

The New York City Health Care Coalition Emergency Management Program

Department of Health and Mental Hygiene
Office of Emergency Preparedness and Response
Bureau of Healthcare System Readiness

New Program Period (July 1, 2017 - June 30, 2022)

Budget Period 1 (BP 1, July 1, 2017 – June 30, 2018)



Goal

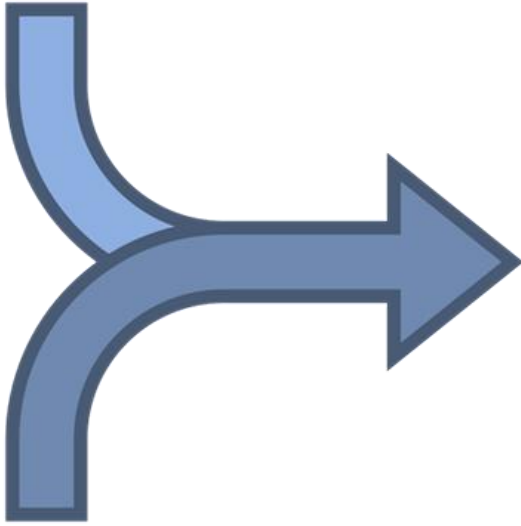
The Department of Health and Mental Hygiene (DOHMH), Office of Emergency Preparedness and Response (OEPR) will assist the New York City healthcare system to meet its preparedness, response and recovery needs through funded activities (contracts) and direct interaction with facilities in the system's acute, ambulatory and long term care sectors and with representatives from NYC agency members of the Emergency Support Function 8, Health and Medical.



New ASPR Program Requirements

- Required every year:
 - A surge exercise involving the entire coalition, an HVA, planning for at-risk populations, community and healthcare system engagement in emergency planning, promotion of NYC Health Care Coalition's (NYCHCC) value, engagement of healthcare executives and clinicians, NIMS compliance for all members of the NYCHCC, a common operating picture for infectious disease information sharing among all NYCHCC members.
- Budget Period (BP) 1 requirements:
 - 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.
- Additional information provided in the 2017 – 2022 New Program and BP 1 Highlights document which can be accessed on <http://nychealthcareprepares.com> website

Hospital Core Contract's Transition



- In an effort to streamline emergency preparedness activities and continue to meet the requirements from HHS' Assistant Secretary for Preparedness and Response (ASPR), the Hospital Core Contract Program has merged with the NYC Health Care Coalition (NYCHCC) Emergency Management Program.
- 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.
- 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 addition to participating in their Borough Coalition and partnering with external stakeholders.

BP 1 Scope of Services

- In order to ensure contracts are executed in a timely manner and that 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 (PHS). This is considered as a deliverable.
- Independent Hospitals are required to complete **all** deliverables
- Maximum Reimbursable Amount = \$53,000.00
- In addition to the scheduled deliverables outlined in contract, Hospital must:
 - 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 emergency management meetings, 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.

BP 1 Deliverables

Participate in NYCHCC Leadership Council Meetings -

\$4,500.00

- Ensure attendance and participation of at least one (1) Hospital EPC, or appropriate designee, at three (3) NYCHCC Leadership Council meetings. NYCHCC Leadership Council Meetings convene the leadership of all NYCHCC sectors and may include participation in focus groups and/or workshops as part of the meeting agenda in order to advance NYCHCC preparedness efforts and meet BP1 HPP grant requirements, including development of NYCHCC governance documents.
- ***Attendee cannot represent more than one (1) HPP-funded entity at NYCHCC Leadership Council meetings.***
- ***Attendance at NYCHCC Leadership Council meetings will be verified by DOHMH sign-in sheets.***

Required Documentation:

- Completed evaluation surveys for each of the three (3) NYCHCC Leadership Council meetings - **\$1,500.00 x 3 meetings**

Participate in Emergency Preparedness Symposia (EPS) - \$4,500.00

- Ensure attendance and participation of at least one (1) Hospital EPC, or appropriate designee, at three (3) EPS meetings. Meeting attendees are expected to actively participate in DOHMH-sponsored workshops offered at EPS meetings. Hospitals are also encouraged to invite non-acute care staff involved in emergency management.
- *Attendee cannot represent more than one (1) HPP-funded entity at EPS meetings.*
- *Attendance at EPS meetings will be verified by DOHMH sign-in sheets.*

Required Documentation:

- Completed evaluation surveys for each of the three (3) EPS meetings - **\$1,500.00 x 3 meetings**

Update Hospital Contact Information - \$1,500.00

- Update and/or confirm Hospital contact information by updating fields in the Healthcare Facilities Directory (HFD) portal.
- Advise DOHMH of changes and updates to service contact information provided on an ongoing basis.

