

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

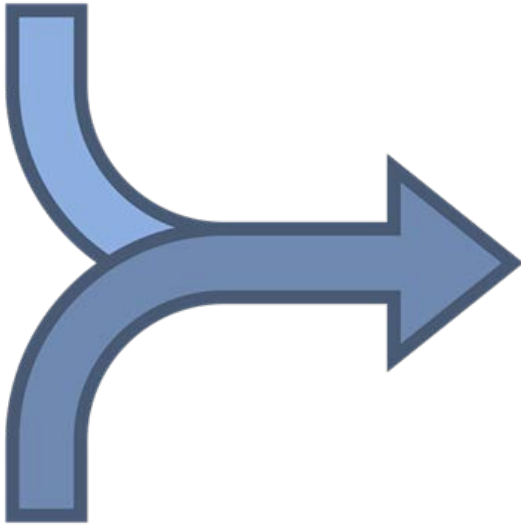
The Department of Health and Mental Hygiene (DOHMH), Office of Emergency Preparedness and Response (OEPR) will assist the New York City healthcare system to meet its preparedness, response and recovery needs through funded activities (contracts) and direct interaction with facilities in the system's 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 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.
- Network Coalitions are required to complete **all** deliverables.
- Maximum Reimbursable Amount = \$90,000.00 per Network Coalition + \$50,000.00 per member hospital.
- In addition to the scheduled deliverables outlined in contract, Network System must:
 - Provide DOHMH with up-to-date and accurate contact information for the Emergency Preparedness Coordinator (EPC) and Alternate EPC for each member hospital;
 - Acknowledge 800 MHz radio calls during drills or actual emergency events;
 - Maintain compliance with National Incident Management System (NIMS) requirements;
 - Inform DOHMH of 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

BP 1 Deliverables

Participate in NYCHCC Leadership Council Meetings

- Ensure attendance and participation of at least one (1) Network representative in three (3) NYCHCC Leadership Council meetings. NYCHCC Leadership Council Meetings convene the leadership of all funded NYCHCC sectors and may include 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.
 - Present an overview of Network's emergency management work (can include successes and challenges from previous grant years) at one (1) NYCHCC Leadership Council Meeting OR at one (1) Emergency Preparedness Symposia (EPS).
- ***Attendee cannot represent more than one (1) HPP-funded entity at NYCHCC Leadership Council meetings.***
- ***Attendance at NYCHCC Leadership Council events will be verified by DOHMH sign-in sheets.***

Required Documentation:

- Completed evaluation surveys for each of the three (3) NYCHCC Leadership Council events - **\$4,500.00 Network (\$1,500.00 x 3 meetings)**
- Copy of Presentation - **\$2,000.00 Network**

Participate in Emergency Preparedness Symposia (EPS)

- Send a minimum of one (1) Emergency Preparedness Coordinator (EPC) (or appropriate designee) from each Network acute care facility to attend three (3) Emergency Preparedness Symposia (EPS). Meeting attendees are expected to actively participate in DOHMH-sponsored workshops offered at EPS meetings. Networks are also encouraged to invite non-acute care staff involved in emergency management.
- *Individual attendees cannot attend on behalf of more than one (1) acute care facility.*
- *Attendance at EPS events will be verified by DOHMH sign-in sheets.*
- **Required Documentation:**
 - Evaluation surveys completed by one (1) EPC/designee from each Network acute care facility for the three (3) EPS meetings - **\$1,500.00 per member hospital x 3 meetings**

Update Healthcare Network Contact Information

- Update and/or confirm service contact information for each Network acute care facility by 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 all Network facilities- **\$1,500.00 per member hospital**

Due Date:

- **November 24, 2017**

Support Borough Coalition(s)

- Develop and submit for approval a proposal detailing plans to have representatives from each Network acute care facility engage and collaborate with NYCHCC Borough Coalition(s) activities. Network hospitals are encouraged to include their affiliated non-acute care emergency preparedness partners in these activities. If applicable, plan should include intended participation of Network -affiliated non-acute care facilities.
- At a minimum, each Network acute care facility should attend two (2) Borough Coalition meetings and/or activities (e.g., trainings, exercises). Each acute care facility must send at least one (1) representative to a minimum of two (2) meetings; individual representatives cannot attend on behalf of more than one (1) acute care facility.
- Develop a final summary report of Network engagement in Borough Coalition(s) activities that includes:
 - Names and titles of Network representative(s) for each acute care facility that have participated in Borough Coalition activities;
 - Borough Coalition(s) activities attended;
 - Impact statement;
 - Next steps for continued participation in Borough Coalition(s) activities.

