EMERGENCY PREPAREDNESS SYMPOSIUM (EPS)

NYC DOHMH EMERGENCY PREPAREDNESS AND RESPONSE
BUREAU OF HEALTHCARE SYSTEM READINESS

Wednesday, October 18, 2017

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NYC Health

WELCOME!

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Morning Agenda

9:00 – 9:05 AM	***Welcome*** **Darrin Pruitt**, Deputy Director, Bureau of Healthcare System Readiness, NYC Department of Health and Mental Hygiene
9:05 – 9:15 AM	***Opening Remarks*** **Celia Quinn**, Executive Director, Bureau of Healthcare System Readiness, NYC Department of Health and Mental Hygiene
9:15 – 10:30 AM	***NYCHCC and HMExec Overview / Agency Updates***
10:30 – 10:45 AM	***Break***
10:45 – 12:15 PM	***Water Service Disruption: Planning and Response Panel*** ▪ **Christopher Boyd**, Asst. Commissioner ES&E, Public Health Engineering, NYC Department of Health and Mental Hygiene ▪ **Christopher Romano**, Area Office Director (Regional Life Safety Code Specialist), Manager-Medical Facility Certificate of Need/Architectural & Engineering Project Preoccupancy Inspection Unit, New York State Department of Health ▪ **Marlyn Duarte**, Citywide Health and Safety Plan Manager, Agency Preparedness & Response, NYC Department of Health and Mental Hygiene ▪ **Diana Eusse**, Corporate Energy Analyst, NYC Health + Hospitals ▪ **Robert Fitzhenry**, Director of Waterborne Disease Program, Communicable Diseases, NYC Department of Health and Mental Hygiene

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Afternoon Agenda

12:15 – 1:00 PM	***Lunch***
1:00 – 2:15 PM	***Coastal Storm Planning Panel*** ▪ **Aaron Belisle**, Acting Director, Emergency Planning Unit, NYC Department of Health and Mental Hygiene ▪ **Robert Bristol**, Health and Medical Specialist, New York City Emergency Management ▪ **Michael Perillo**, Manager, Health Care Facilities Preparedness, New York State Department of Health ▪ **Patricia Moran**, Evacuation Planner, Health Care Facilities Preparedness, New York State Department of Health
2:15 – 2:30 PM	***Break***
2:30 – 3:30 PM	***Citywide Surge Exercise Discussion*** **Marie Irvine**, Emergency Response Coordinator, Bureau of Healthcare System Readiness, NYC Department of Health and Mental Hygiene
3:30 – 3:45 PM	***Next Steps / Evaluation Distributed***
3:45 – 4:00 PM	***Final Remarks and Adjournment***

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Program announcements

- New events calendar
  - http://www.nychealthcareprepares.com/
- Upcoming deliverables
  - Templates and guidance for this year's deliverables
  - CIMS training request for information
- Evaluation forms and sign in sheets

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OPENING REMARKS

Celia Quinn, Executive Director, Bureau of Healthcare System Readiness, NYC Department of Health and Mental Hygiene

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NYCHCC / HEALTH & MEDICAL EXECUTIVE COMMITTEE OVERVIEW

Celia Quinn, Executive Director, Bureau of Healthcare System Readiness, NYC Department of Health and Mental Hygiene

William Lang, Director, Hospitals and Coalitions, Bureau of Healthcare System Readiness, NYC Department of Health and Mental Hygiene

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BUILDING THE NYC HEALTH CARE COALITION

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What is a Healthcare Coalition?

“a formal collaboration among health care organizations and public and private sector partners that is organized to prepare for and respond to an emergency, mass causality or catastrophic health event”

ASPR, January 2012

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Building a NYC Healthcare Coalition – Key Activities

BP1
- Developed a process for coalition building with a NYCHCC Concept of Operations and Organizational Chart

BP2
- Piloted the development of a local healthcare preparedness coalition with 1 network system and 1 borough coalition

BP3
- Funded 17 coalition groups to implement EP programs grounded in **5 core coalition capabilities: Assessment, Planning, Communications, Training, Exercises**

BP4
- NYCHCC formed leadership council meetings to better communicate and coordinate network, borough and subject matter expertise group EP activities

BP5
- Maintained NYCHCC member capabilities while expanding into additional non-acute healthcare sectors and community based organizations

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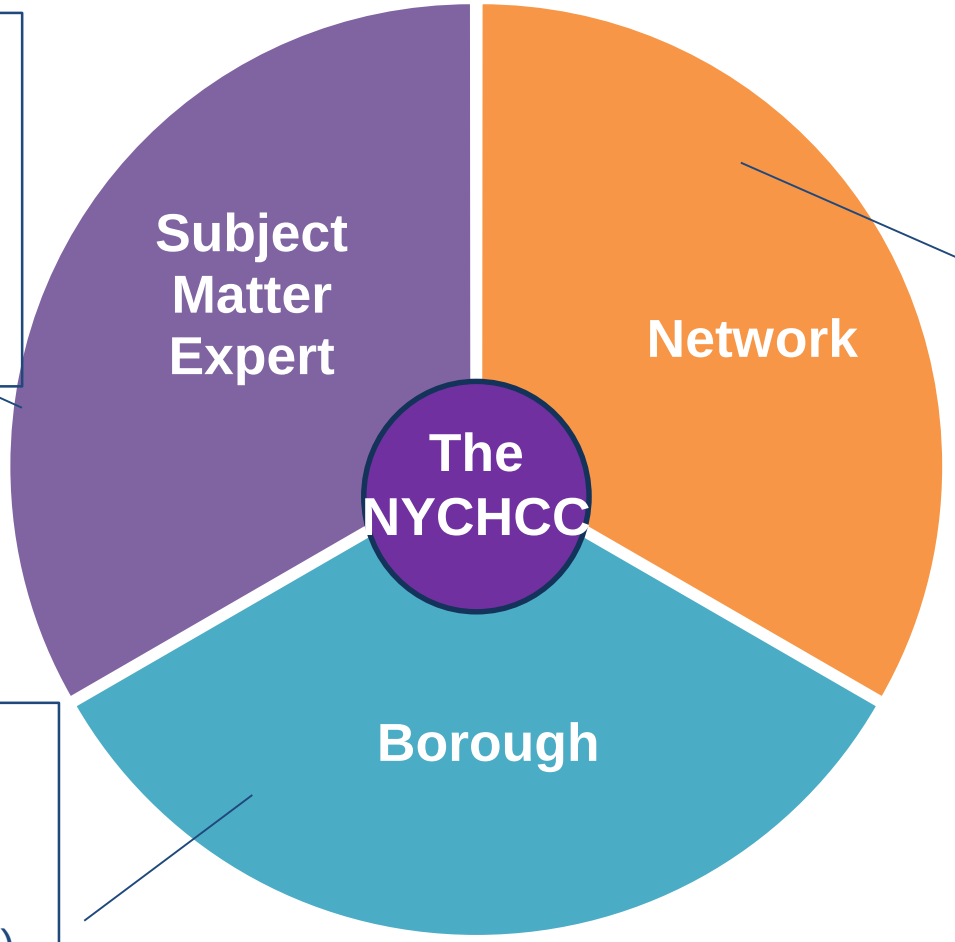
The NYC Healthcare Coalition: A Coalition of Coalitions

- PDC (Pediatric Disaster Coalition)
- PCEPN (Primary Care Emergency Preparedness Network)
- North Help (Dialysis, Opium Treatment Program)
- NH Associations
- ACF Associations



- MSHS EMP (Mt. Sinai)
- MEPC (Montefiore)
- Northwell
- NYP (NY Presbyterian)
- NYUHS (New York University)
- Medysis (Jamaica, Flushing Hospitals)
- NYC H+H (Health + Hospitals)

- BEPC (Bronx)
- QCEPHC (Queens)
- TBC (Brooklyn)
- NYcHRC (Manhattan)
- SI COAD (Staten Island)

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NYC Healthcare Coalition Leadership Council

Bronx Emergency Preparedness Coalition (BEPC)
The Brooklyn Coalition (TBC)
New York County Healthcare Resilience Coalition (NYcHRC)
Queens County Emer Prep Healthcare Coalition (QCEPHC)
Staten Island Community Organizations Active in Disaster Coalition (SI COAD)
Mount Sinai Health System Emergency Management Partnership (MSHS EMP)
MediSys Emergency Preparedness Coalition (MediSys)
Montefiore Emergency Preparedness Coalition (MEPC)
New York City Health + Hospitals (H+H)
NY Presbyterian Healthcare System (NYP)
New York University Hospitals (NYUHS)
Northwell Health System
Pediatric Disaster Coalition (PDC)
NorthHelp
Primary Care Emergency Preparedness Coalition (PCEPN)
Continuing Care Leadership Coalition (CCLC)
Southern New York Association (SNYA)
Greater NY Health Care Facilities Association (GNYHCFA)
LeadingAge (LANY)
Empire State Association of Assisted Living (ESAAL)
NY State Center for Assisted Living (NYSCAL)
ARGENTUM

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NYC Healthcare Coalition – Borough Accomplishments

All have developed and implemented:

- ❑individual charters
- ❑borough-level Hazard Vulnerability Assessment (HVA)
- ❑strategic plans based on HVA
- ❑communications plans with call-down drills
- ❑progressively higher level annual HSEEP-compliant exercises, including FSE's
- ❑membership recruitment plans
- ❑resource directories

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NYC Healthcare Coalition – Network Accomplishments

All have developed and implemented:

- ❑network charters
- ❑communications and situational awareness programs and systems
- ❑progressively higher level annual HSEEP-complaint exercises, including FSE's (in some cases with a borough coalition)
- ❑membership recruitment
- ❑assessed their current levels of preparedness for a chosen vulnerability
- ❑conducted training needs assessment and programs
- ❑an asset cataloging and typing system to include their non-acute care sites

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NYC Healthcare Coalition – SME Accomplishments

Primary Care Emergency Preparedness Network

- Sector readiness assessment and HVA
- Coastal storm and outbreak hazard-specific plans
- 3 TTX
- 40+ “mystery patient” drills
- Expanded membership to 400+ sites

Long Term Care Associations

- 6 full-day conferences in 3 years for NH and ACF audience (total # attendees?)
- Supported recruitment to LTC programs (#s)
- 3 FE and 3 TTX over 3 years/participants
- 21 webinars covering emergency preparedness topics

Pediatric Disaster Coalition

- Completed Pediatric ICU and General Pediatrics surge plans with 28 hospitals
- Two multi-hospital functional exercises
- 9 Neonatal ICU and 4 Labor/Delivery surge and evacuation plans 24 PICU surge capacity plans
- Pediatric surge/evacuation planning and exercise template

NorthHELP Coalition

- HVA and Emergency Operation Plan template for dialysis centers and Opioid Treatment Programs (OTP)
- Dialysis patient preparedness guidance DVD available in 6 languages
- Trained Medical Reserve Corps volunteers to deliver in person training in preparedness for dialysis patients and OTP patients

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ASPR Hospital Preparedness Program: 2017-2022

- Updated Healthcare System Capabilities
  - www.phe.gov/Preparedness/planning/hpp
- Defines required healthcare coalition "core members"
  - Public health
  - Healthcare delivery system (at least 2 hospitals)
  - Emergency management
  - Emergency Medical Services (EMS)
- Many new grant requirements
  - Annually
  - Over 5-year project period

Assistant Secretary for Preparedness and Response

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ASPR Requirements for 2017-2022

- ❑NYCHCC governance (charter)
- ❑NYCHCC preparedness plan
- ❑Primary and redundant communications systems and platforms capable of sending essential elements of information (EEIs)
- ❑Regional resource assessment, ensure NYCHCC's capability to share EEI with its members and ESF#8
- ❑NYCHCC Response Plan (including burn and trauma care plan)
- ❑NYCHCC recovery plan
- ❑NYCHCC continuity of operations plan

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More ASPR Requirements – The next 5 years

- ❑a jurisdictional risk assessment and exercise
- ❑maintenance of an all hazards response plan
- ❑supply chain integrity assessment
- ❑documented processes to oversee jurisdictional crisis standards of car planning
- ❑a plan for alternate care systems
- ❑decontamination training and coordination with HAZMAT resources
- ❑formation of a behavioral health strike team
- ❑expansion of Ebola CONOPs to all infectious disease emergencies
- ❑inclusion of Healthcare Associated Infections (HAI) coordinators in emergency management activities

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A larger healthcare coalition universe – The next 5 years

- More members organizing around a whole community approach to emergency preparedness and response means significantly greater NYCHCC reach and responsibilities. And opportunities!

- Focus will be on organizing healthcare and non-healthcare partners in support of the citywide incident management structure, preparing for and responding to large scale and catastrophic events.

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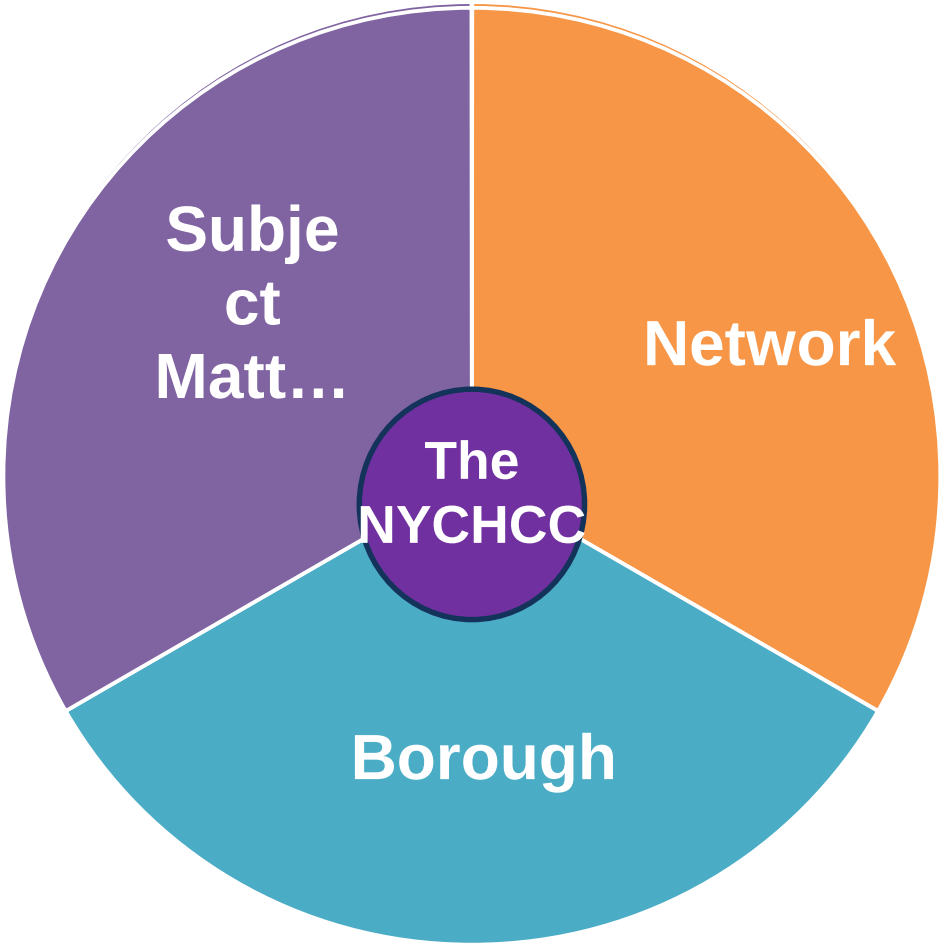
The NYC Healthcare Coalition



NYC Emergency Management

FIRE DEPARTMENT CITY OF NEW YORK

GREATER NEW YORK HOSPITAL ASSOCIATION GNYHA

NYC HEALTH+ HOSPITALS

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Health and Medical Executive Advisory Group

- Membership
  - NYC Emergency Management (NYCEM)
  - Fire Department of NY (FDNY)
  - NYC Health + Hospital (NYC H+H)
  - Greater NY Hospital Association (GNYHA)
  - NYC Department of Health and Mental Hygiene (NYCDOHMH)
  - NY State Department of Health (NYSDOH)
- Meeting monthly since November 2015
- Bring in additional ESF-8 partners for specific issues/priorities

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HMExec Mission

Working in coordination with other ESF-8 agencies and NYC health system partners, the mission of HMExec is to:

- ❑Advise and inform agency and incident response leadership on health and medical response objectives
- ❑Ensure that agencies are aligned in setting planning and response goals and meeting response needs appropriately
- ❑Provide strategic direction to Health/Medical agencies and health system partners in support of ESF-8
- ❑Identify and prioritize policy issues requiring HMExec agency input and coordinate timely resolution of these issues