Required Documentation:

- HFD generated email acknowledging updates completed for hospital

Due Date:

- **November 24, 2017**

Support Borough Coalition - \$2,500.00

- Engage and collaborate with NYCHCC Borough Coalition activities by attending and participating in a minimum of two (2) Borough Coalition meetings and/or activities. Hospital is encouraged to include its affiliated non-acute care emergency preparedness partners in these meetings/activities.
- Develop a summary report of Hospital engagement in Borough Coalition activities that includes:
 - Name(s) and title(s) of hospital and hospital-affiliated non-acute care representative(s) that have participated in Borough Coalition activities;
 - Borough Coalition activities attended;
 - Support provided by hospital;
 - Impact statement;
 - Next steps for continued engagement in Borough Coalition activities.

Required Documentation:

- Final summary report of Hospital's engagement in Borough Coalition activities – **\$1,250.00 per meeting activity**

Due Date:

- **May 15, 2018**

Enroll in New York City Emergency Management (NYCEM) CIMS Training - \$1,500.00

- Require a minimum of three (3) staff with positions in the Hospital's Emergency Operations Center (EOC) to register for and complete CIMS Orientation using the NYCEM learning management system.
- The content of the CIMS Orientation course serves to bridge knowledge of emergency management principles obtained in Incident Command System (ICS) 100 and 200 with operations carried out in NYC during emergencies.
- Hospital will be provided a time period to take the online training in either fall 2017 or spring 2018 and must complete the online training during this time period. DOHMH will supply specific instructions for accessing the CIMS Orientation courses in advance.

Required Documentation:

- CIMS Orientation training certificates from a minimum of three (3) Hospital staff with positions in the EOC - **\$500.00 per online training**

Due Date:

- **TBD**

Participate in Citywide Surge Exercise - \$10,000.00

- Participate in the planning, conduct, data collection, and evaluation for a Citywide Surge Exercise, coordinated by DOHMH, that will focus on response operations for medical surge resulting from an event requiring evacuation of certain facilities and decompression of those receiving evacuated patients. This includes:
 - Collecting surge data during the exercise using the Assistant Secretary for Preparedness and Response (ASPR) surge tool template to be distributed by DOHMH;
 - Completing template provided by DOHMH to collect observations and evaluation details records during exercise
- The exercise will test the ability of Hospital's to surge up to 35% of their capacity and communicate with nursing homes and community based healthcare (e.g., Visiting Nurse Service) to accept patients for care during a medical surge. The exercise will also test the ability of facilities to communicate with affiliated non-acute care services and locations (if applicable) to see how many staff can be provided for surge in acute care.

Required Documentation:

- Completed template provided by DOHMH that includes observations and evaluation details from hospital.
- Surge data collected using ASPR surge tool template provided by DOHMH.

Due Date: April 16, 2018

Complete a Hospital Training Plan and Staff Training for Emergency Management Capabilities - \$8,500.00

- Using a DOHMH-provided template, develop and execute a Hospital Training Plan for BP1 to address gaps in emergency management capability, as documented in the Hospital's current hazard vulnerability assessment (HVA), recent AAR or other formalized assessment, to build emergency preparedness, response and recovery capability among facility staff. Hospital must conduct at least one (1) training during BP1. Training plan and report to include the following:
 - Type(s) of training offered during BP1 to build emergency management capability, including training topics and capabilities;
 - Explanation and source (e.g., HVA, AAR, etc.) demonstrating how the training plan will address gaps and enhance capabilities;
 - Timeline of training;
 - Hospital facility(ies) to be trained;
 - Number and profession of staff at each facility trained.

Required Documentation:

- Final BP1 Hospital Training Plan and report - \$2,500.00

Due Date:

- **February 28, 2018**

Complete a Hospital Training Plan and Staff Training for Emergency Management Capabilities...Cont.

- Using a DOHMH-provided template, develop a Hospital Training Plan for Budget Period 2 (BP2) through Budget Period 5 (BP5) (July 1, 2018 – June 30, 2022), to include:
 - Type(s) of training that will be offered during BP2 to BP5 for building emergency management capability;
 - Explanation and source (e.g., HVA, AAR, etc.) demonstrating how the training plan will address gaps and enhance capabilities;
 - Expected timeline of trainings;
 - Hospital facility(ies) to be trained;
 - Number and profession of staff at each facility to be trained;
 - Plan to monitor training and report annually status/progress on developing capability for emergency preparedness, response and recovery.

