

Project: Independent Hospitals

Contractor:

Contract Term: July 1, 2017-June 30, 2022

Budget Period 1 (BP1): July 1, 2017-June 30, 2018

Maximum Reimbursable Amount: \$53,000

Background:

As a component of the citywide preparedness structure and membership of the New York City (NYC) Health Care Coalition (NYCHCC), Independent Hospitals drive all-hazards healthcare preparedness in their local communities by continually assessing gaps in emergency preparedness and providing opportunities to strengthen capabilities through participation in trainings, exercises and other multi-disciplinary activities. NYC comprises fourteen (14) Independent Hospitals.

Scope of Service:

During BP1, (“Contractor”) (“Hospital”) will work with the NYC Department of Health and Mental Hygiene (DOHMH) to continue to build upon work undertaken during prior budget periods that strengthens and maintains its internal capabilities and capacities. In BP1, this work will include participation in its Borough Coalition and partnering with external stakeholders that include planning partners, response agencies and community-based organizations to complete the following activities:

- Participating in NYCHCC Leadership Council meetings and Emergency Preparedness Symposia (EPS)
- Providing DOHMH contact information updates for the 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 DOHMH project

During the term of this contract, in addition to the deliverables outlined in the Schedule of Deliverables and Compensation below, Contractor 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 emergency management meetings, trainings and exercises
- Employ a high standard of grammatically correct professional writing in all developed materials and presentations
- If Contractor has more than one (1) HPP-funded contract in BP1, individual attendees cannot represent more than one (1) HPP-funded entity at required activities or meetings, including NYCHCC Leadership Council meetings and Emergency Preparedness Symposia

Schedule of Deliverables and Compensation:

DELIVERABLE	REQUIRED ACTIVITIES	REQUIRED DOCUMENTATION	MAXIMUM REIMBURSABLE AMOUNT	DELIVERABLE DUE BY
1. Submit Partially Executed BP1 Contract	1. Sign and return to Public Health Solutions (PHS) a partially executed Independent Hospitals contract within 45 calendar days of receipt of contract via email from PHS.	1. Partially executed Independent Hospital BP1 Contract.	1. \$4,000	1. Within 45 calendar days of contract receipt via email from PHS.
2. Participate in NYCHCC Leadership Council Meetings	1. 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. <i>Attendee cannot represent more than one (1) HPP-funded entity at NYCHCC Leadership Council meetings.</i>	1. Completed evaluation surveys for each of the three (3) NYCHCC Leadership Council meetings <i>Note: Attendance at NYCHCC Leadership Council meetings will be verified by DOHMH sign-in sheets.</i>	1a. \$1,500 1b. \$1,500 1c. \$1,500	1a. September 2017 1b. December 2017 1c. May 2018
3. Participate in EPS	1. 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.	1. Completed evaluation surveys for each of the three (3) EPS meetings <i>Note: Attendance at EPS meetings will be verified by DOHMH sign-in sheets.</i>	1a. \$1,500 1b. \$1,500 1c. \$1,500	1a. October 2017 1b. February 2018 1c. May 2018

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	<i>Attendee cannot represent more than one (1) HPP-funded entity at EPS meetings.</i>			
4. Update Hospital contact information	1. 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.	1. HFD generated email acknowledging updates completed for Hospital	1. \$1,500	1. November 24, 2017
5. Support Borough Coalition	<p>1. 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.</p> <p>Develop a summary report of Hospital engagement in Borough Coalition activities that includes:</p> <ul style="list-style-type: none"> • 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. 	1. Final summary report of Hospital’s engagement in Borough Coalition activities	1. \$2,500 (\$1,250 per meeting/activity)	1. May 15, 2018

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6. Enroll in New York City Emergency Management (NYCEM) CIMS Training	<p>1. 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.</p> <p>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.</p> <p>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.</p>	1. CIMS Orientation training certificates from a minimum of three (3) Hospital staff with positions in the EOC	1. \$1,500 (\$500 per online training)	1. TBD