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HMExec in preparedness

- Increase information sharing among health and medical agencies
- Ensure that health and medical agencies are aligned in setting preparedness priorities, and carrying out preparedness activities
- Establish 3-5 shared, system-level preparedness planning priorities annually
- Achieve and report progress on planning priorities to organizational leadership and stakeholders

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HMExec in response

- ❑Advise leadership from HMExec members on emerging issues with potential system impact
- ❑Develop shared incident objectives for Health and Medical Sector
- ❑Streamline interagency communications and response-based policy development
- ❑Provide strategic direction to Health/Medical agencies and health system partners in support of ESF-8

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HMExec Priorities - 2016

Priority 1: Establish HMExec Framework/Guiding Principles and Gain Executive Approval of Group

Priority 2: Improve Health System Situational Awareness and Engagement in NYC Response

Priority 3: Formalize Exemptions for Healthcare Workers in New York City Travel Bans

Priority 4: Sustain Gains in Infectious Disease Readiness and Control

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2016 Accomplishments

- ❑Developed a planning framework and guiding principles during planning and response
- ❑Developed and disseminated hospital guidance to improve coordination with law enforcement and investigative agencies
- ❑Created a process to develop incident-specific response guides for the healthcare community; completed and disseminated a coastal storm guide
- ❑Formalized strategies with the Mayor's Office, NYPD, and NYCEM with regard to the implementation of travel ban exemptions for health workers under the Credential Verification/Access Coordination Plan
- ❑Coordinated with relevant partners in New York and New Jersey to develop a regional transport plan addressing the movement of patients with confirmed Ebola or other special pathogen between treatment hospitals in the region and the Regional Ebola and Special Pathogens Treatment Center at Health + Hospitals / Bellevue Hospital Center

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2017 Priorities

Priority 1: Articulate a vision for NYC Healthcare System preparedness, response, and recovery

Priority 2: Improve coastal storm response by identifying mechanisms to increase receiving capacity, and addressing needs of homebound individuals who use durable medical equipment

Priority 3: Enhance coordination between hospitals and NYC agencies to improve response to Mass Casualty Incidents

Priority 4: Integrate HMExec into NYC response processes within Emergency Support Function 8 (Health and Medical)

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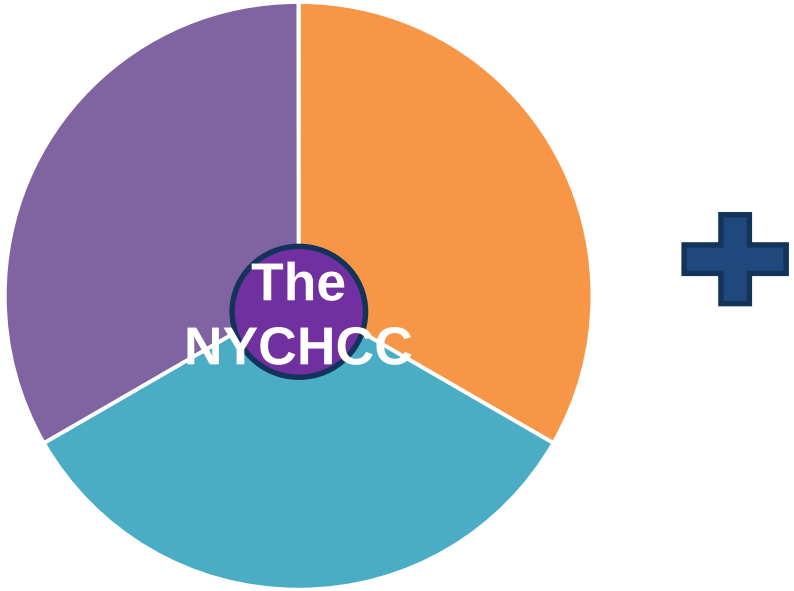
Next steps

- ❑Formalize relationship between HMExec, ESF-8, and NYC Healthcare Coalition Leadership Council and members
  - Complete NYC Healthcare Coalition Charter and preparedness plan
- ❑Set joint priorities for 2018



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AGENCY UPDATES

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NETWORKING BREAK

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WATER SERVICE DISRUPTION: PLANNING AND RESPONSE PANEL

- Public Health Engineering, NYC Department of Health and Mental Hygiene
- **Christopher Romano**, Area Office Director (Regional Life Safety Code Specialist), Manager-Medical Facility Certificate of Need/Architectural & Engineering Project Preoccupancy Inspection Unit, New York State Department of Health
- **Marlyn Duarte**, Citywide Health and Safety Plan Manager, Agency Preparedness & Response, NYC Department of Health and Mental Hygiene
- **Diana Eusse**, Corporate Energy Analyst, NYC Health + Hospitals
- **Robert Fitzhenry**, Director of Waterborne Disease Program, Communicable Diseases, NYC Department of Health and Mental Hygiene

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WATER SERVICE DISRUPTION PRESENTATION

Public Health Engineering, NYC Department of Health and Mental Hygiene

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WATER SERVICE DISRUPTION PRESENTATION

Christopher Romano, Area Office Director (Regional Life Safety Code Specialist), Manager-Medical Facility Certificate of Need/Architectural & Engineering Project Preoccupancy Inspection Unit, New York State Department of Health

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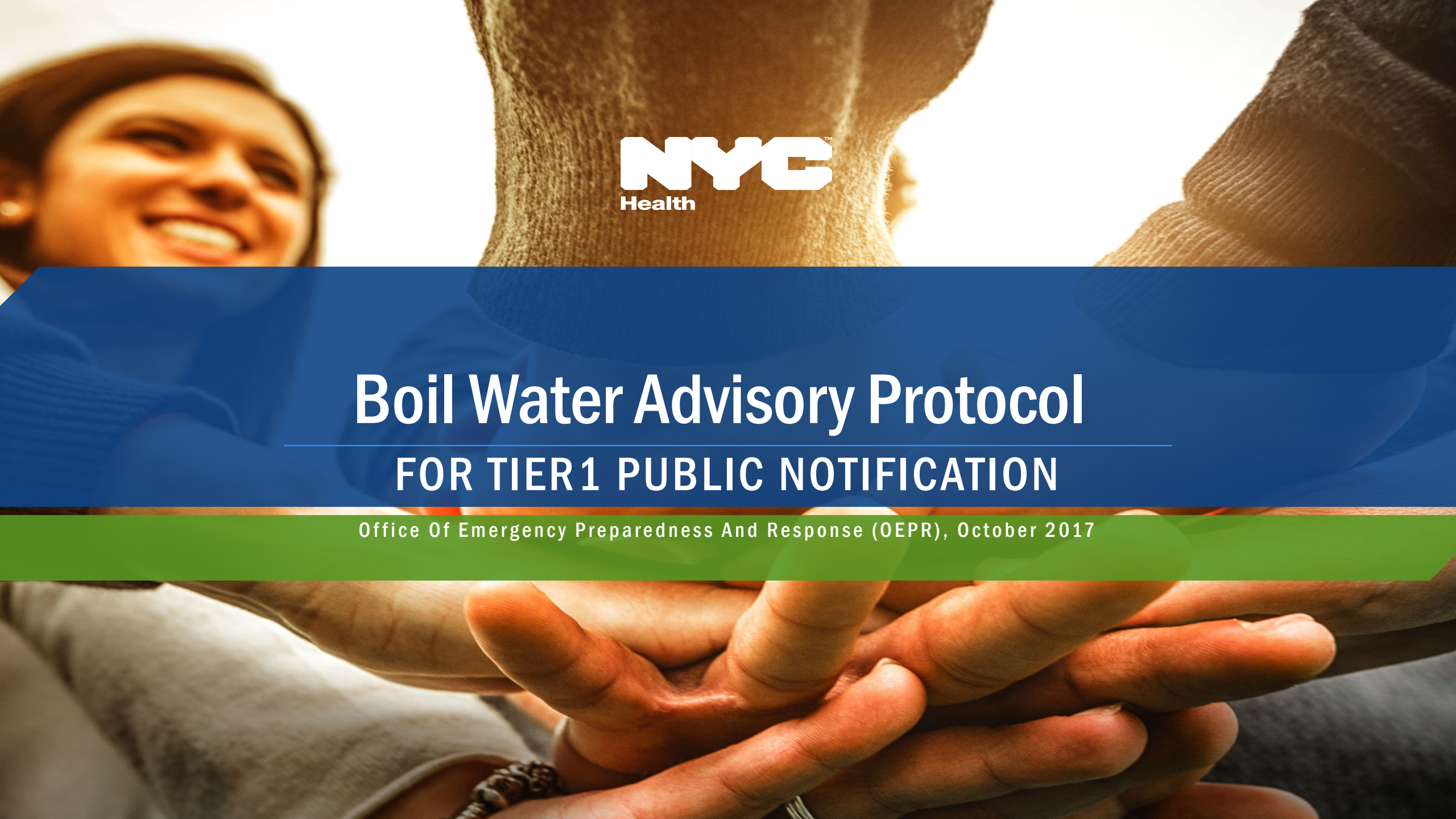

Boil Water Advisory Protocol

FOR TIER1 PUBLIC NOTIFICATION

Office Of Emergency Preparedness And Response (OEPR), October 2017

Marlyn Duarte
Citywide Health and Safety Program (CHASP) Manager
Office of Emergency Preparedness and Response (OEPR)

Overview

- When there is evidence the water supply is not safe for drinking, the NYC Department of Environmental Protection will issue a Boil Water Advisory (BWA) for the impacted area.

- The Public Notification Rule 65 FR 25982 of May 4, 2000, under the Safe Drinking Water Act, requires all Public Water Systems (DEP) to notify their consumers anytime there is situation posing a risk to public health.

Tier 1 Public Notification

- Tier 1 notification is the category of public notification required within 24 hours of learning of a public health hazard because of the potential risk to human health.
- If the impacted area has one or more Tier 1 facilities, those facilities must be notified within 24 hours.
- Conditions requiring Tier 1 notification include confirmed Coliform, E. coli tests (DEP testing facilities).

Tier 1 Facilities

- Schools
- Restaurants/Bodegas
- Health Care Facilities
- Nursing Homes
- Dialysis Centers
- Correction Facilities
- Hotels
- Child Care Facilities

DOHMH's Role

- DOHMH assists DEP in notifying and guiding Tier 1 facilities during a BWA.
- Notification can happen in various ways:
  - Door-to-door
  - Phone calls
  - Posted notices
  - Media (Twitter, Radio, TV)

Boil Water Advisory Protocol

- The Office of Emergency Preparedness and Response (OEPR) is working with various groups within DOHMH to create a protocol for Tier 1 public notification .
- The protocol will formalize the notification process within DOHMH and the public.
- Will be finalized by the end of 2017.


THANK YOU!

Emergency Preparedness

Preparing for and Responding to a Water Disruption

Diana Eusse, Corporate Energy Analyst, NYC Health + Hospitals

Background – NYC Health + Hospitals

- NYC Health + Hospitals is the largest public health care system in the US.
- Our network consists of 11 acute care hospitals, 5 post-acute/long-term facilities, 5 diagnostic and treatment centers.
- Our diagnostic and treatment centers offer only outpatient services with no overnight lodging.
- The remaining facilities offer a range of services, both inpatient and outpatient.

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Water Disruption Plan

- Mitigation plans need to be customized to fit the needs of the different levels of patient care.
- As required by regulatory agencies, each facility has its own utility disruption plan.
- Our experience has been that a tested water disruption plan is a best practice.
- Beyond the risks of losing water for clinical needs and operational functions such as instrument sterilization, food preparation and environmental services, a loss of water can also damage crucial medical and infrastructure equipment.
- Continuous access to water is a necessity if a hospital is to maintain operations following an event which disrupts water.

Elements of a Water Disruption Plan

- Ensure your water distribution maps are accurate and readily available to all staff. Details should include water services, cross-connects, service areas and systems, storage tanks, etc.
- Develop a multidisciplinary team to address the different areas that may be impacted.
- Determine the severity and length of time the water will be unavailable.
- Clinical decisions regarding patient care can be made after severity and length of disruption is determined.
- Mitigation plan should address both short-term and long-term circumstances, which might require evacuation of a facility.

Improving Mitigation Plans

- Constant awareness of water utility disruption plan – accuracy and accessibility are **KEY**!
- Open line of communication with local water supplier. Example: NYC DEP
- Ensure water service valves are functional, which can be done by exercising the valve and conducting controlled shutdowns.
- An understanding of water usage under normal operations compared to emergency conditions.
- Test communication methods to staff, patients and visitors.

Restart After Water Disruption

- Testing of the potable water system to identify any contamination – i.e., bacterial, debris buildup
- Check that valve positions (open or closed) are correct.
- After the facility returns to normal operations, a debriefing should be held to evaluate the water disruption plan's strengths and weaknesses.

Available Resources

- ASHRAE Standard 188-2015
- Joint Commission Resources
- NYC DOHMH – Water Safety Management Guidelines
- NYC DOB – Building Code

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THANK YOU!

ROLE OF BUREAU OF COMMUNICABLE DISEASE IN WATER SERVICE DISRUPTION

Robert Fitzhenry

Bureau of Communicable Disease
NYC Department of Health and Mental Hygiene
rfitzhenry@health.nyc.gov

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Bureau of Communicable Disease

- Monitors >90 reportable diseases and conditions
- Primarily electronic health records
- Maintains a waterborne disease risk assessment program to track diarrheal illness and ensure rapid detection of outbreaks

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Situations of concern

- Planned service disruption would result in a period of time where tap water is not potable
- Routine sampling activities may detect *E. coli* in drinking water, indicating that the water may be contaminated with other organisms
  - Boil water advisory would be issued by Department of Environmental Protection

- In either event, DOHMH would monitor surveillance systems to track potential increases in diarrheal disease

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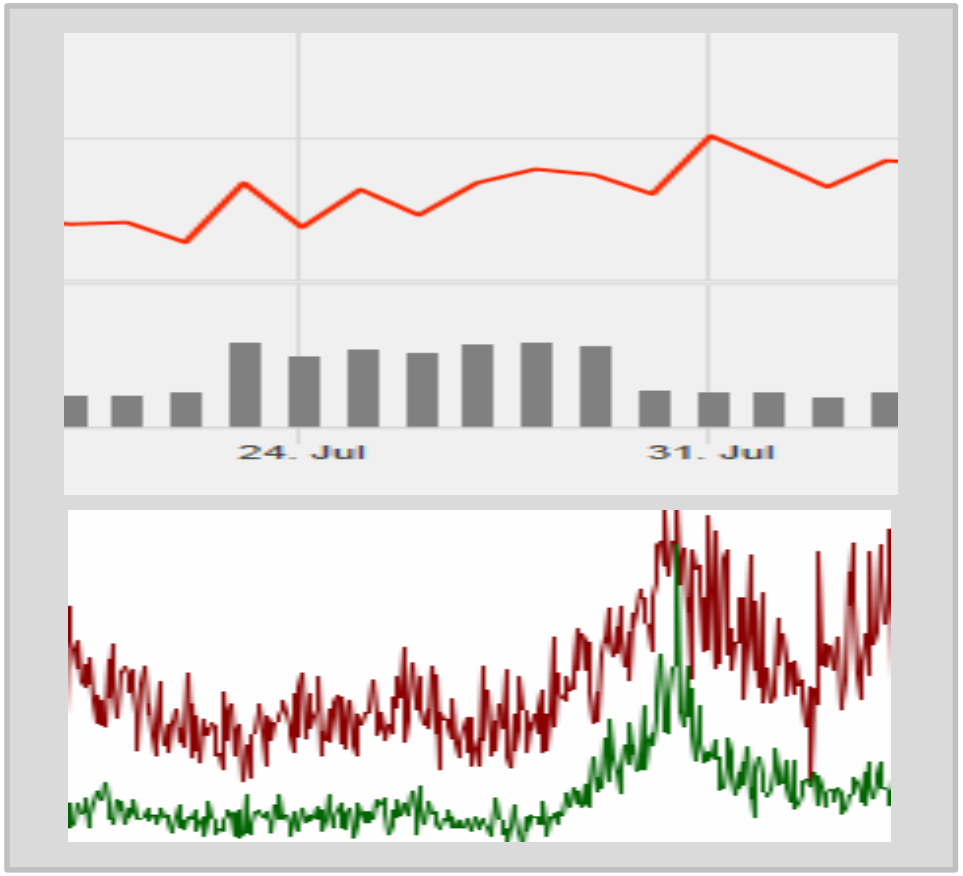
Surveillance for diarrheal disease

