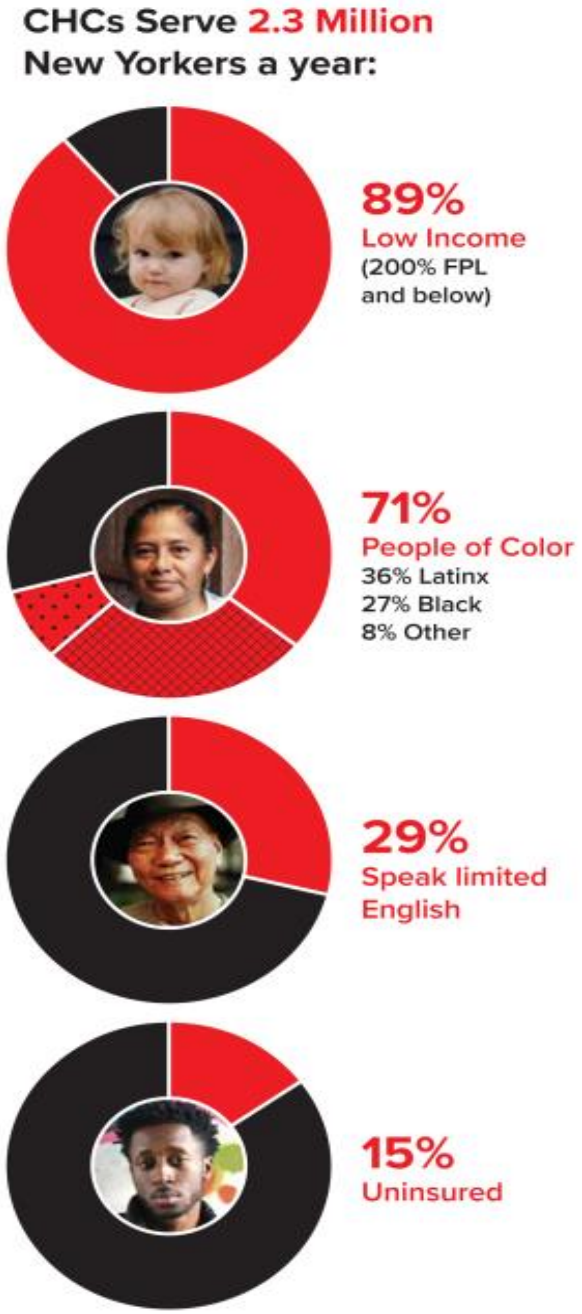
Intended Outcomes from Today's Presentation

After today's presentation, participants will understand:

- CHCANYS' role in supporting health center preparedness and integration into citywide health care system response.
- How health centers can leverage their resources, capabilities, and patient relationships to support the preparedness and response planning of the NYC HCC.