Required Documentation / Due Dates:

- Proposal detailing plans for representatives from each Network acute care facility to attend at least two (2) Borough Coalition meetings/activities in the Boroughs in which their hospitals are situated – **Due November 17, 2017 ; \$4,000.00 Network**
- Final summary report of Network engagement in Borough Coalition(s) activities – **Due May 15, 2018 ; \$2,000.00 per member hospital**

Enroll in New York City Emergency Management (NYCEM) CIMS Training

- Require a minimum of three (3) staff from each Network acute care facility with positions in the Network Emergency Operations Center (EOC) structure to register for and complete the Citywide Incident Management System (CIMS) Orientation using the New York City Emergency Management (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.
- Facilities will be advised of a time period to take the training online in either fall 2017 or spring 2018 and must complete the 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 3 staff from each Network acute care facility - **\$1,500.00 per member hospital**

Due Date:

- **TBD**

Participate in Citywide Surge Exercise

- Participate in the planning, conduct, data collection, and evaluation for a citywide functional 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:
 - Having Network staff attend up to four (4) planning meetings (deliverables 2 and 3)
 - Having all Network acute care facilities participate in conduct of the exercise
 - Collecting surge data for all Network acute care facilities during the exercise using Assistant Secretary for Preparedness and Response (ASPR) surge tool template to be provided by DOHMH
 - Completing template provided by DOHMH to collect observations and evaluation details records during exercise from each hospital
- The exercise will test the ability of collective facilities in the Network to surge up to 35% of their capacity and communicate with nursing homes and community based health care (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 non-acute care services and locations to see how many staff can be provided for surge in acute care.

Required Documentation / Due Dates:

- Completed templates provided by DOHMH that includes observations and evaluation details from each facility; key strengths and weaknesses experienced by the Network.
Due April 16, 2018
- Surge data collected using ASPR surge tool provided by DOHMH. **Due April 16, 2018 ; \$10,000.00 per member hospital**

Complete a Network Training Plan and Staff Training for Emergency Management Capabilities

- Using a DOHMH-provided template, develop and execute a Network training plan for BP1 (7/1/17-6/30/18) to address gaps in emergency management capability as documented in the Network current hazard vulnerability assessment (HVA), a recent Network -level after action report (AAR) or other formalized assessment, as well as to build emergency preparedness, response and recovery capability among staff. BP1 training plan should include:
 - Type(s) of training that will be offered during BP1 to build emergency management capability
 - Description of any cross training of facility staff or training needed Network -wide versus specific training needed at certain facilities to benefit the entire Network
 - Explanation and source (e.g. HVA, AAR, etc.) demonstrating how the training plan will address gaps and enhance capabilities
 - Timeline of trainings
 - Network Facilities (acute and non-acute) to be trained
 - Number and profession (e.g., physician, nurse, other clinicians, administration, security, health/safety) of staff at each Network facility to be trained

Required Documentation:

- Final BP1 Network Training Plan, using DOHMH-provided template - **\$1,000.00 per member hospital**

Due Date: February 28, 2018

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

- Develop a final report summarizing the number of staff at each Network facility that were trained, using DOHMH's template and training sign in sheets.
- Using a DOHMH-provided template, develop a Network training plan for Budget Period 2 (BP2) through Budget Period 5 (BP5) (7/1/18-6/30/22), to include:
 - Type(s) of training that will be offered during the period of BP2-BP5 to build emergency management capability
 - Description of any cross training of facility staff or training needed Network-wide versus specific training needed at certain Network facilities to benefit the entire Network
 - Explanation and source (e.g. HVA, AAR, etc.) demonstrating how the training plan will address gaps and enhance capabilities
 - Expected timeline of trainings
 - Network Facilities (acute and non-acute) where training will occur
 - Projected number and profession (e.g., physician, nurse, other clinicians, administration, security, health/safety) of staff at each facility to be trained
 - Plan to monitor training and report to DOHMH annually status/progress on developing capability for emergency preparedness, response and recovery (template to be provided by DOHMH)

Required Documentation / Due Dates:

- Final report using DOHMH reporting template, and training sign in sheets. **Due April 13, 2018 ; \$7,500.00 per member hospital**
- Final BP2-BP5 Network Training Plan, using DOHMH reporting template. **Due June 4, 2018 ; \$2,000.00 per member hospital**

Assess and Document Supply Chain Integrity

- Complete supply chain assessment of Network equipment and supplies needed in all-hazards and scenario-specific situations, including:
 - Critical resources that would be needed to maintain Network acute and non-acute facility operations in a disaster
 - How specific supply amounts will be estimated for various disaster scenarios
 - Anticipated distributor availability issues
 - Alternate supply procurement and delivery options
- Collect and compile information from Network acute and non-acute facilities into a data set for DOHMH to generate a report that will indicate supply chain issues for the Network and NYC healthcare system during and after a disaster response.
 - From this DOHMH will take a system-wide view to describe in details issues such as:
 - ✓ Determining amounts of critical supplies available in Network
 - ✓ 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 ; \$68,500.00 Network**

Mass Casualty Drill

- Conduct and evaluate a medical surge drill demonstrating ability of all Network acute care facilities to activate response to a mass casualty incident.
 - DOHMH will provide scenario based on NYC notification protocol for level C mass casualty incident. For Network acute care facilities that are not 911-receiving facilities, contact DOHMH to discuss alternate scenarios.
 - Objectives for the drill should be based on update of Network facility mass casualty plans to align with new NYC notification protocols completed during BP5; these may include initial internal notifications, activation of mass casualty response plan, and assessment of immediately available resources in Emergency Department, Operating Rooms, and Critical Care services.