Required Documentation:

- Final BP2-BP5 Hospital Training Plan - **\$6,000.00**

Due Date:

- **April 13, 2018**

Assess and Document Supply Chain Integrity - \$8,000.00

- Complete supply chain assessment of Hospital equipment and supplies needed in all-hazards and scenario-specific situations, including:
 - Critical resources that would be needed to maintain Hospital operations in a disaster
 - How specific supply amounts will be estimated for various disaster scenarios
 - Anticipated availability issues from distributors
 - Alternate delivery options
- Collect and compile information from Hospital's acute and non-acute facilities into a data set for DOHMH to generate a report that will indicate supply chain issues for Hospital and NYC healthcare during and after a disaster response.
 - From this DOHMH will take a system-wide view to describe in details issues:
 - ✓ Determining amounts of critical supplies available in Hospital facility(ies)
 - ✓ Collaborating with manufacturers and distributors to determine access to critical supplies
 - ✓ Exploring alternate delivery options in the event that normal distributors or the infrastructure for delivery to NYC is compromised.

Required Documentation

- Completed supply chain assessment data form provided by DOHMH

Due Date

- **May 9, 2018**

Design A Deliverable - \$8,000.00

- Using a strategic plan and/or recent (e.g., BP5) risk assessment finding(s), design a deliverable(s) that includes implementing a project, such as one of the sample projects listed below. Deliverable should result in activity(ies) that will implement a project or address a gap. Proposed project must be separate from any activities listed previously as deliverables.
 - Develop and submit a deliverable proposal for DOHMH approval that includes the following:
 - Rationale for choosing to develop a hospital-wide project;
 - Implementation plan, including:
 - ✓ Justification based on Hospital strategic plan, and BP5 HVA.
 - ✓ Summary report outlining Project Scope of Work (SOW) to include goals, objectives, timeline, and key action steps.
- ***Contractor also cannot propose an exercise to satisfy deliverable.***

Sample Projects:

- Implement a DOHMH-designed Emergency Preparedness for Nursing Staff curriculum;
- Conduct a hospital-wide assessment of community resilience in areas where the Hospital has a presence (using facility HVAs and/or community health assessments).

Design A Deliverable...Cont.

Required Documentation:

- Approved deliverable proposal for a Hospital project
- Final summary report, including:
 - ✓ Details of implementation
 - ✓ Goals and objectives
 - ✓ Findings
 - ✓ Impact of activity
 - ✓ List of stakeholders
 - ✓ Next steps
- Supporting documentation (e.g., meeting notes, agendas, , sign-in sheets)

Due Dates:

- Proposal – **December 8, 2017** ; **\$3,000.00**
- Summary Report – **March 30, 2018** ; **\$5,000.00**

Additional Information

Deliverables Point of Contact

BP1 Deliverables	Deliverable Project Manager
Submit Partially Executed Contract	Chanukka Smith
Participate in NYCHCC Leadership Council Meetings	William Lang / Chanukka Smith
Participate in EPS	Darrin Pruitt / Chanukka Smith
Update Hospital's Contact Information	Madhur Katyal / Chanukka Smith
Support Borough Coalition	William Lang / Chanukka Smith
Enroll in New York City Emergency Management (NYCEM) CIMS Training	Darrin Pruitt
Participate in a City Wide Surge Exercise	Marie Irvine / Timothy Styles
Complete a Hospital Training Plan and Staff Training for Emergency Management Capabilities	Darrin Pruitt
Assess and Document Supply Chain Integrity	Marie Irvine
Design a Deliverable	William Lang / Chanukka Smith

dohmhcore@health.nyc.gov

Please "cc" William Lang (wlang1@health.nyc.gov) and Chanukka Smith (csmith29@health.nyc.gov) on all deliverable emails.

Business Process

- PHS sends contract to EPC / Network Lead for signature.
- EPC / Network Lead returns signed contract (+ other required documentation) to PHS.
- PHS sends copy of executed contract to EPC / Network Lead.
- EPC / Network Lead submits deliverable documentation by specified due date to Project Manager.
- Project Manager reviews deliverable, notifies EPC / Network Lead of approval
 - *If deliverable is not approved, Project Manager communicates to EPC / Network Lead on what modifications are needed*
 - *EPC / Network Lead resubmits deliverable for approval*
- EPC / Network Lead submits voucher to Chanukka Smith and William Lang
- Once voucher is reviewed and approved, it is submitted to PHS for payment
- PHS remits payment

New EPC /Alternate EPC Process

- Hospital notifies Chanukka Smith at DOHMH (csmith29@health.nyc.gov) of New Emergency Preparedness Coordinator (EPC) or Alternate EPC. If hospital is a member hospital of a Network Coalition, the Network Lead notifies DOHMH.
- New EPC /ALT or Network Lead completes the EPC Contact Form. The form can be requested via email or downloaded from our website (<http://nyhealthcareprepares.com>)
- Completed EPC Contact form is returned to DOHMH
- New EPC /ALT will receive instructions and login information for the Healthcare Facility Directory (HFD)
- Once logged in HFD, the New EPC / ALT will verify information is correct for his/her facility

Thank You!

We look forward to working with you in BP 1!