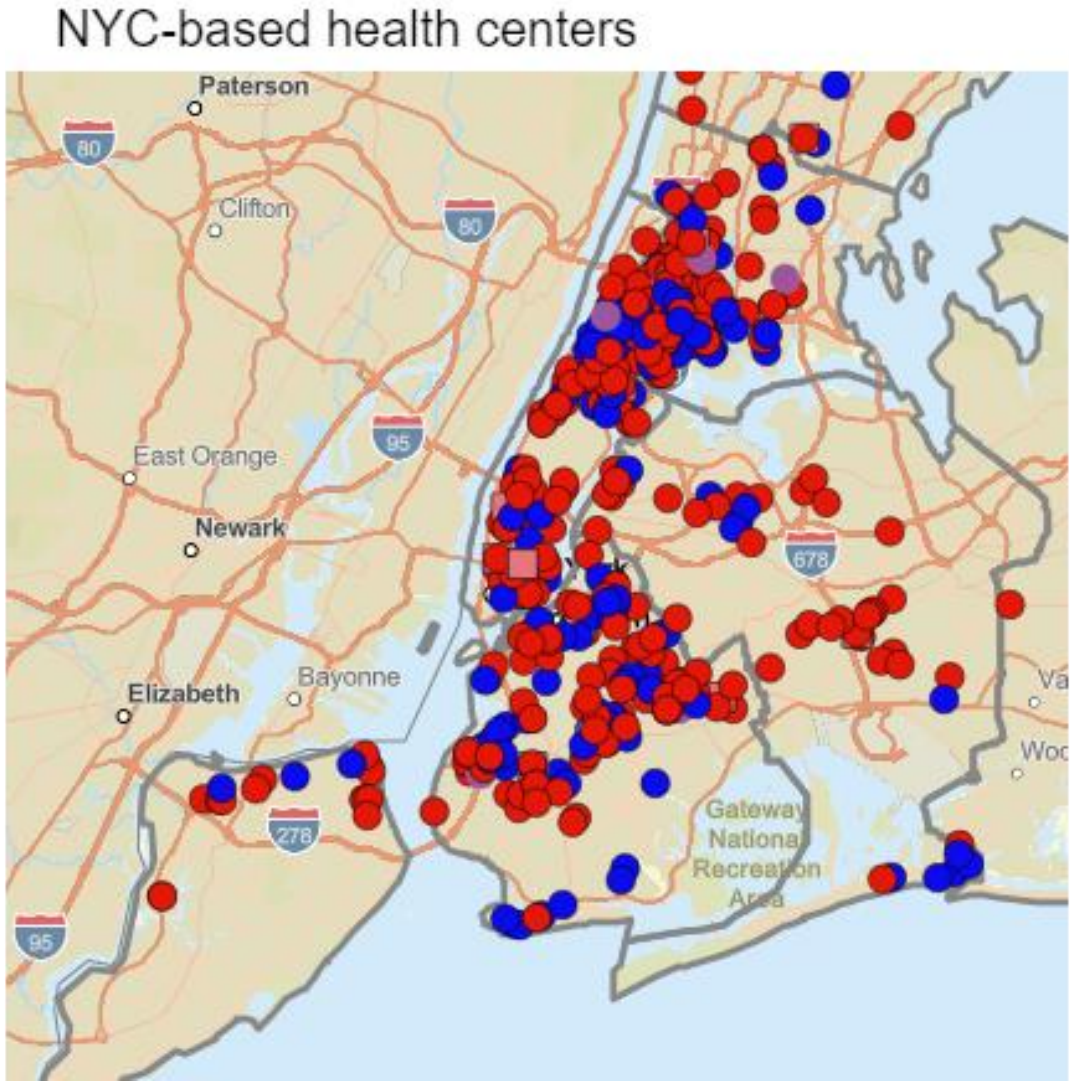
About CHCANYS

- The Community Health Care Association of New York State (CHCANYS) is New York's Primary Care Association (PCA), a membership organization representing New York's 70-plus Community Health Centers (CHCs).
- CHCs provide care for 1-in-9 New Yorkers at more than 800 locations across the state—from the large metropolitan community health systems of New York City to the rural health centers of Upstate and Western New York, and everything in between.