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7. Participate in a Citywide Surge Exercise	<p>1. Participate in the planning, conduct, data collection, and evaluation for a Citywide Surge Exercise, coordinated by DOHMH, that will focus on planning and response operations for medical surge resulting from an event requiring evacuation of certain facilities and decompression of those receiving evacuated patients. This includes:</p> <ul style="list-style-type: none"> Collecting surge data during the exercise using the Assistant Secretary for Preparedness and Response (ASPR) surge tool template to be distributed by DOHMH; 	<p>1.a. Completed template provided by DOHMH that includes observations and evaluation details from Hospital.</p> <p>1.b. Surge data collected using ASPR surge tool provided by DOHMH</p>	1. \$10,000	1. April 16, 2018

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	<ul style="list-style-type: none"> Completing template provided by DOHMH to collect observations and evaluation details records during exercise from each hospital <p><i>Note: The exercise will test the ability of Hospitals 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.</i></p>			
8. Complete a Hospital Training Plan and Staff Training for Emergency Management Capabilities	<ol style="list-style-type: none"> 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 After Action Report (AAR) or other formalized assessment, to build emergency preparedness, response and recovery capability among facility staff. Hospital must conduct <i>at least one (1)</i> training during BP1. Training plan and report to include the following: <ul style="list-style-type: none"> 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. 	<ol style="list-style-type: none"> Final BP1 Hospital Training Plan and report 	<ol style="list-style-type: none"> \$2,500 	<ol style="list-style-type: none"> February 28, 2018

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	<p>2. 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:</p> <ul style="list-style-type: none"> • 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. 	<p>2. Final BP2-BP5 Hospital Training Plan</p>	<p>2. \$6,000</p>	<p>2. April 13, 2018</p>
<p>9. Assess and Document Supply Chain Integrity</p>	<p>1. Complete supply chain assessment of Hospital equipment and supplies needed in all-hazards and scenario-specific situations, including:</p> <ul style="list-style-type: none"> • 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 <p>2. Collect and compile information from Hospital's</p>	<p>1. Completed supply chain assessment data form provided by DOHMH.</p>	<p>1. \$8,000</p>	<p>1. May 9, 2018</p>

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	<p>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 system during and after a disaster response.</p> <p>From this DOHMH will take a system-wide view to describe in details issues such as:</p> <ul style="list-style-type: none"> • 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. 			
<p>10. Design a Deliverable</p>	<p>1. 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 <i>must be separate</i> from any activities or exercises listed previously as deliverables. Contractor also <u>cannot</u> propose an exercise to satisfy deliverable.</p> <p>Develop and submit a deliverable proposal for DOHMH approval that includes the following:</p> <ul style="list-style-type: none"> • Rationale for choosing to develop a hospital-wide project; • Implementation plan, including: 	<p>1a. Approved deliverable proposal for a Hospital project or exercise</p> <p>1b. <u>Final Documents:</u></p> <ul style="list-style-type: none"> • Summary report including: <ul style="list-style-type: none"> ○ 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) 	<p>1a. \$3,000</p> <p>1b. \$5,000</p>	<p>1a. December 8, 2017</p> <p>1b. March 30, 2018</p>

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	<ul style="list-style-type: none"> ○ 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. <p>Sample Projects:</p> <ul style="list-style-type: none"> ● 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). 			

As stated in the Work Product and Materials section of the Contractor’s Agreement, all Work Product, materials, publications, videos, curricula, reports, and other material produced as a direct requirement of this Agreement (“Material”) shall be considered “work-made-for-hire” within the meaning and purview of Section 101 of the United States Copyright Act, 17 U.S.C Section 101, and DOHMH shall be the copyright owner thereof and of all aspects, elements and components thereof in which copyright protection might subsist. To the extent that the Material does not qualify as “work-made-for-hire,” Contractor hereby irrevocably transfers, assigns and conveys exclusive copyright ownership in and to the Material to DOHMH, free and clear of any liens, claims or other encumbrances.

Payment Schedule

The maximum reimbursable amount is \$53,000. Contractor will submit to DOHMH Payment Vouchers (Appendix C) along with any supporting documentation for each deliverable no later than 30 days of the due date specified in the Scope of Services/Schedule of Deliverables and Compensation. DOHMH retains the originals. Payment to Contractor is contingent upon DOHMH acceptance and approval of payment vouchers.