Several disease surveillance systems in place:

- ❑Over-the-counter antidiarrheal medications at pharmacies
- ❑Chief complaints reported daily to NYC emergency departments
- ❑Track number of stool submissions at clinical laboratories



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Disease identification and reporting

- In the event of a boil water alert or planned service disruption, providers will be urged to test for diarrheal pathogens to guide treatment and help identify outbreaks in affected neighborhoods

- DOHMH will issue a provider alert with details including areas affected and information to give to patients

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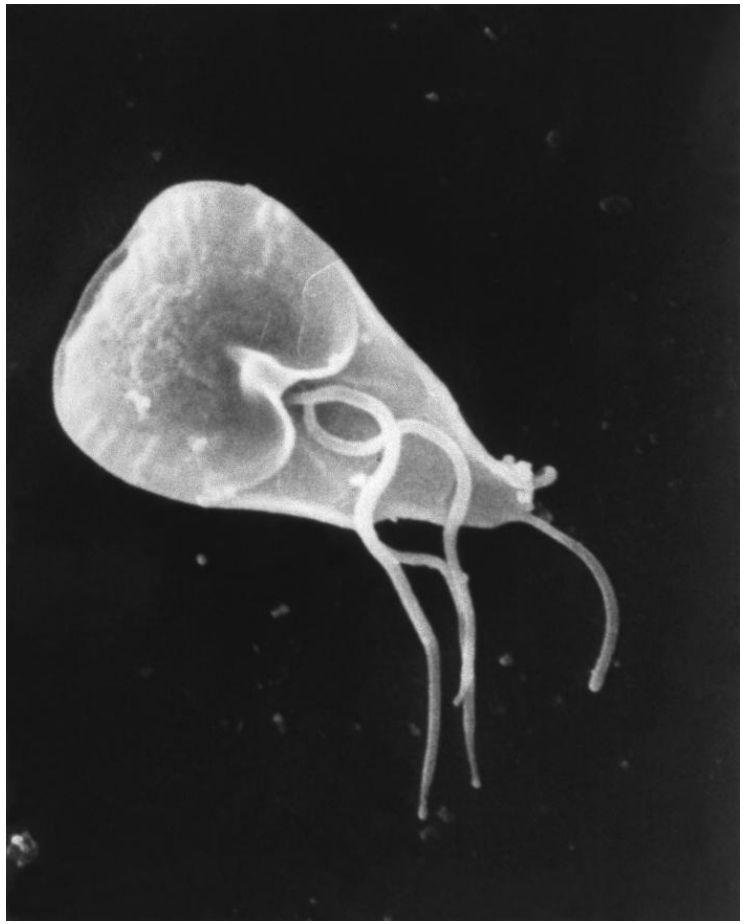
Disease identification and reporting

- Patients with HIV/AIDS and other immunocompromising conditions, infants, young children, the elderly and pregnant women may be especially vulnerable to infection

- Bacterial pathogens, enteric viruses such as hepatitis A, parasites *Cryptosporidium* spp. and *Giardia* spp.



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How to report

NYC's Health Code Article 11 requires that certain diseases and conditions be reported to DOHMH

- ***Immediately upon suspicion***
  - Cholera
- ***Immediately in high risk case***
  - Amebiasis
  - Hepatitis A
  - Cryptosporidiosis
  - Giardiasis
  - Salmonellosis
  - Campylobacteriosis
  - Food poisoning (>2 people)
  - Typhoid fever
  - Shigellosis
  - STEC
- ***Within 24 hours***
  - Cyclosporiasis

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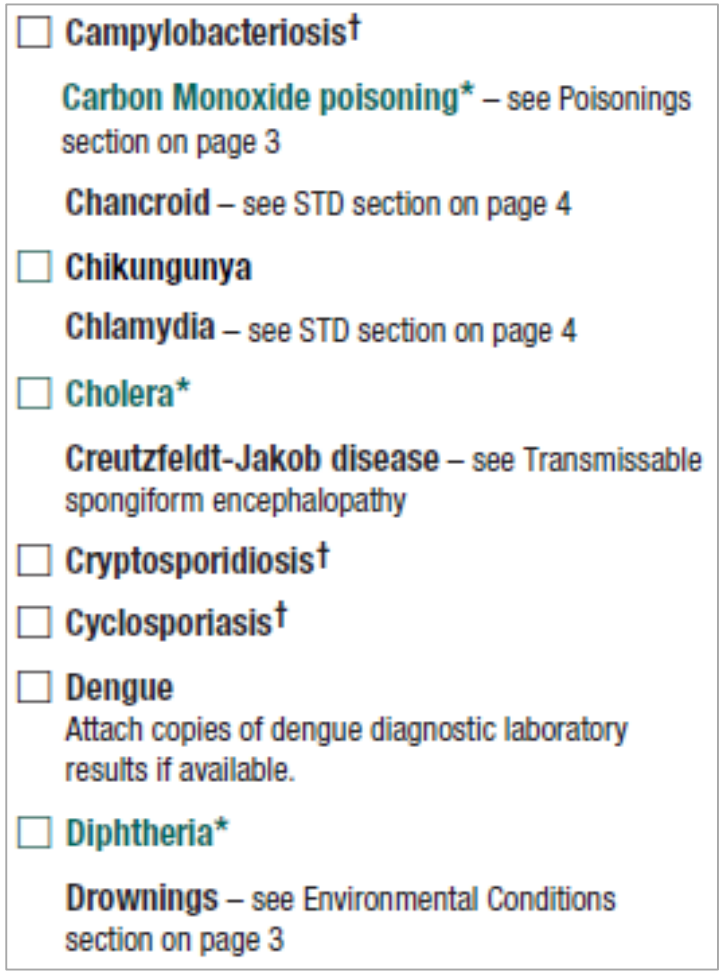
How to report

- Immediate reporting – call the Provider Access Line at 866-692-3641
- Log into NYCMED to access Reporting Central
- Website: http://www1.nyc.gov/site/doh/providers/reporting-and-services/notifiable-diseases-and-conditions-reporting-central.page
- If you cannot report electronically you can fax or mail a paper Universal Reporting Form available online



☐ **Campylobacteriosis†**

Carbon Monoxide poisoning* – see Poisonings section on page 3

Chancroid – see STD section on page 4

☐ **Chikungunya**

Chlamydia – see STD section on page 4

☐ **Cholera***

Creutzfeldt-Jakob disease – see Transmissable spongiform encephalopathy

☐ **Cryptosporidiosis†**

☐ **Cyclosporiasis†**

☐ **Dengue**
Attach copies of dengue diagnostic laboratory results if available.

☐ **Diphtheria***

Drownings – see Environmental Conditions section on page 3

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Boil water advisory – general advice

- Water should be brought to a full rolling boil for at least one minute
- Water should not be used for cooking, drinking, washing fruit & vegetables, brushing teeth
- Water can be used for cleaning, handwashing and bathing, dish washing (as long as dishes are dried before use)
- Do not make ice with tap water

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NYC Health

THANK YOU!

Any Questions?

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NETWORKING LUNCH

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COASTAL STORM PLANNING PANEL

- **Aaron Belisle**, Acting Director, Emergency Planning Unit, NYC Department of Health and Mental Hygiene
- **Robert Bristol**, Health and Medical Specialist, New York City Emergency Management
- **Michael Perillo**, Manager, Health Care Facilities Preparedness, New York State Department of Health
- **Patricia Moran**, Health Care Facilities Preparedness, New York State Department of Health

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NYC DOHMH ROLE IN COASTAL STORM RESPONSE / SUMMARY OF COASTAL STORM OPERATIONAL OVERVIEW

Aaron Belisle, Acting Director, Emergency Planning Unit, NYC Department of Health and Mental Hygiene

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NYC's Healthcare System

70 Acute Care and Psychiatric Hospitals

1,400 Residential Providers

Community-based providers in 10,000+ buildings

Home-based providers serving >100,000 New York City residents

Source: Special Initiative for Rebuilding and Resiliency Report, June 11, 2013

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Healthcare facility regulatory framework

- Healthcare facilities are primarily regulated by New York State
  - Department of Health (NYS DOH)
  - Office of Mental Health (NYS OMH)
  - Office of Alcoholism and Substance Abuse Services (NYS OASAS)
- Buildings must meet local fire codes (Fire Department of NYC)
- All hospitals in NYC are accredited by The Joint Commission (TJC)
- Providers must adhere to conditions of participation for Centers for Medicare & Medicaid Services (CMS)

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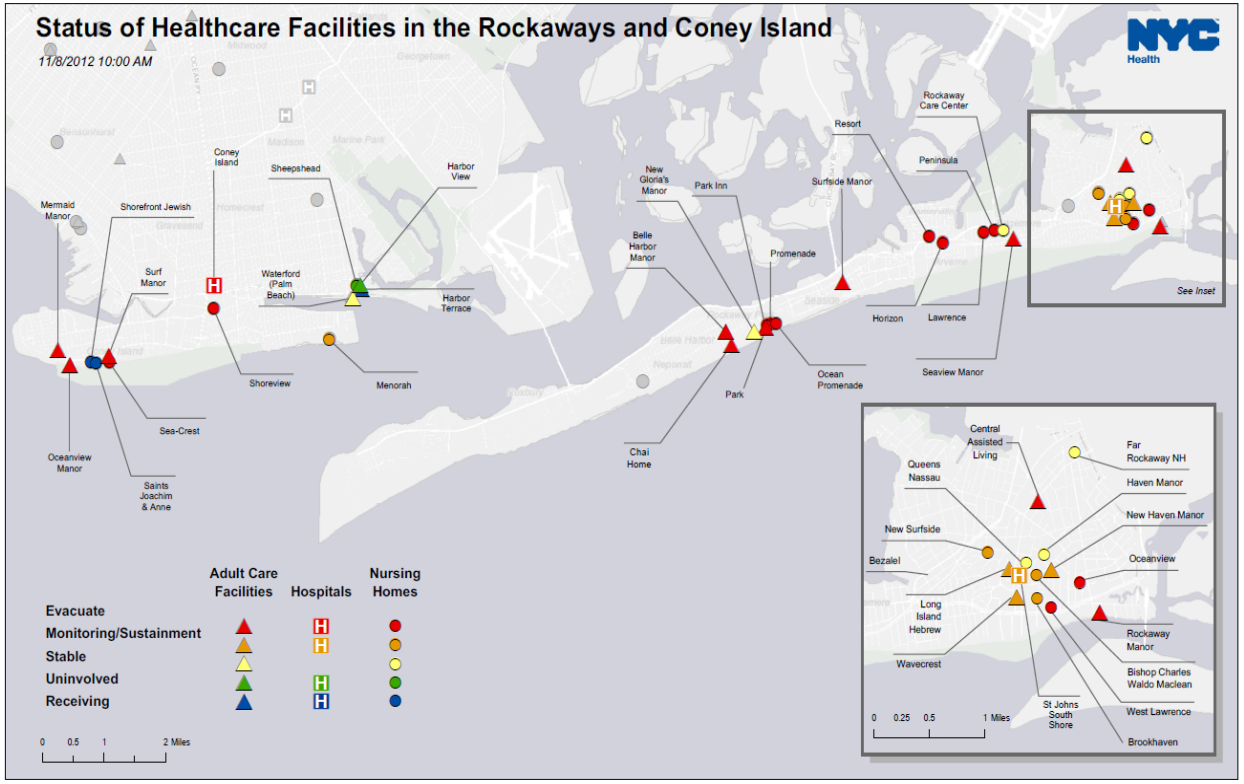
Healthcare services are interdependent

- NYC Hospitals have well-developed emergency plans for evacuation and shelter in place
- Long term care facilities are more vulnerable
- Vulnerabilities in non-acute care sectors have direct and immediate impact on hospitals



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Healthcare evacuation decision-making is complex

- Decision must be made >72 hours before zero hour
  - Storm forecast likely to be uncertain
- Risks of evacuating fragile patients may outweigh risks of shelter in place
  - Consequences of decision impact life and death
- Hindsight will always be 20/20
  - Decision makers will be criticized for bad outcomes

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Large-scale multi-facility evacuations require planning and response coordination

- Challenges related to large-scale multi-facility evacuations
  - Lack of standardized definitions for bed types decreases efficiency
  - Patients may be evacuated without critical demographic and clinical information
  - Receiving facility providers have difficulty accessing patient medical records
  - Receiving facilities need ability to rapidly credential staff that follow patients from a sending facility

- Critical elements of response coordination for evacuations
  - HEC operation needs to be coordinated with ESF-8 (Health and Medical)
  - Information sharing between healthcare facilities and agencies

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Need for surge space of different types

- Special Medical Needs Shelters (SMNS) not an appropriate location for residents of nursing homes and adult care facilities
- Long term care facilities typically operate at 100% capacity
- Barriers to increasing surge capacity in long term care sector

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Planning needs to take into account immediate and long-term interruptions to healthcare services

- Ambulatory care services in hardest hit areas remained closed for weeks
- Mental health and behavioral health services must also be considered
- Some long term care facilities never reopened
- Better coordination of mobile medical clinic resources may help mitigate access to care challenges after a disaster

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DOHMH programs for long term care facilities

- Emergency Radio Communication Program
  - DOHMH purchased 700 MHz radios for all long term care facilities in NYC
  - NYC Emergency Management provides training and monthly tests
  - 96% of NYC's 248 facilities are currently participating

- Long Term Care Emergency Management Program (LTCEMP)
  - Began as pilot in 2013
  - Provides 3 daylong learning sessions and bi-weekly, on-site coaching
  - Facilities complete an emergency operations plan and conduct a tabletop exercise
  - 116 Nursing Homes and 18 Adult Care Facilities will have completed the program by June 2017

- Long Term Care Exercise Program and Long Term Care Continuity Program available to those facilities that complete LTCEMP

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Patient Movement Workgroup

Co-led by NYC DOHMH and Greater New York Hospital Association (GNYHA); started in 2015

- Inter-disciplinary group of hospital representatives
  - Emergency management
  - Transfer centers
  - EMS
  - Emergency medicine
  - Nursing
  - Credentialing

- Accomplishments:
  - Guidance for standard patient transfer forms and face sheets
  - Planning worksheet to facilitate advance planning for access of medical records between receiving and sending hospitals
  - Standardized bed definitions to help match patients to appropriate beds
  - Draft disaster credentialing guidance document and toolkit

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Key messages

- Coastal storm planning is a year-round activity
- Supporting all facilities to respond to coastal storms has potential to increase resiliency for all events
- The 3 C's: Coordination, collaboration, communication
  - Relationships built in preparedness phase are invaluable during response
  - Addressing complex and challenging problems requires team approach

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Coastal Storm Operations Overview

- Prepared specifically for healthcare facilities to provide an overview of potential city operations during a coastal storm

- Provides specific planning considerations, such as:
  - Storm timelines
  - Potential healthcare facility impacts
  - Evacuation
  - Shelter-in-Place information

NYC COASTAL STORM OPERATIONS OVERVIEW

PREPARED FOR HEALTHCARE FACILITIES

Last Updated: June 16, 2017

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MAJOR COASTAL STORM OPERATIONS

Robert Bristol, Health and Medical Specialist, New York City Emergency Management

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COASTAL STORM PLANNING FOR THE HEALTHCARE SECTOR

October 18th, 2017

OVERVIEW

- NYC Emergency Management
- ESF-8 Health and Medical
- Coastal Storm Plan
- Transportation Branch
- Homebound Evacuation Operation (HEO)
- Sheltering
    - Special Medical Needs Shelters (SMNS)
- Public Messaging

NYC Emergency Management

OEM

NYC EMERGENCY MANAGEMENT

WHO WE ARE:

Over 200 diverse professionals with expertise in planning, emergency response, public health, human services, transportation, law, policy, technology, communications, GIS, external affairs, continuity of operations, logistics, and many other areas as needed.

OUR MISSION:

- **Plan and prepare for emergencies**
- **Educate the public about preparedness**
- **Coordinate response and recovery**
- **Collect and disseminate emergency information**

What is ESF-8?

ESF-8 is the public health and medical services emergency support function under the National Response Framework (NRF).