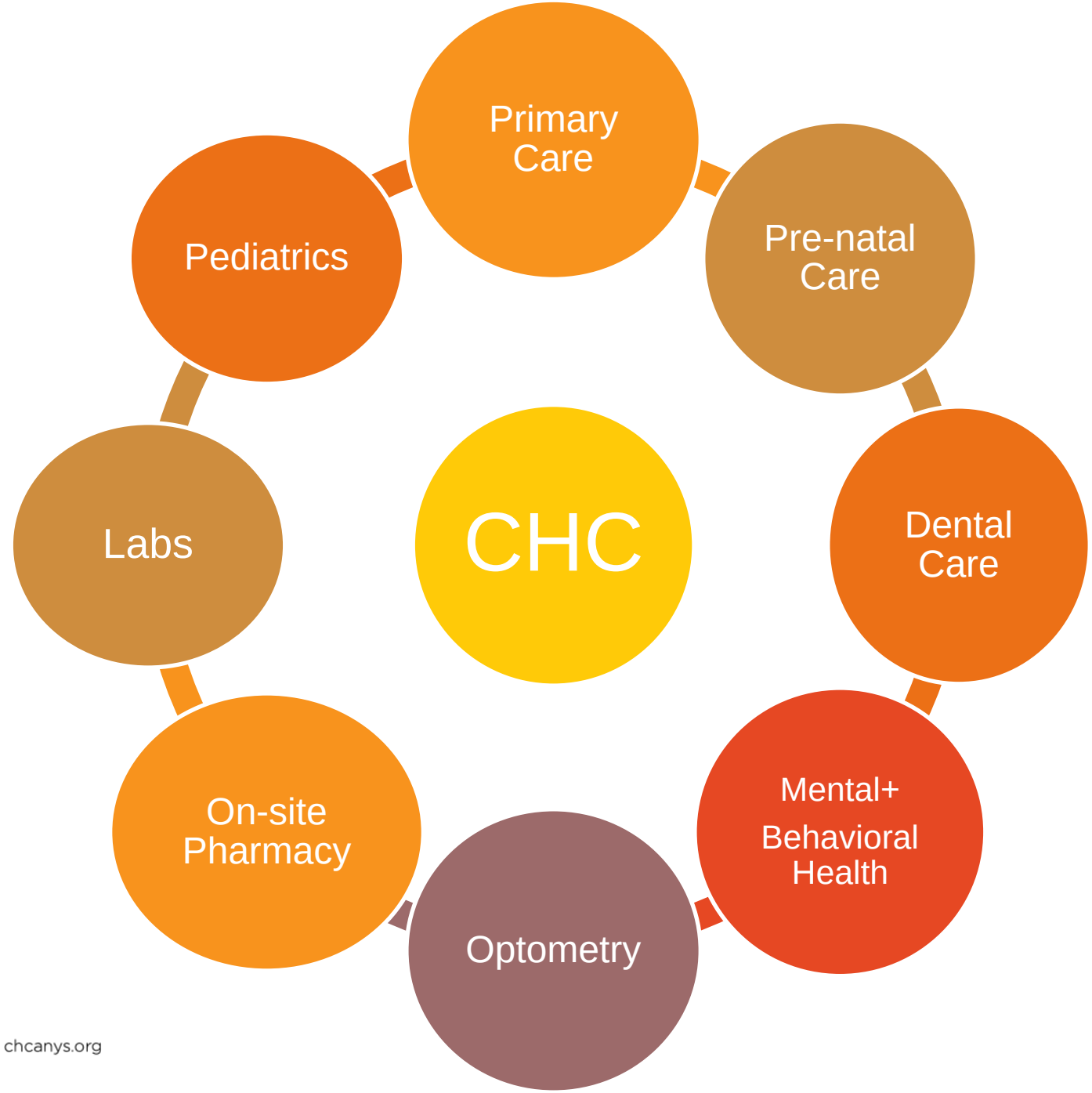


Health Centers Cover Broad Areas of NYC

- 44 Federally Qualified Health Center Networks
  - 312 care sites
- CHCs offer primary and preventive care and support services regardless of immigration status, insurance coverage, or ability to pay.

