Project: Network Coalitions
Lead Contractor:
Participating Network Acute Care Facilities:
Contract Term: July 1, 2017-June 30, 2022
Budget Period 1 (BP1): July 1, 2017 – June 30, 2018
Maximum Reimbursable Amount: $

Background

As a component of the citywide preparedness structure and membership of the New York City Health Care Coalition (NYCHCC), Network Coalitions drive all-hazards preparedness activities for its members, continually assessing gaps in preparedness and providing opportunities to strengthen capabilities through participation in system-wide trainings, exercises and other multi-disciplinary activities. NYC comprises the following seven (7) Network emergency preparedness coalitions:

- MediSys Health Network (2 acute care facilities)
- Montefiore Health System (4 acute care facilities)
- Mount Sinai Health System (7 acute care facilities)
- New York-Presbyterian Healthcare System (8 acute care facilities)
- NYC Health and Hospitals (11 acute care facilities)
- NYU Langone Hospitals (3 acute care facilities)
- Northwell Health (6 acute care facilities)

Scope of Service

During Budget Period 1 (BP1), ("Contractor") ("Network") will work with the NYC Department of Health and Mental Hygiene (DOHMH) to continue to build upon preparedness work undertaken during prior budget periods. This includes expanding Network's reach to include external stakeholders and strengthening its internal capabilities by:

- Participating in NYCHCC Leadership Council meetings and Emergency Preparedness Symposia (EPS)
- Providing DOHMH contact information updates for Network's clinical service areas
- Supporting Borough Coalitions where Network 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 **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, Network must also:

- Provide DOHMH with up-to-date and accurate contact information for the Emergency Preparedness Coordinator (EPC) and Alternate EPC at each coalition member facility
- Acknowledge 800 MHz radio calls during drills or actual emergency events
- Maintain compliance with National Incident Management System (NIMS) requirements
- Inform DOHMH of Network's emergency management meetings, system-wide trainings and exercises
- Employ a high standard of grammatically correct professional writing in all developed materials and presentations
- If Network 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 EPS

Schedule of Deliverables and Compensation

Deliverable	Required Activities	Required Documentation	Maximum Reimbursable Amount	Deliverable Due By
1. Submit Partially Executed Budget Period 1 (BP1) Contract	1. Sign and return to Public Health Solutions (PHS) a partially executed Network Coalition contract **within 45 calendar days** of contract receipt via email from PHS.	1. Partially executed Network Coalition BP1 contract	**1. $5,000**	1. Within 45 calendar days of contract receipt via email from PHS.
2. Participate in NYCHCC Leadership	1. Ensure attendance and participation of at least one (1) Network EPC or appropriate designee at three (3) NYCHCC Leadership Council meetings. NYCHCC Leadership Council	1. Completed evaluation surveys for each of the three (3) NYCHCC Leadership Council	**1a. $1,500** **1b. $1,500**	1a. September 2017 1b. December

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Council Meetings	Meetings convene the leadership of all funded 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. 2. 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) EPS. *Note: Attendee cannot represent more than one (1) HPP-funded entity at NYCHCC Leadership Council meetings.*	events. *Note: Attendance at NYCHCC Leadership Council meetings will be verified by DOHMH sign-in sheets.* 2. Copy of PowerPoint slides	**1c. $1,500** **2. $2,000**	2017 1c. May 2018 2. TBD
3. Participate in EPS	1. Ensure attendance and participation of at least one (1) EPC or appropriate designee from <u>each Network acute care facility</u> to attend three (3) 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. *Note: Individual attendees cannot attend on behalf of more than one (1) acute care facility.*	1. Evaluation surveys completed by one (1) EPC/designee from each Network acute care facility for the three (3) EPS meetings. *Note: Attendance at EPS meetings will be verified by DOHMH sign-in sheets.*	**1a. $TBD** **1b. $TBD** **1c. $TBD** ($1,500 per Network EPC/designee per meeting)	1a. October 2017 1b. February 2018 1c. May 2018
4. Update Network contact information	1. Update and/or confirm service contact information for each Network acute care facility 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 all Network acute care facilities.	**1. $TBD** ($1,500 per Network acute care facility)	1. November 24, 2017
5. Support Borough Coalition(s)	1a. Develop and submit for approval a proposal detailing plans to have representatives from <u>each</u> Network <u>acute care facility</u> engage and collaborate with NYCHCC Borough	1a. Proposal detailing plans for designees from each Network acute care facility to	**1a. $TBD**	1a. November 17, 2017