Purpose and Scope

- Assessment of public health/medical needs
- Health surveillance
- Medical care personnel
- Health/medical equipment and supplies
- Patient evacuation
- Patient care
- Behavioral health care
- Mass fatality management

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COASTAL STORM PLAN (CSP)

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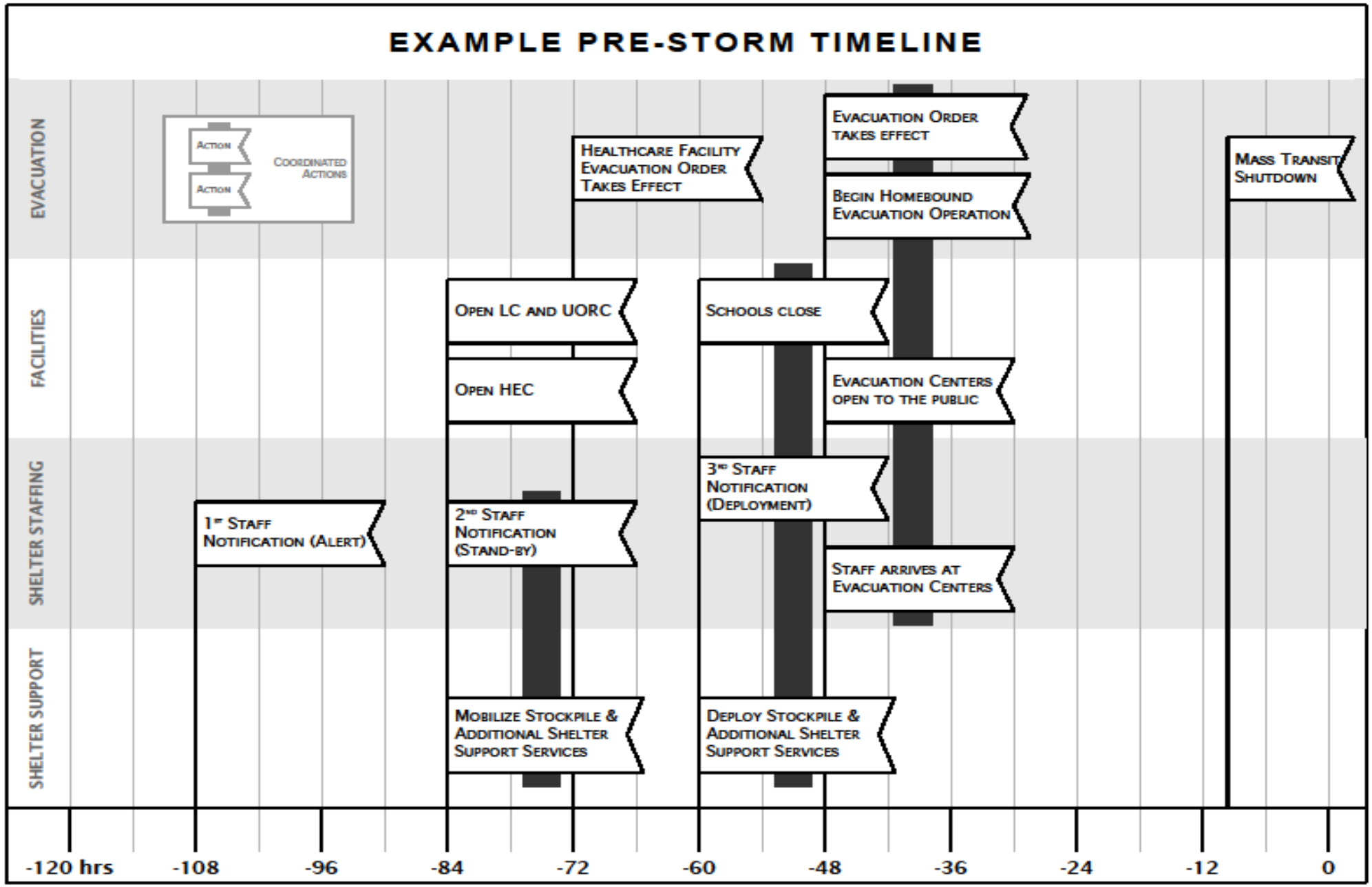
Coastal Storm Plan

- The Coastal Storm Plan (CSP) describes a citywide response to a large-scale coastal storm, particularly a hurricane.

- The CSP is comprised of eight scalable, stand alone plans, each of which describes various operational strategies needed to respond to a coastal storm

  - Coastal Storm Activation Playbook
  - Special Needs Advance Warning System
  - Evacuation
  - Healthcare Facility Evacuation
  - Sheltering
  - Logistics Center
  - Emergency Public Information Plan
  - Recovery and Restoration

NYC COASTAL STORM PLAN



TRANSPORTATION BRANCH

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Transportation Branch

When active, the Transportation Branch serves as:

- The sole source of coordination and dispatch of Healthcare Facility Evacuation Center (HEC) transportation operations.
- The primary point for reporting and coordination for Homebound Evacuation Operations (HEO).
- The single point of coordination for requests for accessible transportation resources outside of existing agency or unified sheltering operations.

Transportation Branch

The Transportation Branch can support:

- Healthcare Facility Evacuation Center (HEC)
- Homebound Evacuation Operation (HEO)
- Coastal Storm General Population Evacuation
- Sheltering – Shelter Command Center
- Post-Emergency Canvassing Operation (PECO)
- Area Evacuation

HOMEBOUND EVACUATION OPERATION (HEO)

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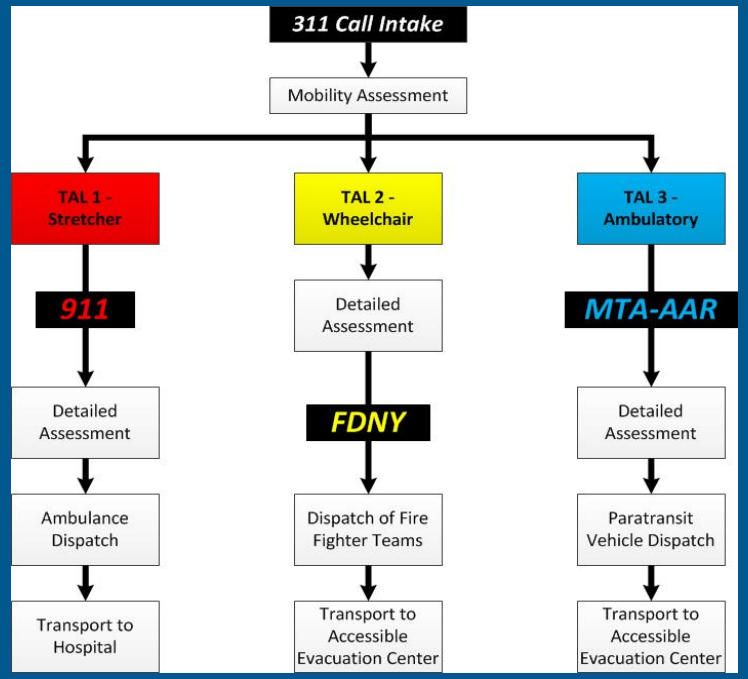
Homebound Evacuation Operation

- Homebound Evacuation Operation (HEO) coordinates evacuation assistance for homebound individuals without alternative means of evacuation.

- Individuals needing assistance can call 311 and be transferred to the appropriate resources depending on their mobility needs.



Transportation Assistance Levels

TAL 1

Individuals who are not able to leave their homes on their own and unable to travel in a sitting position.

Caller is transferred to EMS via 911 Dispatch System.

FDNY Ambulance is dispatched to the residence and individual is transported to local hospital.

Transportation Assistance Levels

TAL 2

Individuals who cannot leave their homes on their own and are able to sit for an extended period of time.

Caller information is taken and forwarded to FDNY borough dispatch.

DOE School Bus and FDNY Firefighter Transport Team (FFTT) responds to the residence and individual is transported to nearest Evacuation Center.

Transportation Assistance Levels

TAL 3

Individuals with disabilities who are able to leave their homes on their own or with assistance but are unable to access public transportation to travel to an Evacuation Center.

Caller is transferred to MTA Paratransit Dispatch.

MTA Paratransit Access-A-Ride is dispatched to the residence and individual is transported to nearest Evacuation Center.

SHELTERING

NYC Emergency Management

OEM

Sheltering Plan

- The **Sheltering Plan**, a component of the CSP, outlines systems, processes, and procedures implemented to activate and manage emergency sheltering system.

- Shelters provide safe refuge from coastal storm hazards such as strong winds, flooding, or storm surge.

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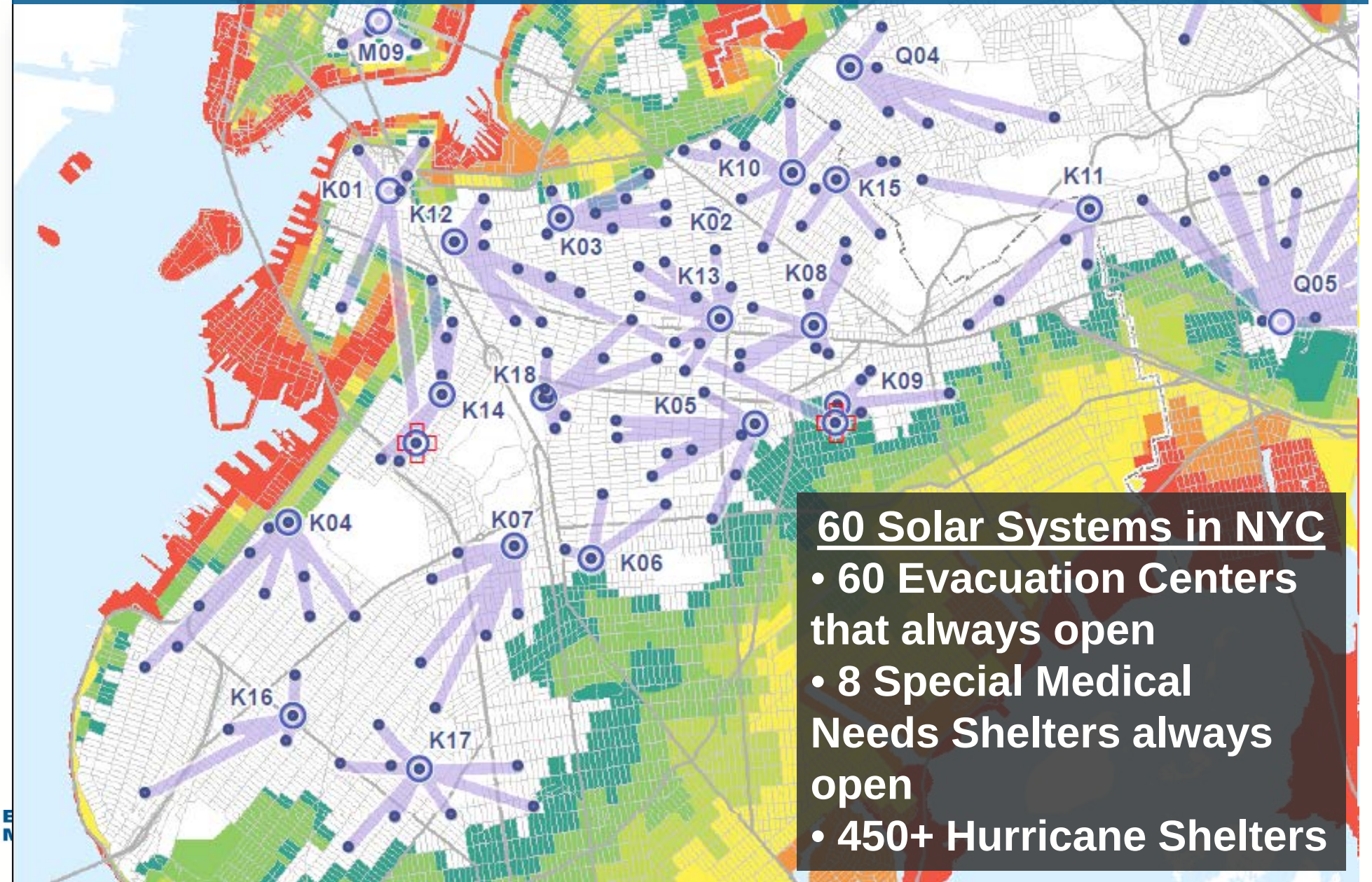
CSP Sheltering: Shelter Universe



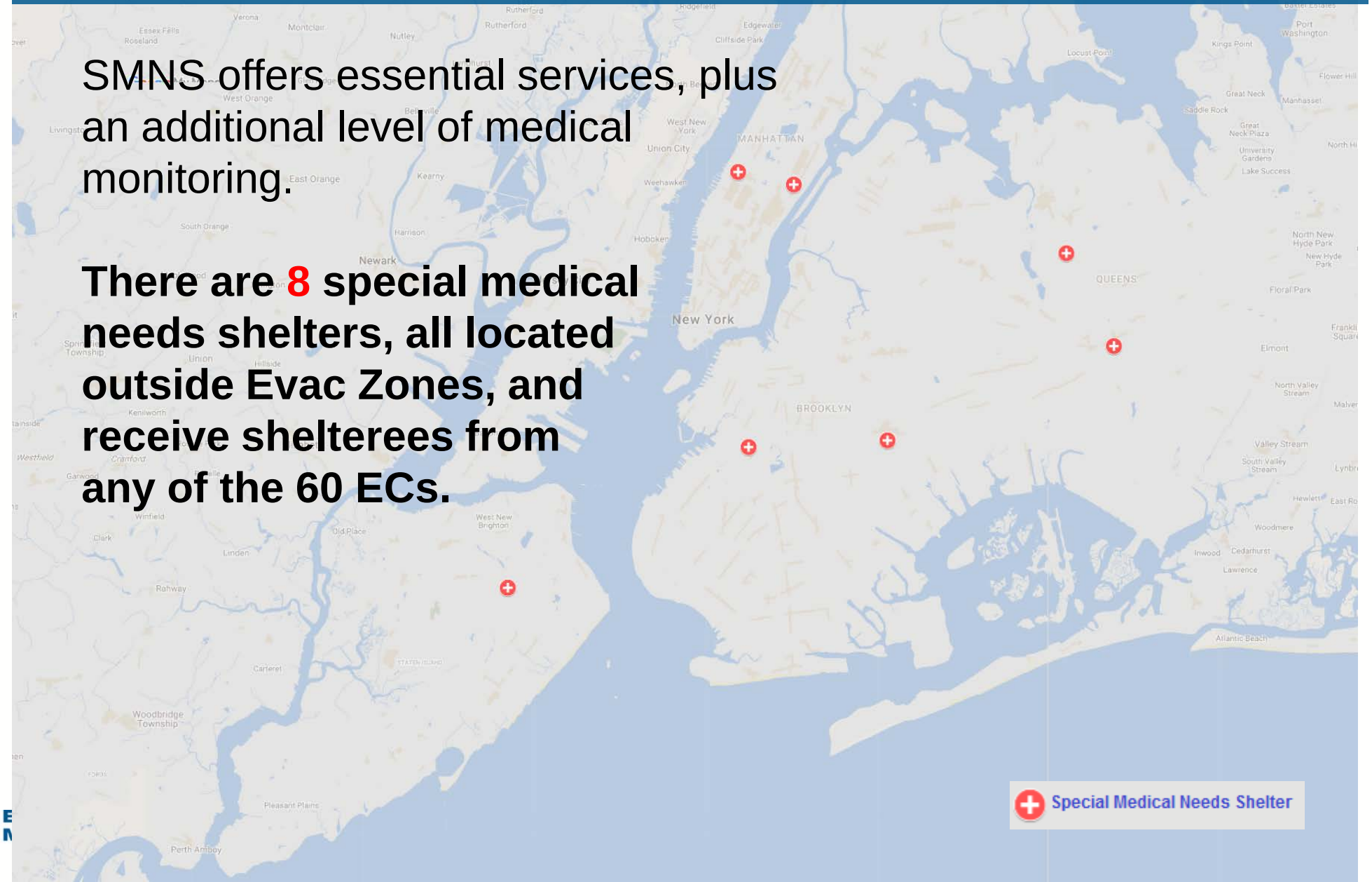
60 Solar Systems in NYC

- 60 Evacuation Centers that always open
- 8 Special Medical Needs Shelters always open
- 450+ Hurricane Shelters

