

# The New York City Health Care Coalition Emergency Management Program

## New Program Period, 2017-2022

<b>Goal</b>	DOHMH will assist the New York City healthcare system to meet its preparedness, response and recovery needs through funded activities (contracts) and direct interaction with facilities in the system’s acute, ambulatory and long term care sectors and with representatives from NYC agency members of the Emergency Support Function 8, Health and Medical.
<b>New ASPR Program Requirements</b>	<p>The below requirements can be read in detail in the Hospital Preparedness Program (HPP) <a href="#">Funding Opportunity Announcement</a>, the authoritative document for the HPP.</p> <ol style="list-style-type: none"> <li><b>1. Required every year:</b> a surge exercise involving the entire coalition, an HVA, planning for at- risk populations, community and healthcare system engagement in emergency planning, promotion of HCC’s value, engagement of healthcare executives and clinicians, NIMS compliance for all members of the HCC, a common operating picture for infectious disease information sharing among all HCC members.</li> <li><b>2. Budget Period (BP) 1 requirements:</b> healthcare coalition (HCC) governance (charter), HCC preparedness plan, primary and redundant communications systems and platforms capable of sending essential elements of information (EEI), brief the HCC on DOHMH medical countermeasures plan.</li> <li><b>3. Requirements for future BPs:</b> <ul style="list-style-type: none"> <li>- BP2: regional resource assessment, ensure HCC’s capability to share EEI with its members and Emergency Support Function #8 (ESF 8), HCC response plan (including burn and trauma care plan), HCC recovery plan,</li> <li>- BP3: HCC continuity of operations plan</li> </ul> </li> <li><b>4. By June 30, 2022</b> (the end of the five year program period): jurisdictional risk assessment, participate in a jurisdictional exercise, maintain an all hazards response plan, supply chain integrity assessment, documented processes to oversee jurisdictional crisis standards of care planning, a plan for alternate care systems, decontamination training and coordination with HAZMAT resources, expansion of Ebola CONOPs to all infectious disease emergencies, inclusion of Healthcare Associated Infections (HAI) coordinators in emergency management activities.</li> </ol>
<b>BP 1 Program Highlights</b>	<ol style="list-style-type: none"> <li>There will be 3 Emergency Preparedness Symposia (EPS) and 3 Healthcare Coalition Leadership Council Meetings (LCM). Hospitals not affiliated with a healthcare network will participate in the LCMs along with leadership from networks, boroughs, subject matter expertise groups (e.g., North HELP) and associations representing non-acute care.</li> <li>To meet the coalition charter, coalition preparedness plan, surge exercise and supply chain requirements, DOHMH will set aside time for interactive workshops during EPS and LCM meetings. Additional workgroup meetings may also be needed (see events calendar below).</li> </ol>

### Contract Events Calendar

Dates to be confirmed; locations TBA. More detailed events schedule and meeting agendas forthcoming.

Quarter 1	Quarter 2	Quarter 3	Quarter 4
<ul style="list-style-type: none"> <li>- July 2017 (Date TBD): Contract kick off webinar</li> <li>- Sep 28, 2017: NYCHCC LCM</li> </ul>	<ul style="list-style-type: none"> <li>- Oct 18 2017: EPS</li> <li>- Dec 13 2017: NYC HCC LCM</li> </ul>	<ul style="list-style-type: none"> <li>- Feb 27 2018: EPS</li> </ul>	<ul style="list-style-type: none"> <li>- May 1 2018: Conduct exercise</li> <li>- June 15 2018: After Action Conference</li> <li>- May 2018 (Date TBD): Combined EPS &amp; NYC HCC LCM</li> </ul>

<b>What’s new about your contract this year?</b>	<ol style="list-style-type: none"> <li>In order to ensure contracts are executed in a timely manner and networks/hospitals have adequate time to complete all deliverables in BP1, DOHMH will provide reimbursement to networks/hospitals that return a signed contract within 45 calendar days of receipt from Public Health Solutions.</li> <li>Hospitals affiliated with a healthcare network will consolidate under a Network Coalition Contract. Network Leadership will coordinate member’s participation in program activities, working with DOHMH to continue to build upon work undertaken during prior budget periods by members. This includes expanding the Network’s reach to include external stakeholders and strengthening its internal capabilities by:</li> </ol>
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- Participating in the New York City Health Care Coalition (NYCHCC) Leadership Council meetings and Emergency Preparedness Symposia
  - Providing DOHMH contact information updates for the Network System’s clinical service areas
  - Supporting Borough Coalitions where the Network System has a presence
  - Completing training in Citywide Incident Management System (CIMS)
  - Participating in a Citywide Surge Exercise
  - Completing training activities supportive of continuous improvement of emergency management capabilities
  - Assessing and documenting Supply Chain Integrity
  - Conducting a Mass Casualty Drill
  - Designing a deliverable to address a Network level gap
- 3.** Hospitals not affiliated with a healthcare network (i.e., Independent Hospitals) will work with DOHMH to continue to build upon work undertaken during prior budget periods that strengthens and maintains their internal capabilities and capacities. In BP1, this work will include participation in their Borough Coalition and partnering with external stakeholders that include planning partners, response agencies and community-based organizations. Program activities include:
- Participating in NYCHCC Leadership Council meetings and Emergency Preparedness Symposia
  - Providing DOHMH contact information updates for the Independent Hospital’s clinical service and operations areas
  - Supporting Borough Coalitions
  - Completing training in Citywide Incident Management System (CIMS)
  - Participating in a Citywide Surge Exercise
  - Completing training activities
  - Assessing and documenting supply chain integrity
  - Designing a deliverable to address a gap or implement a project
- 4.** In addition to program activities both Networks and Independent Hospitals must also:
- Provide DOHMH with up-to-date and accurate contact information for the Emergency Preparedness Coordinator (EPC) and Alternate EPC;
  - Acknowledge 800 MHz radio calls during drills or actual emergency events;
  - Maintain compliance with National Incident Management System (NIMS) requirements;
  - Inform DOHMH of Hospital’s and Network System’s emergency management meetings and system-wide trainings and exercises;
  - Provide permission to DOHMH to use materials (including photographs) relating to Hospital Preparedness Program (HPP)-funded emergency preparedness trainings, workshops, exercises and other activities; and
  - Employ a high standard of grammatically correct professional writing in all materials and presentations submitted to fulfill contract deliverables.