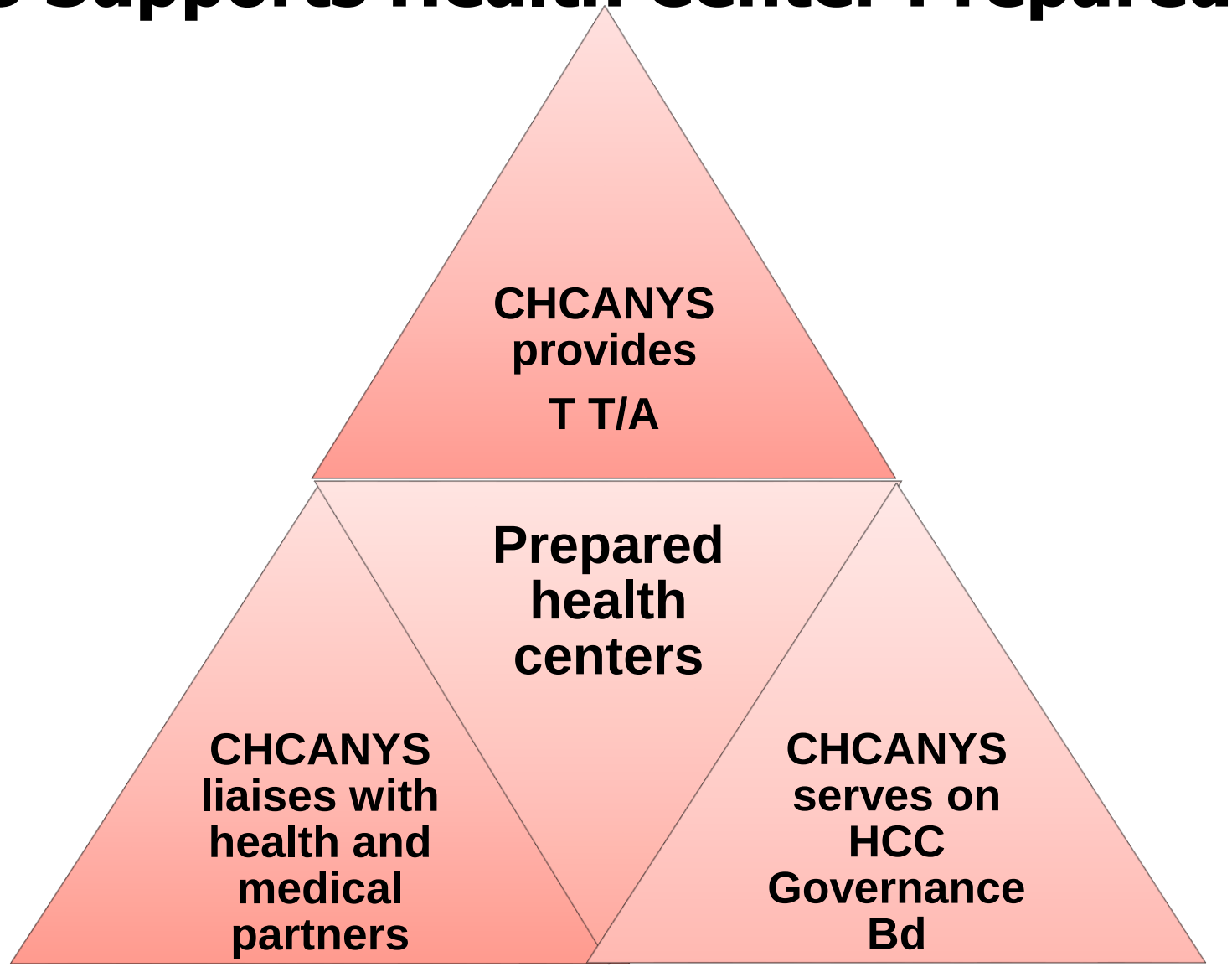


CHCs are "One-stop shops" for Health Care



And the providers and other health professionals to deliver services!

CHCANYS Supports Health Center Preparedness



T T/A Offerings—Emergency Management

- Educational Webinars
- Functional Exercise
- Fit-testing Train-the-Trainer
- Annual EM Seminar
- EM Peer Group
- Notification Drills
- **Health Center Capabilities-Data Update and Role Identification**
- EPCA + Customized Report

Project Goal: Health Center Capabilities-Data Update and Role Identification

- To more closely involve health centers in preparedness activities and response planning as members of the NYC Health Care Coalition (HCC).
    - This includes identifying roles for health centers in NYC emergency response plans.