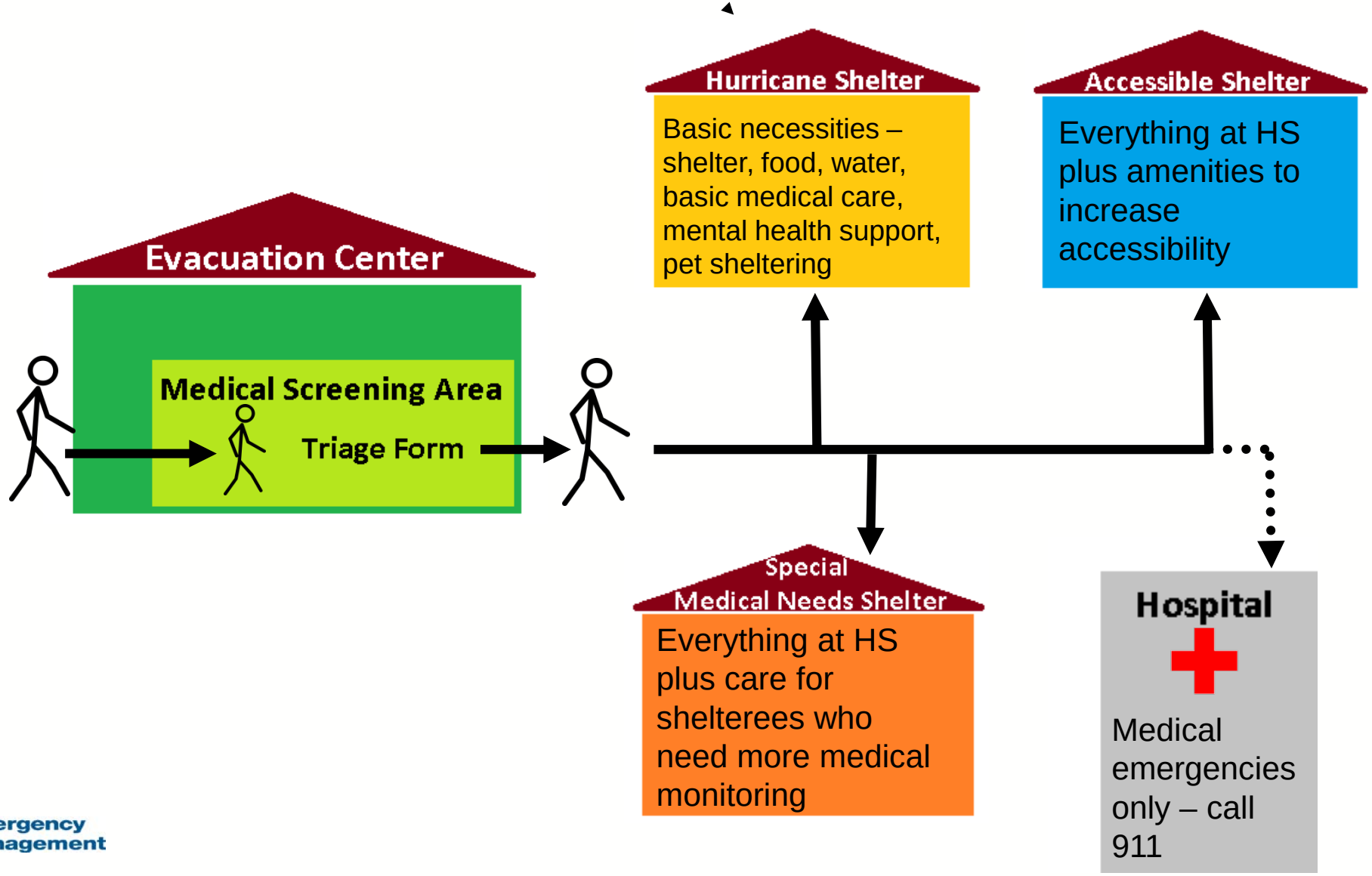
Special Medical Needs Shelter

SMNS offers essential services, plus an additional level of medical monitoring.

There are 8 special medical needs shelters, all located outside Evac Zones, and receive shelterees from any of the 60 ECs.



How are Shelterees Directed to an SMNS?



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SMNS Inclusion Criteria

- Diabetic who needs assistance with glucose monitoring and has no caregiver assistance.
- Requires help taking medications and has no caregiver assistance.
- Requires assistance with activities of daily living (ADLs) and has no caregiver assistance.
- Requires wound care or sterile technique for care and has no caregiver assistance.
- Require nebulizers or other types of treatments to be administered by medical personnel.

NYC Emergency Management

SMNS Inclusion Criteria

- Visual, hearing, or gait issues that require medical assistance such as personal care or help taking medications.
- Oxygen dependent 3L or less of oxygen with own supply.
- Scheduled for advanced home care services that will be provided by the home care agency in the SMNS.
- Neurocognitive Disorders such as Alzheimer’s, other dementia, or debilitating stroke that required medical intervention for safety and wellness.

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PUBLIC MESSAGING

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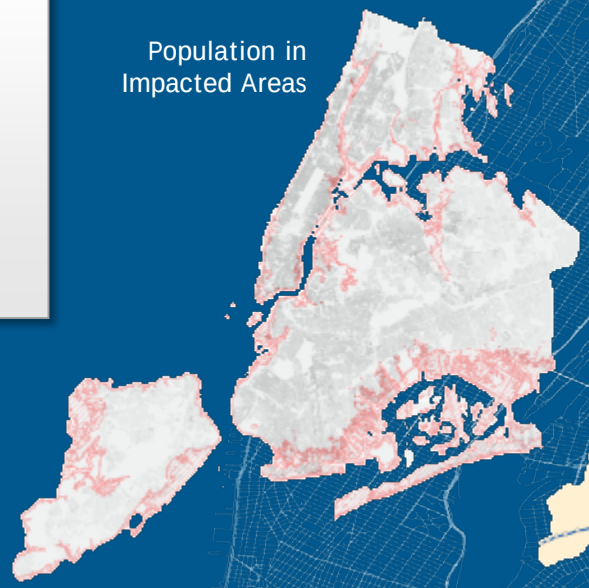
Collecting and Disseminating Information

Through its Geographic Information Systems (GIS) division, OEM can easily map data—from flood zones and local infrastructure to population density and road closures—before, during, and after an emergency.

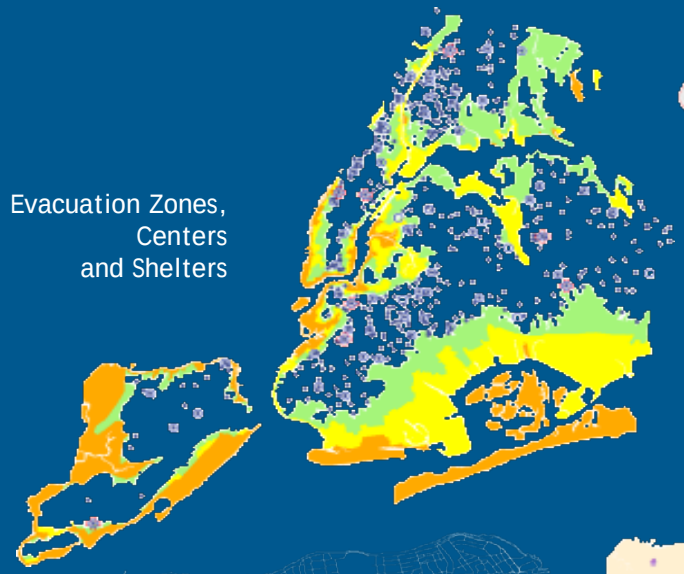
- During emergencies, GIS enables emergency managers to quickly access relevant data about an affected area.

Maps created by OEM's GIS Division during Hurricane Sandy, October – November 2012

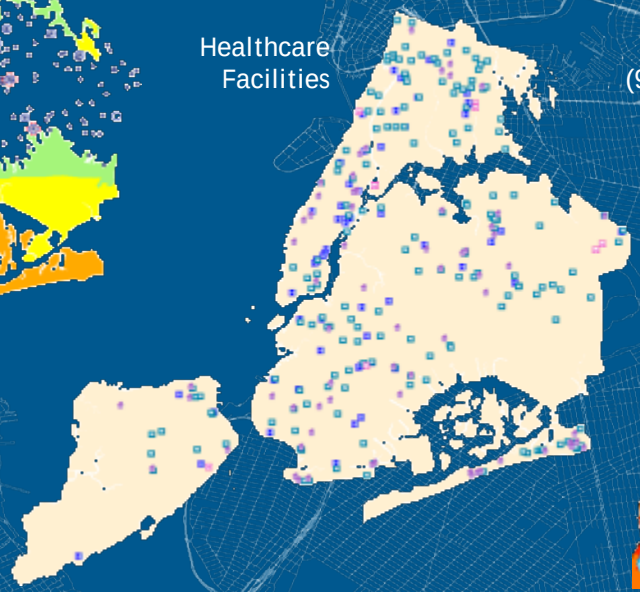


Population in Impacted Areas

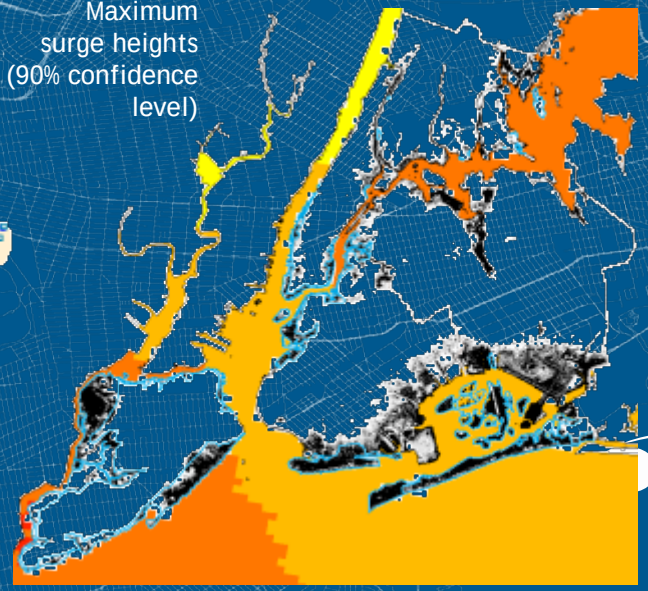
Public Transportation - Subways



Evacuation Zones, Centers and Shelters



Healthcare Facilities



Maximum surge heights (90% confidence level)

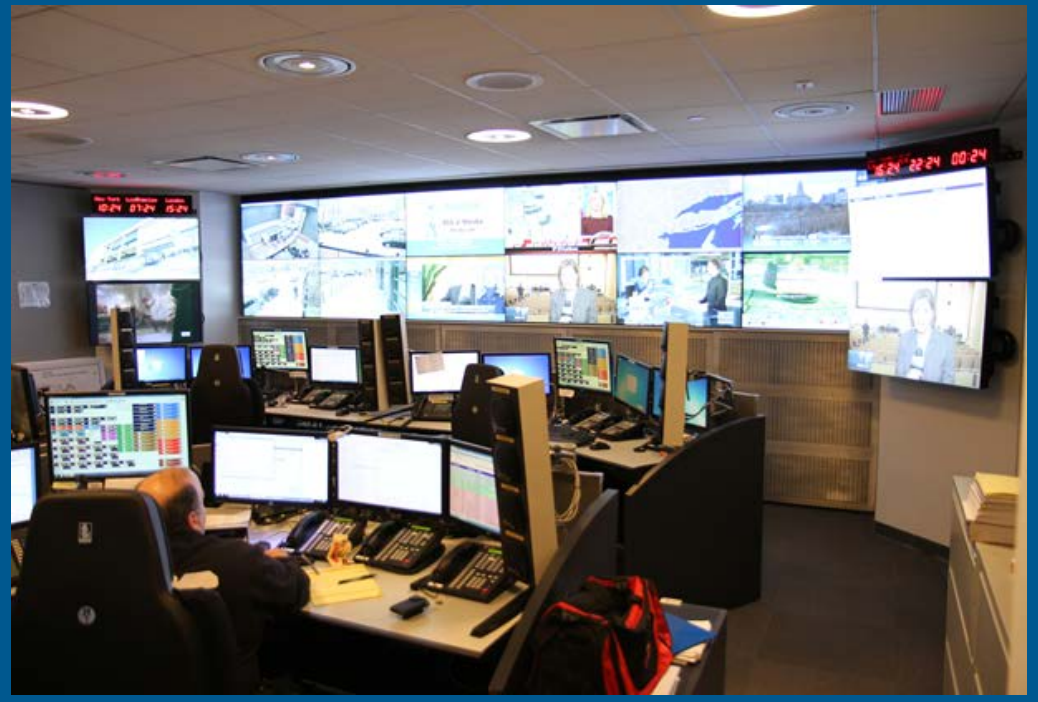
NYC Emergency Management

OEM

NYCEM Watch Command

- Watch Command monitors citywide radio frequencies, local, national and international media, and weather 24 hours a day, seven days a week.

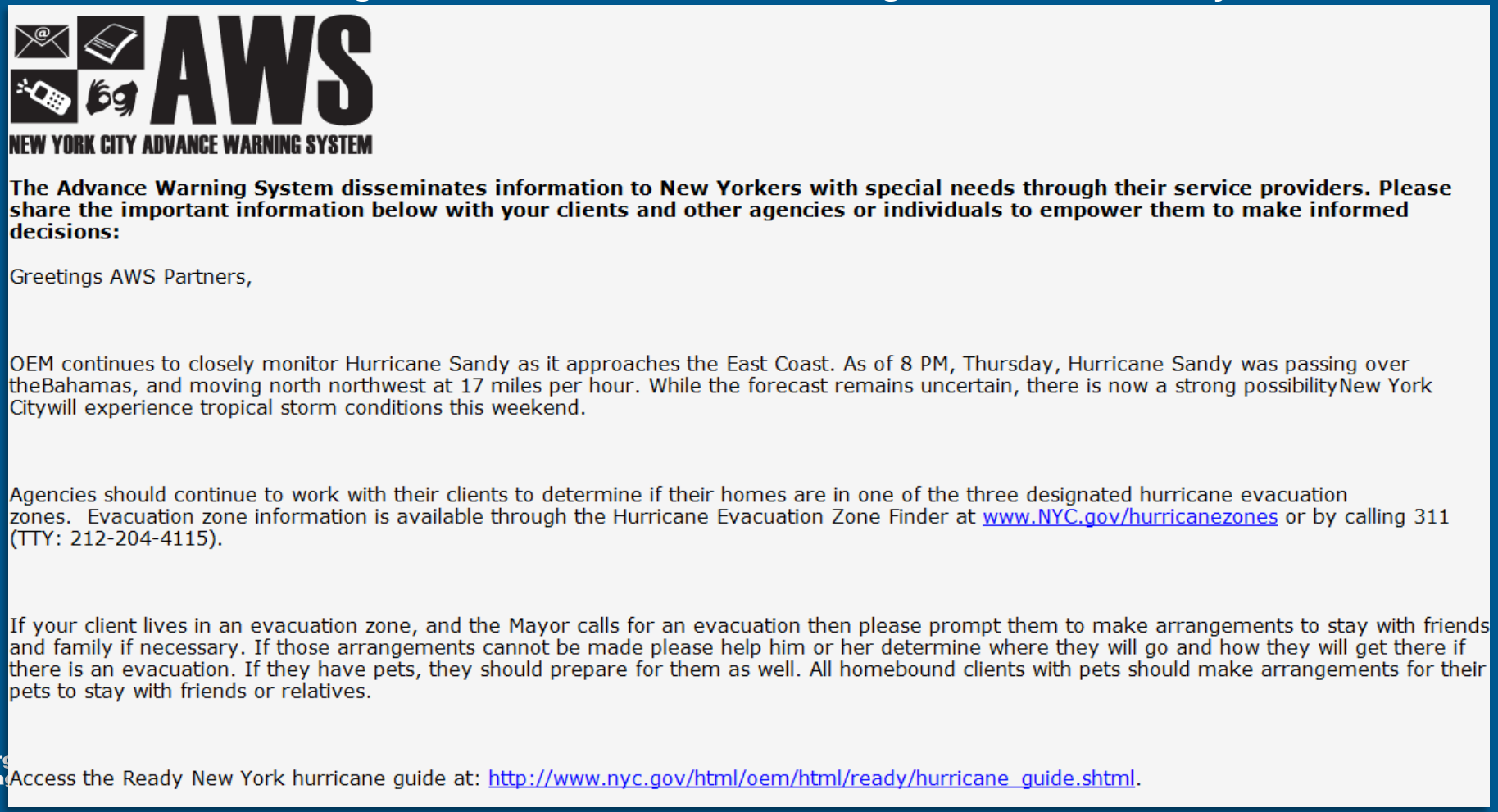
- This unit is also responsible for managing Notify NYC, the City's emergency communications program.



NYC Emergency Management

Advanced Warning System

- Includes over 1,500 government agencies and not-for-profits with approximately 623,000 clients.
- 16 AWS messages were sent before, during, and after Sandy.