Required Documentation / Due Dates:

- One (1) AAR from each Network acute care facility. **Due January 19, 2018 ; \$5,000.00 per member hospital**
- One (1) executive summary document (maximum 2 pages) describing key findings and priority corrective actions for the Network system. This summary should include:
 - ✓ Commonly observed strengths and challenges in activating mass casualty response
 - ✓ Best practices identified at any specific facility;
 - ✓ Prioritized list of corrective actions that the Network can complete to improve mass casualty response.

Due February 16, 2018 ; \$4,000.00 per member hospital

Design Your Own Strategic Plan Deliverable(s)

- 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 from samples listed below), or planning and conducting an exercise.
- Deliverable(s) should result in system-wide (i.e., multi-facility acute, non-acute and community-based organizations) activity(ies) that will implement a project or address a gap. Exercises or projects proposed must be separate from any activities or exercises listed previously as deliverables.
- ***Contractor may not use the Citywide Surge Exercise to satisfy this deliverable.***
- Develop and submit deliverable proposal for DOHMH approval that includes the following:
 - Rationale for choosing to develop a system-wide project or exercise;
 - Implementation plan, including:
 - ✓ Justification based on Network Strategic Plan, and/or BP5 HVA and/or AAR/IP
 - ✓ Summary of after action report(s) and/or improvement plan(s) leading to the choice of deliverable or project
 - ✓ Outline of Project Scope of Work (SOW) or Exercise HSEEP documentation, to include goals, objectives, timeline, key action steps and budget.

Design Your Own Strategic Plan Deliverable(s)...Cont.

- Upon completion of the DOHMH-approved deliverable, develop the final deliverable documents, including:
 - If deliverable was a Project, develop and submit final summary report with details of implementation, goals and objectives, findings, impacts, outcomes, stakeholders, and next steps; and other supporting documentation, including (but not limited to) meeting agendas, notes, and sign-in sheets
 - If deliverable was an Exercise, develop and submit all HSEEP-compliant exercise documents according to the type of exercise including:
 - ✓ Description of how completion of this deliverable has advanced progress on the Coalition's strategic plan submitted in BP4.
 - ✓ Final Exercise Plan (ExPlan)
 - ✓ Exercise Evaluation Guide (EEG)
 - ✓ Master Scenario Events List (MSEL)
 - ✓ After action report/improvement plan (AAR/IP)
 - ✓ Sign-in sheets
 - ✓ List of exercise participants
- Exercise must be functional or higher and include multiple healthcare facilities. ***Contractor cannot conduct a standalone, single-facility exercise.***
- **Sample Projects:**
 - Implement a DOHMH-designed Emergency Preparedness for Nursing Staff curriculum;
 - Conduct a Network-wide assessment of community resilience in areas where Network has a presence (using facility HVAs and/or Community Health assessments)

Design Your Own Strategic Plan Deliverable(s)...Cont.

Required Documentation / Due Dates:

- Deliverable proposal for a system-wide project or exercise. **Due December 8, 2017 ; \$6,000.00 Network**
- Final Documents: **Due March 30, 2018 ; \$11,000.00 per member hospital**

For Projects:

- Final summary report including:
 - ✓ Details of implementation, including how project has advanced progress on the Network Strategic Plan submitted in BP4
 - ✓ Goals and objectives
 - ✓ Findings
 - ✓ Impact of activity
 - ✓ List of stakeholders
 - ✓ Next steps
- Supporting project documentation (e.g. meeting notes, agendas, sign-in sheets..)

For Exercises:

- Full suite of HSEEP-compliant exercise documents including:
 - ✓ Final Exercise Plan
 - ✓ Exercise Evaluation Guide
 - ✓ Master Scenario Events List
 - ✓ AAR/IP, including description of how completion of this deliverable has advanced progress on the Coalition's strategic plan submitted in BP4.
 - ✓ Sign-in sheets
 - ✓ List of participants

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 Healthcare Network Contact Information	Madhur Katyal / Chanukka Smith
Support Borough Coalition(s)	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 Network Training Plan and Staff Training for Emergency Management Capabilities	Darrin Pruitt
Assess and Document Supply Chain Integrity	Marie Irvine
Mass Casualty Drill	Timothy Styles
Design Your Own Strategic Plan Deliverable(s)	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!