Background—5-Year Strategy to Incorporate Health Centers into Surge Ex (MRSE)

Y1-CHC self-assessment and mini surge TTX

Y2-TTX to define and test surge capabilities; COVID-19 LL

Y3-2022 network-level data (n=19); identified gaps and support needs

Y4-Educate NYC HCC partners on potential R+R for health centers

Y5-CHCs participate in exercise

2022 Network-Level Data Collection

Types of services/visits health centers can offer.

additional patients per day health centers can receive.

How quickly health centers can receive additional patients.

Additional resources needed to support surge.

Training needs.

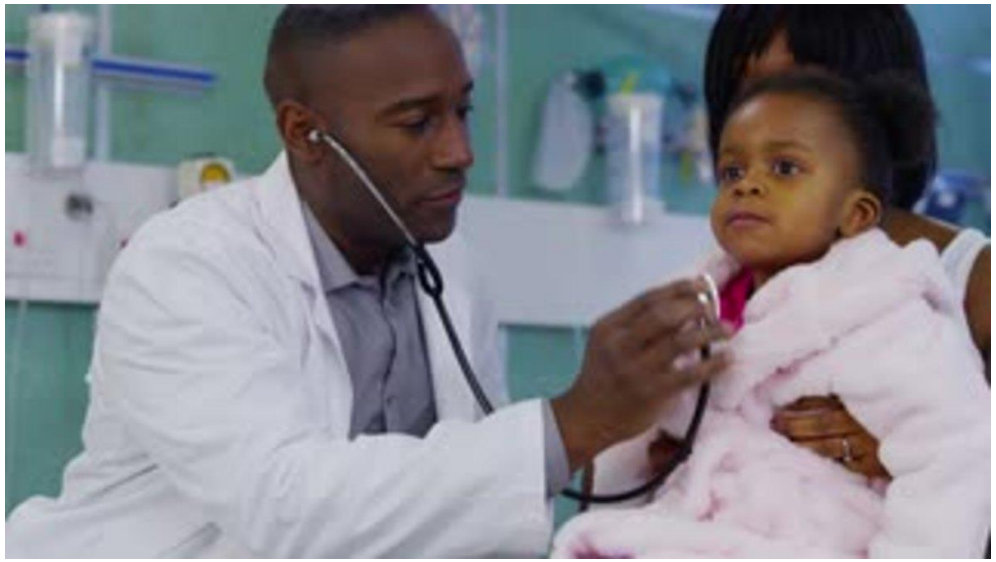
Health Centers as Partners

Of the 19 NYC-based health center networks that provided data:

- 74% can generally see up to 50 redirected patients per day, with some variability across sites.
- 63% can pivot operations to care for a surge of emergency-related patients within 6 hours.
- 63% can pivot operations to care for a surge of emergency-related patients within 6 hours.

Key CHC Response Capabilities

- Evaluation and treatment of minor injuries (no penetrating injuries; no bone setting)
- Minor wound care
- Care of first-degree burns
- Treatment of minor illnesses and infections
- Treatment for upper respiratory problems (e.g., asthma)



Key CHC Response Capabilities

- Medication management
- Blood work/labs
- Testing and vaccination for patients and community members
- Information sharing/education as a trusted community resource.

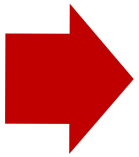
Request for Assistance

Participate in a facilitated discussion to improve integration of health centers into NYC health care system response under different scenarios.

Interested in Participating?

Complete Interest Form

Facilitated discussion in March



Identify 3-5 roles for health centers in integrated NYC health care system responses

Thank you

Contact the CHCANYS EM Program for more information:

Radhames Tejada, MPA

Director, Emergency Management

212-279-9686, etx. 115

rtejada@chcanys.org

emteam@chcanys.org