AWS

NEW YORK CITY ADVANCE WARNING SYSTEM

The Advance Warning System disseminates information to New Yorkers with special needs through their service providers. Please share the important information below with your clients and other agencies or individuals to empower them to make informed decisions:

Greetings AWS Partners,

OEM continues to closely monitor Hurricane Sandy as it approaches the East Coast. As of 8 PM, Thursday, Hurricane Sandy was passing over theBahamas, and moving north northwest at 17 miles per hour. While the forecast remains uncertain, there is now a strong possibilityNew York Citywill experience tropical storm conditions this weekend.

Agencies should continue to work with their clients to determine if their homes are in one of the three designated hurricane evacuation zones. Evacuation zone information is available through the Hurricane Evacuation Zone Finder at www.NYC.gov/hurricanezones or by calling 311 (TTY: 212-204-4115).

If your client lives in an evacuation zone, and the Mayor calls for an evacuation then please prompt them to make arrangements to stay with friends and family if necessary. If those arrangements cannot be made please help him or her determine where they will go and how they will get there if there is an evacuation. If they have pets, they should prepare for them as well. All homebound clients with pets should make arrangements for their pets to stay with friends or relatives.

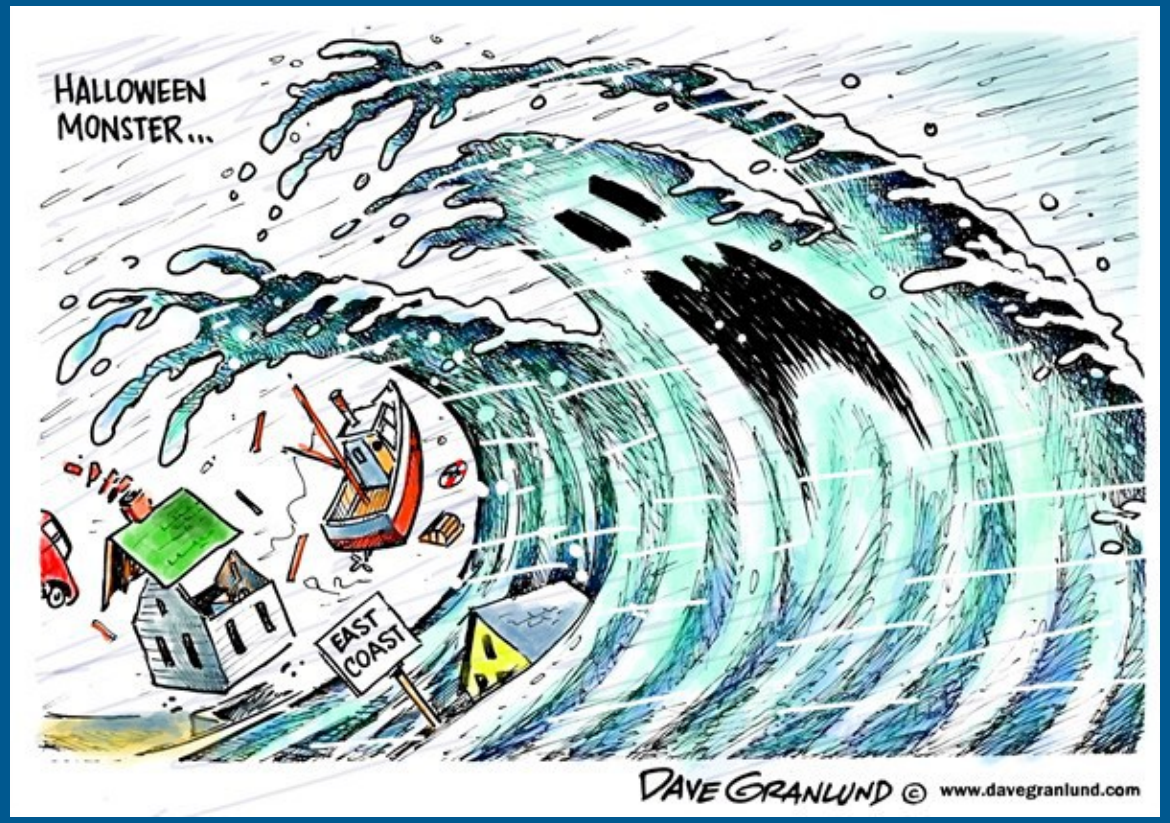
Access the Ready New York hurricane guide at: http://www.nyc.gov/html/oem/html/ready/hurricane_guide.shtml.

Emergency Radio Communication Program (ERCP)

- Program established by NYCEM and DOHMH to address communication capabilities of healthcare facilities in NYC.
- Provides a communication method of last resort, should normal communication methods become compromised or inoperable.
    - Facilities are expected to utilize normal modes of communication first and follow their standard operating procedures during emergencies (i.e., calling 911 and reaching out to parent organizations and/or associations).
- Provides a mode of situational awareness and communication from NYCEM Watch Command during emergencies and disasters.

NYC Emergency Management

QUESTIONS?



Contact the Health and Medical Unit at:

HealthMedical@oem.nyc.gov

NYC Emergency Management

Coastal Storm Planning Panel

Health Commerce System (HCS) Applications and Planning

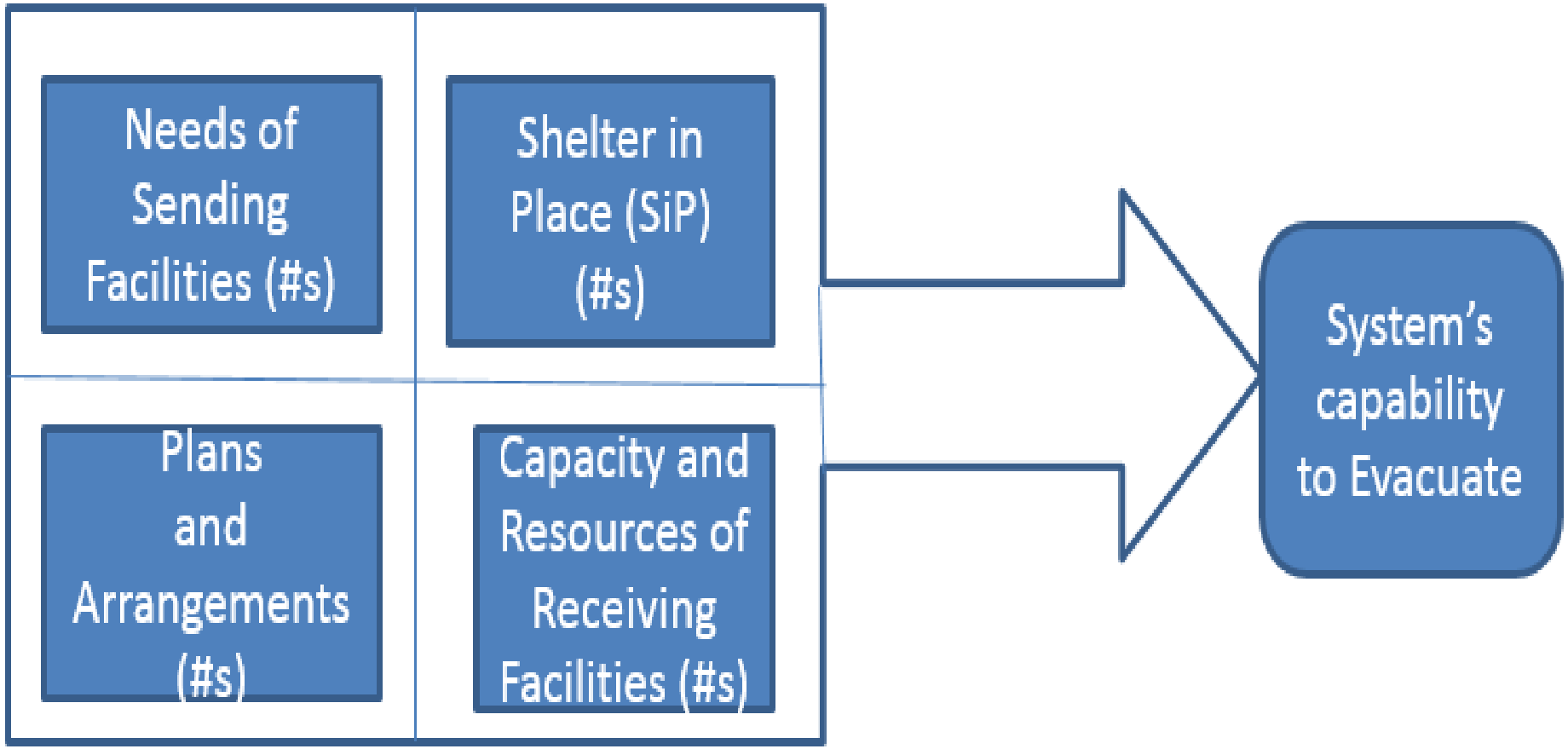
New York City Department of Health
and Mental Hygiene

Michael Perillo
Pat Moran

October 18, 2017

NEW YORK STATE OF OPPORTUNITY. Department of Health

Coastal Storm Planning Panel - HCS Applications and Planning



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Partner Commitment and Planning

- NYSDOH, NYCDOHMH, NYEM, GNYHA
- Committed to providing support to the health care facilities to enhance their coastal storm planning through maximum use of the Facility Profile Application.
- Designing a multiphase plan to begin early 2018
  - Defined Compliance
  - Shared Notices
  - Data Reviews and Reports
  - Ongoing Support
  - Training

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The Profile Application

- Combined the information from and eliminated the need for yearly CSP surveys

- Resulted in a **new, streamlined and updateable Planning Tool**
  - Resides on the Health Commerce System (HCS)
  - Designed as a planning tool to facilitate the development and maintenance of HCF coastal storm/flood related evacuation planning information.
  - Includes information on evacuating and receiving facilities and the send-receive arrangements between them.
  - Went live to the 307 New York City (NYC) HCFs in July 2015.

  - **Note: designed to be used in conjunction with and does not replace direct facility dialogue to develop send – receive arrangements!**

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Arrangement Screen PA v 2.0

Z-Test Receiving Nursing Home (8889)

angement View

Sender Facility Z-Test Sending Nursing Home(8887), Albany

Receiver Facility Z-Test Receiving Nursing Home(8889), Albany

Priority Contingency

Arrangement Total ☑ **By Patient/Resident Type**

Required! Please specify counts below

Adult Resident		**Peds Resident**		**TBI Sub-acute Care**		**Adult Sub-acute Rehab**	
Peds Sub-acute Rehab		**Ventilator Access**		**Adult Piped O2**		**Peds Piped O2**	
Dementia		**Bariatric**		**Other**		**Non Traditional Surge Bed**	

Materials to send: ☑ Staff ☐ Equipment and Supplies ☐ Transportation Resources ☐ None

Other Materials

Last Attested By:

Last Attested Date:

Arrangement Status: PENDING

☐ I have made any and all changes needed to ensure that the information is complete, accurate and up to date as of 10/12/2017 02:08:00 PM

Approve | Do Not Approve | Cancel

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Population To Evacuate Screen PA v 2.0

Complete this table in consultation with your facility's emergency management and bed discharge planners.

You will need:

- a count of your facility's **STAFFED** or **OPERATIONAL** beds
- **TODAY's** census of each bed type

Global Search...

▲Bed Types	Staffed Or Operational Beds	Today's Census	24 Hrs Estimated Rapid Discharge	Population To Evacuate (PTE)
Adult Piped O2	10	9	1	8
Adult Resident	80	78	2	76
Adult Sub-acute Rehab	0	0	0	0
Bariatric	0	0	0	0
Dementia	20	19	1	18
Non Traditional Surge Bed	0	0	0	0
Other	0	0	0	0
Peds Piped O2	0	0	0	0
Peds Resident	0	0	0	0
Peds Sub-acute Rehab	0	0	0	0
TBI Sub-acute Care	0	0	0	0
Ventilator Access	10	9	0	9
Totals:	**120**	**115**	**4**	**111**

Supplemental Totals	PTE : 111	Send/Receive Arrangements : 0		PAR : 0%

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Use and Value of PA Data

- Health Care Facilities
  - Helps to complete Evacuation Planning
    - Numerical based, comprehensive description of HCF evacuation planning
    - Number, type, order, resources and process of patients/residents may need to evacuate
    - Decision making, evacuation order or non order incident
  - Send–Receive Arrangements – where will they go?
    - Organizes the process and facilitates maintenance

- System
  - Provide a system wide description of the capability to evacuate
    - Aggregates HCF level data
  - Provide HCF support during planning and during response, e.g., HEC
  - Reveals gaps and Challenges Planning Assumptions
  - Resource decision making
    - How, when, order, are/should resources, e.g., patient/resident beds be used?

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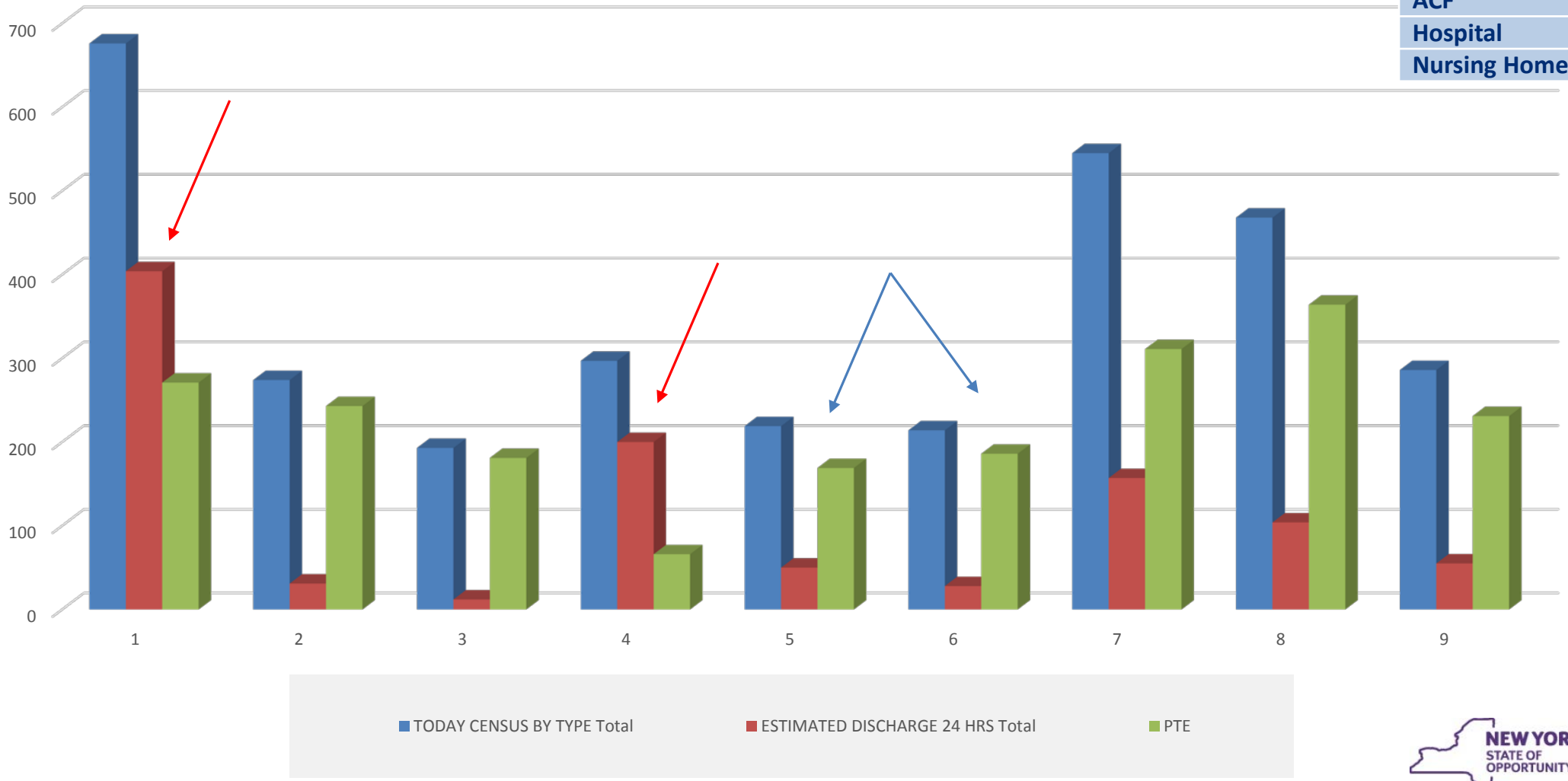
Hospital Beds to Discharge

Established PTE (Y/N) (In zone only)	
ACF	5/41
Hospital	10/25
Nursing Home	8/67



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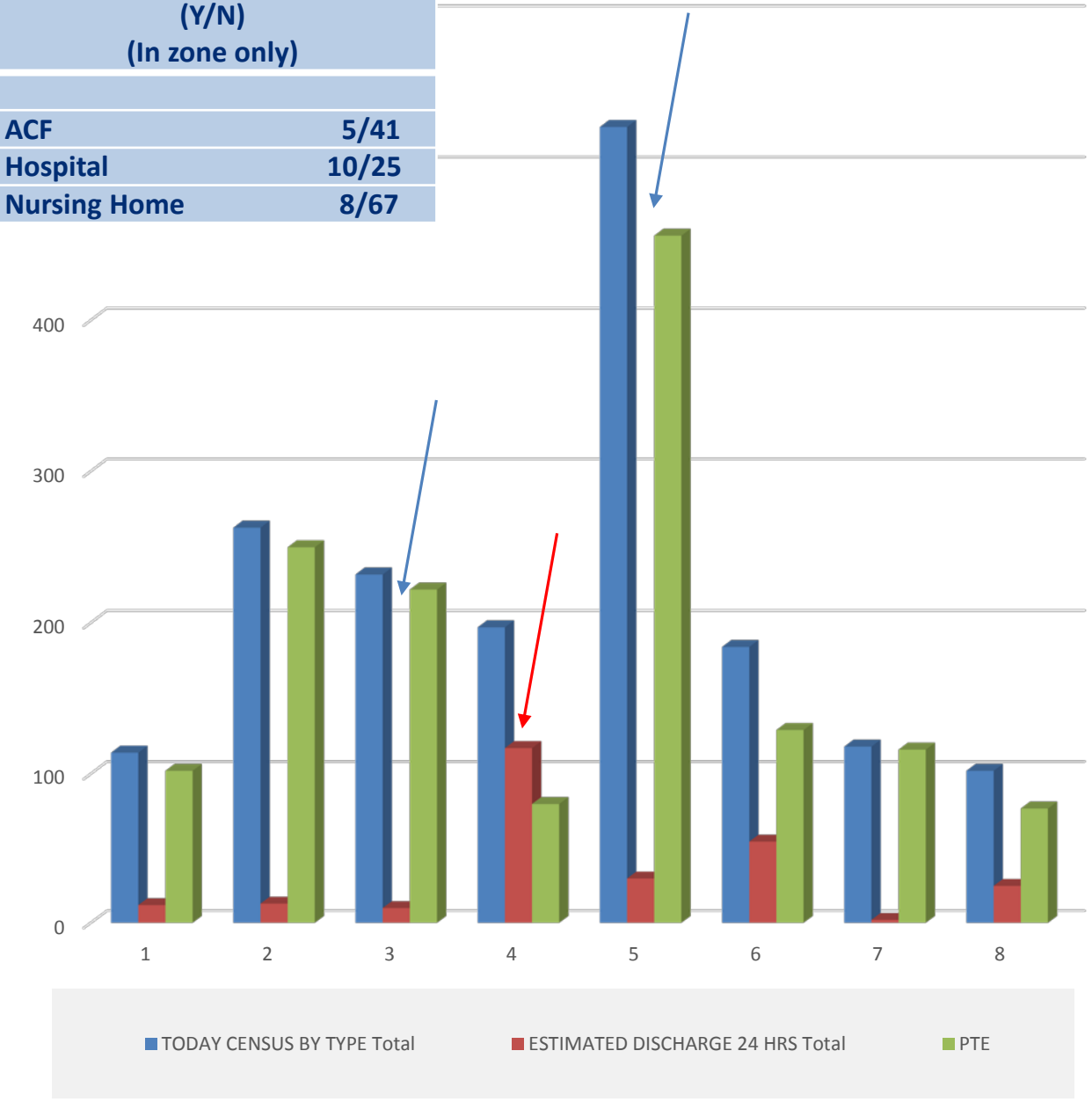
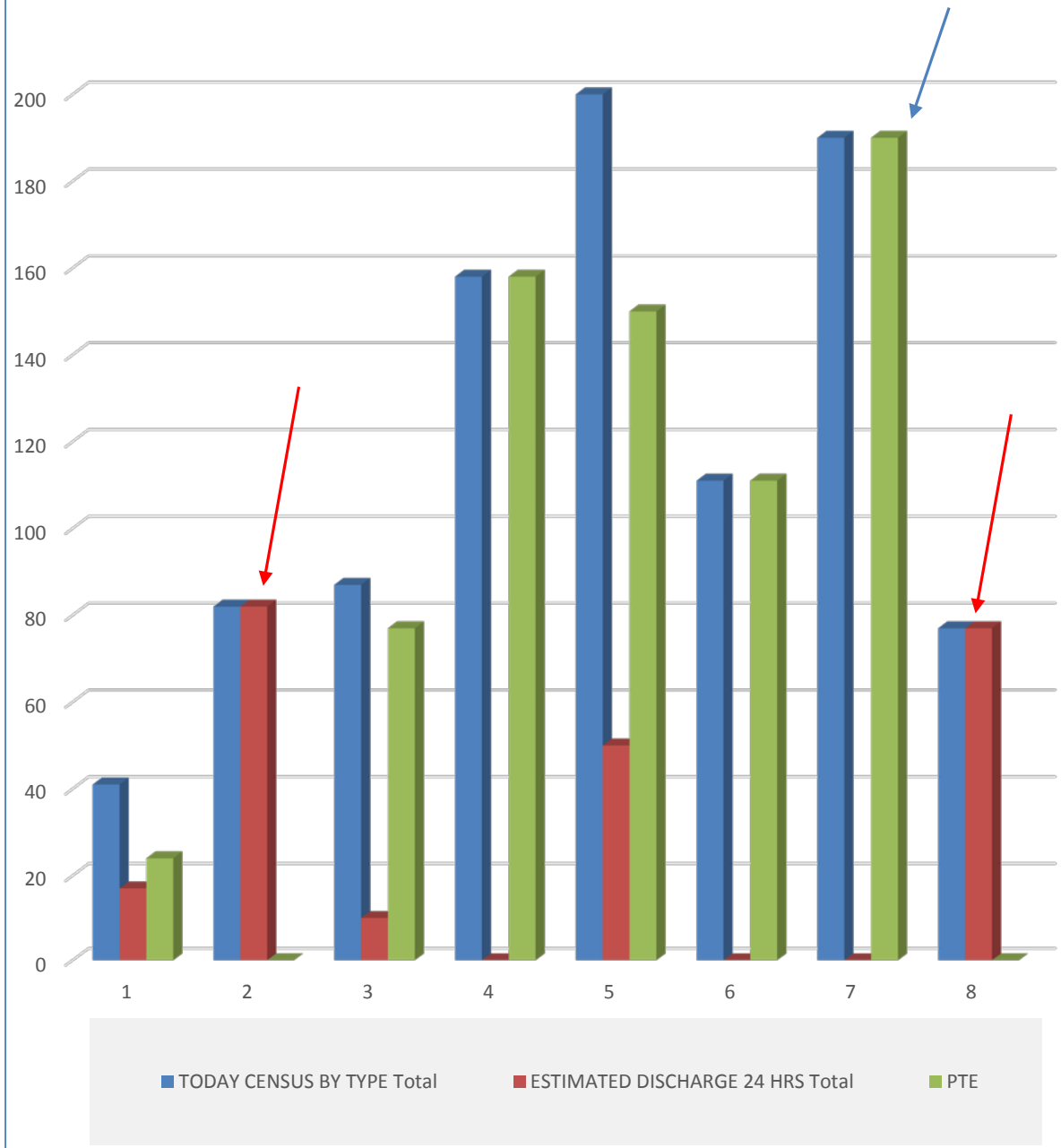
Nursing Home - Beds to Discharge

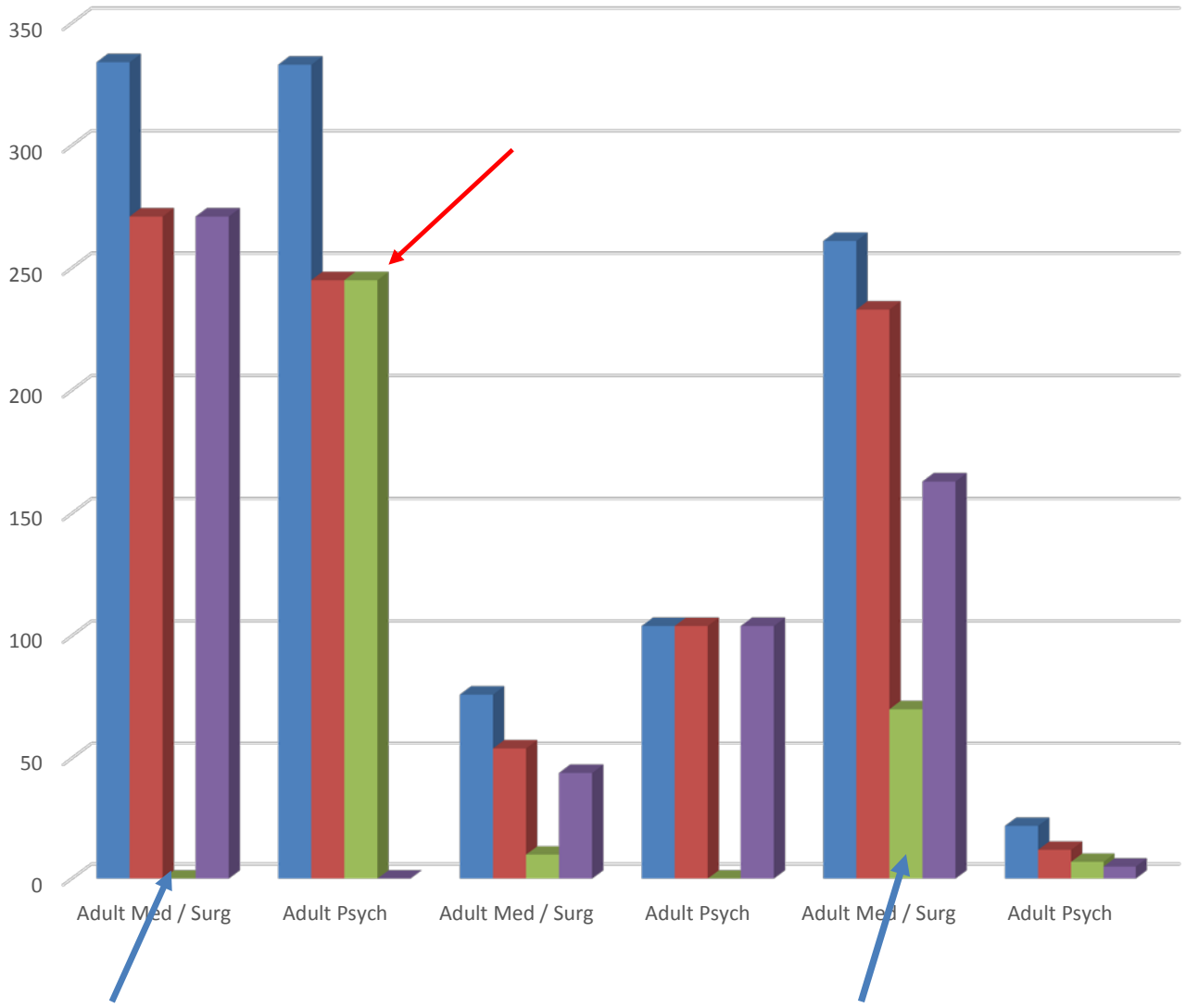
Established PTE (Y/N) (In zone only)	
ACF	5/41
Hospital	10/25
Nursing Home	8/67



Adult Care Facility – Beds to Discharge

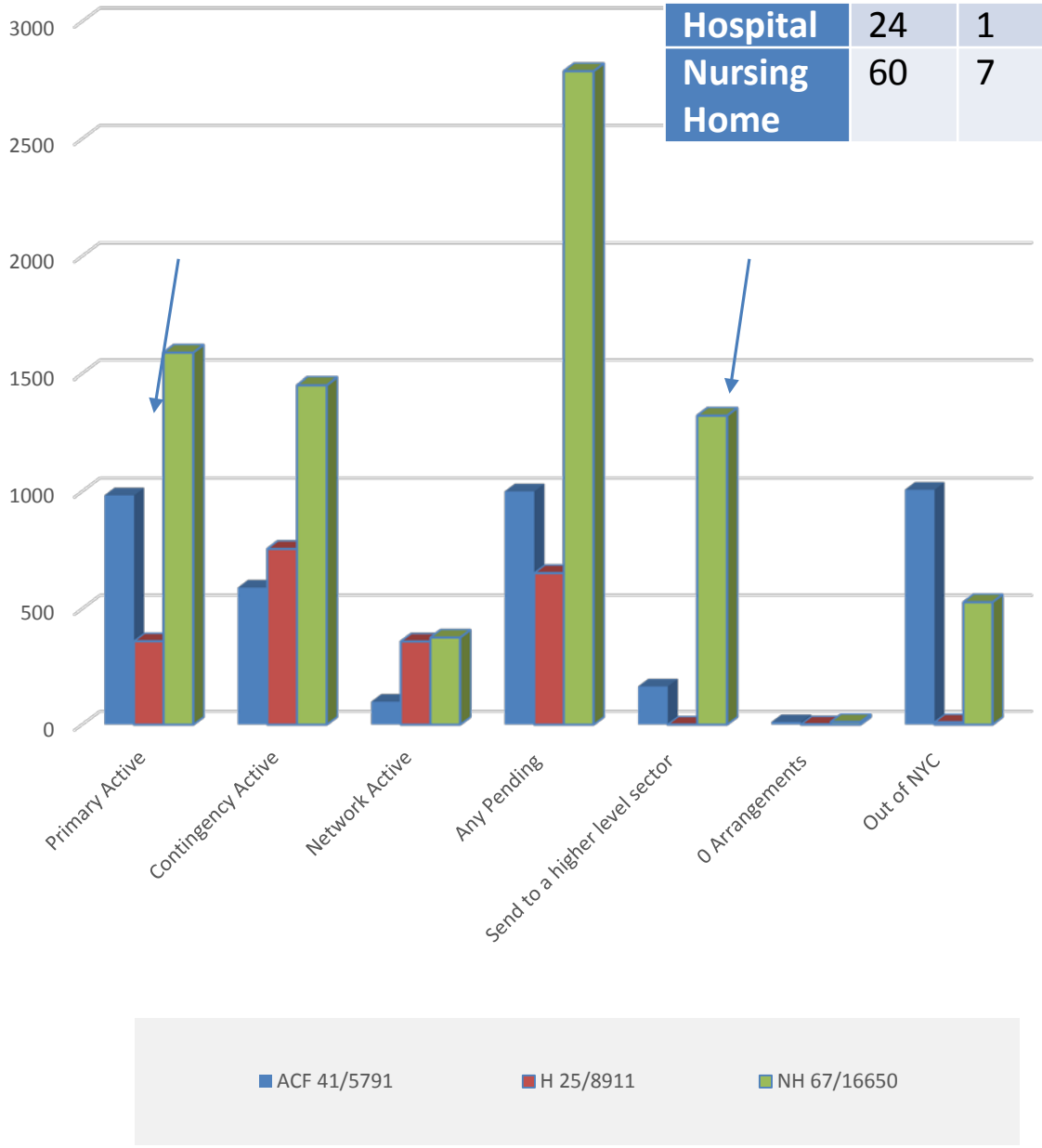


Hospital PTE – Med Surge and Adult Psych



Sector Arrangement Comparison

ACF	30	11
Hospital	24	1
Nursing Home	60	7



Preliminary Observations on Data

- Totals increasing but data still limited
  - No right or wrong answer – only complete or incomplete planning
  - How can we identify barriers?
- Small response rates challenge interpretation and limits follow up actions
  - Premature to reach conclude
  - Trend v Outlier
- Large scale variation both within and between sectors
  - Should there be any proportionality?
- Definition and Interpretation Issues
  - Overall evacuation decision making processes
  - Number, type, order and process of patients/residents evacuation
- Are knowledge gaps a training issue?

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Introduction – What is the HEC??

- The Healthcare Facility Evacuation Center (HEC) is a NYSDOH-led entity that coordinates the evacuation, shelter-in-place (with consent of NYSDOH and Local Chief Elected Official), and repatriation of healthcare facilities during a multi-facility evacuation scenario with the assistance of multi-agency partners that are specific to the region that the HEC is operating in.

- These agencies include local health departments, offices of emergency management, and healthcare facility associations among others.

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HEC vs. Emergency Support Function-8 (ESF-8)

- The HEC is used for:
  - Finds beds for evacuating facilities (Hospitals, ACFs, NHs)
  - Arranges transportation between facilities
  - Provides guidance to receiving facilities
  - Provides shelter-in-place guidance
  - Troubleshoots evacuation issues
  - Assists with repatriation

- Local ESF-8 is used for:
  - Everything else:
    - Generators
    - Fuel
    - Placards
    - ESRD Issues
    - Etc……

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HEC APPLICATION

Home | Call Log | Facility Status | Bed Availability | Bed Transfer | Transport | Dashboard

Event/Incident: Resolute Coast 2017

SIP POC Email:

Data From HERDS 72 hr. survey provides Survey Census Data

+ Additional POC

Bed Information (based on 72hr submissions from either sending or receiving facilities)*

Nursing Home	*Survey Census	Current Census	Request for HEC Assistance
Adult Resident	175	175	
Peds Resident	0	0	
TBI Sub-acute Care	0	0	
Adult Sub-acute Rehab	0	0	
Peds Sub-acute Rehab	0	0	
Ventilator Access	22	8	8
Adult Piped O2	0	0	
Peds Piped O2	0	0	
Dementia	56	56	
Bariatric	8	8	
Other	0	0	
Non Traditional Surge Bed	0	0	

Home | Call Log | Facility Status | Bed Availability | Bed Transfer | Transport | Dashboard | Reports | Manage Operations | Maps

Operation: Training – 2016

1 Created JUN 29 2016 09:50 AM
2 Reserved JUN 29 2016 09:50 AM
3 Confirmed JUN 29 2016 09:50 AM
4 Sent to Transportation Unit JUN 29 2016 09:52 AM
5 Arranging Transport
6 In Transport
7 Completed

Update Bed Transfer

Bed Coordinators work with HCFs to arrange bed transfers

Sending Facility Type: * Adult Care Facility
Sending Facility: * Absolut at Orchard Brooke, LLC
Sending Contact: * Shannon Ethier
Sending Contact Phone: * (555) 555-5555

Receiving Facility Type: * Adult Care Facility
Receiving Facility: * Atria Delmar Place - 000-S-008
Receiving Contact: * Terry Wallace
Receiving Contact Phone: * (518) 555-1212

Bed Transfer Information

Adult Care Facility	Current Census	Request for HEC Assistance	Sending	Adult
Residents ALR	0	0	25	Res
Residents EALR				Res
Residents SNALR				Res
Residents ALP				Res
Residents AH				Res

eFINDS use by all NYS Hospitals, Nursing Homes and Adult Care Facilities is Required for *all* Evacuations

- Health facility electronic data exchange with NYSDOH Health Commerce System (HCS):
  Title 10: Section 400.10 9 -- Nursing Homes and Hospitals
  Title 18: Section 487.12/488.12 ACFs

- Active HCS Accounts; Up to date, HCS Communications Directory role assignment and business/emergency contact information

HIPAA Privacy/disclosure of data during emergencies:

Providers/health plans covered by the HIPAA Privacy Rule may share patient information if to provide treatment, inform families; and if imminent danger

Questions……

NYSDOH Office of
Health Emergency Preparedness

518-474-2893

patricia.moran@health.ny.gov
michael.Perillo@health.ny.gov

NETWORKING BREAK

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CITYWIDE SURGE EXERCISE

Marie Irvine, Emergency Response Coordinator,
Bureau of Healthcare System Readiness, NYC
Department of Health and Mental Hygiene

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NEW YORK CITY COALITION SURGE TEST

Input Planning Meeting 1

October 18, 2017

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SurgeEx

- ❑What is SurgeEx?
- ❑Planning Assumptions
- ❑SurgeEx Elements
- ❑Planning Timeline
- ❑Functional Exercise (FE) C/E Staffing
- ❑Network/Independent Deliverables
- ❑Proposed Objectives
- ❑Scenario

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Why a Surge Exercise?

St John's Med. Ctr.
May 2011

- 6 deaths in hospital
- 183 patients evacuated in 90 minutes
- 161 deaths in overall event

Superstorm Sandy
October, 2012

- 6,300 patients from 37 healthcare facilities evacuated
- 43 deaths, tens of thousands injured

Boston Marathon
April, 2013

- 101 injuries
- 13 serious
- 17 critical

Pulse Nightclub
June 2016

- 50 fatalities
- 44 injured

Hurricane Harvey
August, 2017

- 82 dead, to date (9/21/17)
- Closed and/or evacuated
- 20 hospitals
- 45 nursing homes
- 51 adult care facilities

Hurricane Irma
August, 2017

- 42 dead, to date (9/21/17)
- Evacuated 29 hospitals
- 239 assisted-living centers
- 56 other health care facilities
- 60 shelters opened for those with special needs

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What is SurgeEx?

- The Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response (HHS APSR) designed the exercise to help Health Care Coalitions **identify gaps in surge and response readiness through a low- to no-notice exercise**.

- The exercise is a required **annual deliverable** for all HHS ASPR Hospital Preparedness Program Awardees 2017-2020 – 8 associated ASPR HPP Performance Metrics. Current Budget Period 1 sets a baseline metric

- The exercise was piloted in South Dakota, Texas, Michigan, and Wyoming.

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SurgeEx (cont.)

- The exercise scenario (TBD) is expected to simulated evacuation of at least **20% of the acute care beds in a healthcare coalition**.
  - HHS ASPR and DOHMH consider NYC one single coalition comprised of a number of networks and independent facilities
- **low- to no-notice functional exercise.**
- **designed to be challenging.**
- **intended to improve health care system response readiness.**
- **intended to test the overall health care system response.**
- **work in progress**

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Exercise Assumptions

- Exercise activity will occur simultaneously at all playing organizations.
- No actual patient movement/transport
- Play will be limited to NYC agencies and organizations. New York State (NYS) Department of Health (DOH) and the Healthcare Facility Evacuation Center (HEC) will not be playing in the exercise but their roles may be simulated by the Exercise Controller(s) as needed.
- Exercise Control and any required simulation will take place from the DOHMH Long Island City offices.
- Documentation requirements will align with HSEEP exercise planning, conduct and evaluation and include the required ASPR reporting forms.
- Players will use existing notification, communication and command channels.
- The decision of any organization to extend exercise scope or play may impact the SurgeEx evaluation. As such any objectives, findings and activities associated with exercise expansion will be considered out of scope for CST and are the responsibility of the individual hospital. These activities must take place after the SurgeEx exercise play.

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Exercise Assumptions

- DOHMH and NYCEM, along with other related entities (REMSCO, FDNY, GNYHA), will actively participate in the exercise as they would in a real world event including possible activation of their emergency operations centers.
- The GNYHA SitStat will be used for bed reporting and availability during exercise
- Existing NYC Rapid Patient Discharge (RPD) procedures and forms may be used during this exercise by playing organizations.
- Involvement of long term care (LTC) facilities and federally qualified health centers (FQHC) during the exercises will be limited to activities conducted by the hospitals and any associated DOHMH activities (e.g. call down drill).
- All seven (7) hospital networks and fourteen (14) independent healthcare facilities will provide required information (ASPR Coalition Surge Test data, network or facility level summary of key strengths and weaknesses experienced by the network) within designated timelines for inclusion in the after action reports and meetings.

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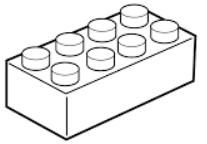
SurgeEx Elements



	Element	Participants	Time/Date	Outcome
1	Functional Exercise (FE)	• 55 hospitals • 20% evacuating • 7 Networks • City/State Agencies	• First Two Weeks of April 2018 • 150 min. (2.5 h) • At facilities/network locations	• Sending, receiving and bed matching data (quantitative)
2	Table-Top (“TTX”) and Hotwash	• 55 hospitals (incl. independents) • 7 Networks • City/State Agencies	• May 8th, 2018 • 90-min. (1.5h) + 30-minute Hotwash • At combined EPS/LCM	• Identify gaps/issues in surge capacity (qualitative)
3	After-Action Discussion	• Health and Medical Executive Committee (HM Exec)	• Early June 2018	• Address citywide surge capacity gaps and concerns

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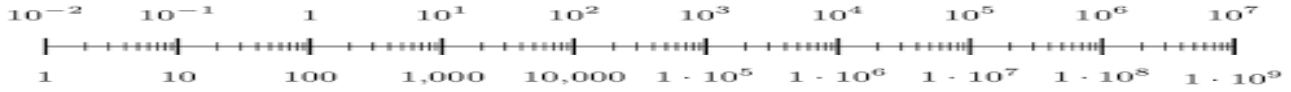
Surge Ex Planning Timeline

- ❑C&O (Oct. 4th, 2017)
  - Input Planning Meeting I (October 18th, 2017 – EPS 1)
- ❑IPM (November 2017, TBD)
- ❑MPM (January 2018 – TBD)
  - Input Planning Meeting II (January 30th , 2018 – EPS 2)
- ❑FPM (March 2018 – TBD)
  - Input Planning Meeting III (TBD)



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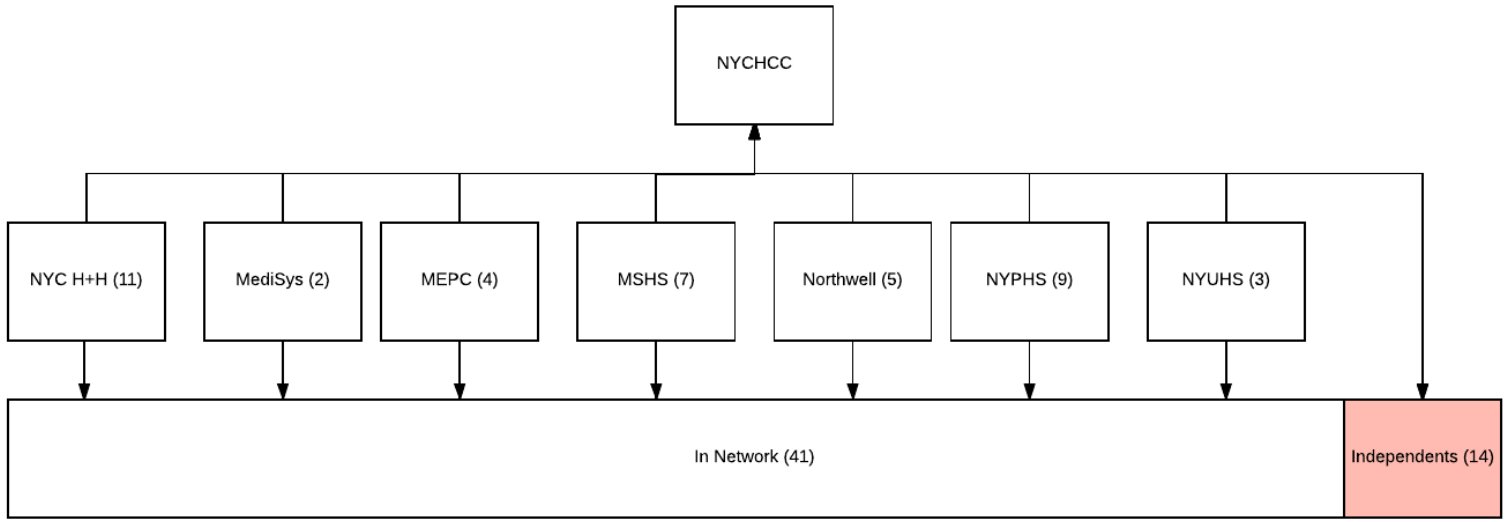
SurgeEx FE C/E Staffing



All Networks + Facilities are required to provide one (1) point of contact (POC) who will function as a controller on the day of the functional exercise (FE)

Network-Level:
- 1 controller/POC
- 1 evaluator
- players

Facility-Level:
- 1 controller/POC
- 1 evaluator*
- players

*evacuating facilities, receiving TBD

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Evaluation Requirements

- **Core Capabilities**
  - Emergency Operations Coordination
  - Information Sharing
  - Medical Surge Capacity

- **Exercise Evaluation Guides** (EEGs) document exercise objectives, core capabilities, capability targets, and critical tasks

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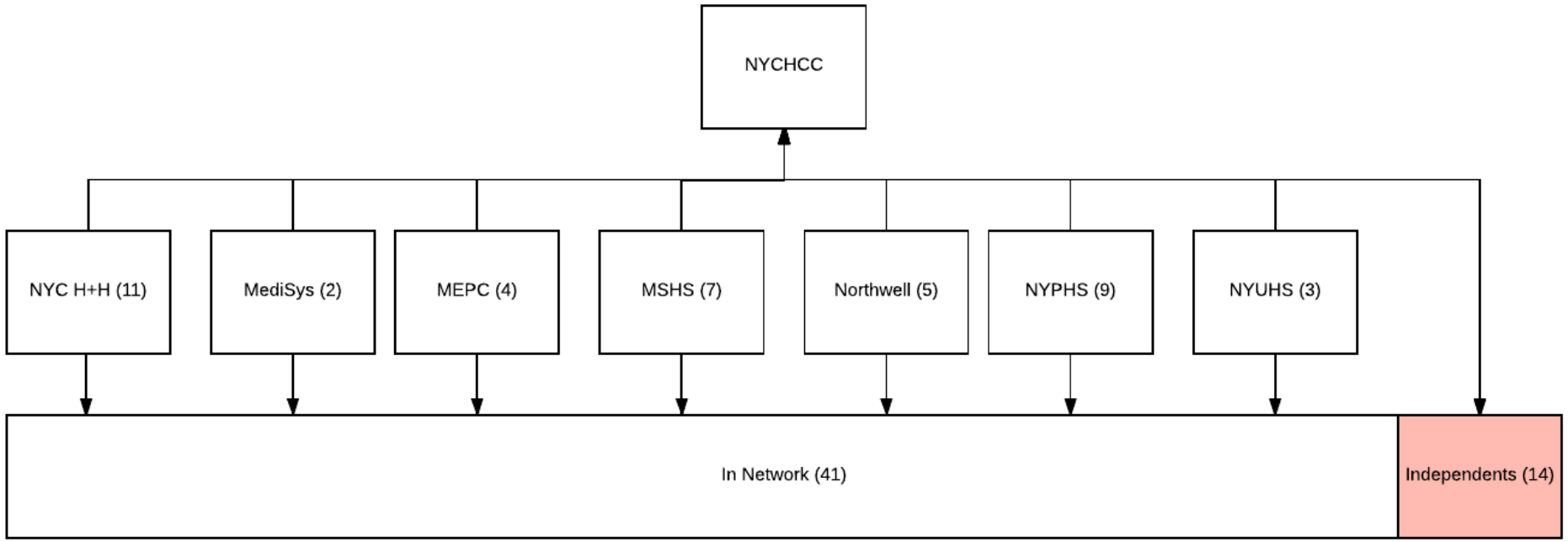
SurgeEx Deliverables



1) **First Two Weeks of April 2017 (FE):** Data collected through tool (Quantitative)
2) **April 16th, 2017:** Summary of Key Strengths & Weaknesses, template TBD (Qualitative)
3) **May 8th, 2017 (TTX):** Discussion Gaps/Improvements (Qualitative)

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Tentative Exercise Objectives

Functional Exercise (FE) Objectives:

- By the end of the exercise, participating evacuating hospitals will have assessed their ability to **identify patients for rapid discharge** within (TBD) minutes of event notification.
- By the end of the exercise, participating evacuating hospitals will have assessed their ability to **identify transportation assets** within (TBD) minutes of event notification.
- By the end of the exercise, participating networks and facilities will have assessed their ability **to conduct bed-matching of evacuating patients** within (TBD) minutes of event notification.

Tabletop (“TTX”) Objective(s):

- By the end of the exercise, the NYCHCC, including city agencies, partner organizations and participating networks and facilities will have discussed strengths and weaknesses in NYC’s healthcare system’s ability to surge 20%+ in response to an incident requiring mass-evacuation of acute care facilities, incl. capabilities such as rapid discharge, bed matching, transportation assets and coordination/communications.

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Scenario

What scenario could translate into the evacuation of 20%+ of NYC's acute care bed capacity? (~4,400 beds)

- ❑ No external patients, movement must be within healthcare system
- ❑ Scenario can't affect the ability to transport patients or have them shelter in place (ex: rad)
- ❑ Evacuation = full evacuation of x facilities (~3-6) representing 20%+ of NYCHCC acute care bed capacity

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NEXT STEPS / EVALUATION DISTRIBUTED

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FINAL REMARKS

Our next Emergency Preparedness Symposium (EPS 2) is scheduled for:

January 30th

Formal Save The Date to Follow

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