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	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) designee to a minimum of two (2) meetings; individual designees cannot attend on behalf of more than one (1) acute care facility. 1b. Develop a final summary report of Network engagement in Borough Coalition(s) activities that includes: • Names and titles of Network designee(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.	attend at least two (2) Borough Coalition meetings/activities in the Boroughs in which their hospitals are situated. 1b. Final summary report of Network engagement in Borough Coalition(s) activities.	**1b**. **$ TBD** ($2,000 per Network acute care facility)	1b. May 15, 2018
6. Enroll in New York City Emergency Management (NYCEM) CIMS Training	1. Require a minimum of three (3) staff from each Network acute care facility with positions in the Network's Emergency Operations Center (EOC) structure to register for and complete the 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	1. CIMS Orientation training certificates from a minimum of three (3) staff from each Network acute care facility with positions in the EOC.	**1. $TBD** ($1,500 per Network acute care facility)	1. TBD

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	operations carried out in NYC during emergencies. Network will be advised of 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.			
7. Participate in a Citywide Surge Exercise	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: • 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 the 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 *Note: The exercise will test the ability of the Network 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*	1a. Completed templates provided by DOHMH that include: • Observations and evaluation details from each facility. • Key strengths and weaknesses experienced by the Network. 1b. Surge data collected using ASPR surge tool provided by DOHMH	**$TBD** ($10,000 total per Network acute care facility)	April 16, 2018

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	facilities to communicate with non-acute care services and locations to see how many staff can be provided for surge in acute care.			
8. Complete a Network Training Plan and Staff Training for Emergency Management Capabilities	1. Using a DOHMH-provided template, develop and execute a Network Training Plan for BP1 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, including training topics and capabilities; • 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 2. Develop a final report summarizing the number of staff	1. Final BP1 Network Training Plan, using DOHMH-provided template. 2. Final report using DOHMH	**1. $TBD** ($1,000 per Network acute care facility) **2. $TBD**	1. February 28, 2018 2. April 13, 2018

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	at each Network facility that were trained, using DOHMH's template and training sign-in sheets. 3. Using a DOHMH-provided template, develop a Network 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 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).	reporting template, and training sign-in sheets. 3. Final BP2-BP5 Network Training Plan, using DOHMH reporting template.	($7,500 per Network acute care facility) **3. $TBD** ($2,000 per Network acute care facility)	3. June 4, 2018
9. Assess and Document Supply	1. Complete supply chain assessment of Network equipment and supplies needed in all-hazards and scenario-specific situations, including:	1. Completed supply chain assessment data form provided by	**$68,500**	May 9, 2018

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Chain Integrity	• 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 2. 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 detail 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.	DOHMH.		
10. Mass Casualty Drill	1. 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	1a. One (1) AAR from each Network acute care facility 1b. One (1) executive summary	**1a. $TBD** ($5,000 per Network acute care facility)	1a. January 19, 2018 1b. February

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	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.	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.	**1b. $TBD** ($4,000 per Network acute care facility)	16, 2018
11. Design Your Own Strategic Plan Deliverable(s)	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 from samples listed below), <u>or</u> 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 <u>*must be separate*</u> from any activities or exercises listed previously as deliverables. Network may not use Deliverable 7's Citywide Surge Exercise to satisfy this deliverable. Develop and submit deliverable proposal for DOHMH	1a. Approved deliverable proposal for a system-wide project or exercise 1b. <u>Final Documents:</u> **For Projects**: • Summary report including: o Details of implementation, including how project has advanced progress on the Network Strategic Plan	**1a. $6,000** **1b. $TBD** ($11,000 per Network acute care facility)	1a. December 8, 2017 1b. March 30, 2018

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	approval that includes the following: • Rationale for choosing to develop a system-wide project or exercise; • Implementation plan , including: o Justification based on Network Strategic Plan, and/or BP5 HVA and/or AAR/IP (Improvement Plan); o Summary of AAR(s) and/or IP(s) leading to the choice of deliverable or project; o Outline of project Scope of Work (SOW) **or** HSEEP-compliant exercise documentation, to include goals, objectives, timeline, key action steps and budget. 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 (must be functional or higher) including: o Description of how completion of this deliverable has advanced progress on the Network's strategic plan submitted in BP4. o Final Exercise Plan (ExPlan)	submitted in BP4 o Goals and objectives o Findings o Impact of activity o List of stakeholders o Next steps • Supporting project documentation (e.g., meeting notes, agendas, sign-in sheets) **For Exercises**: • Full suite of HSEEP-compliant exercise documents including: o Final ExPlan o EEG o MSEL o AAR/IP, including description of how completion of this deliverable has advanced progress on the Coalition's strategic plan submitted in BP4. o Sign-in sheets o List of participants		

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	o EEG o Master Scenario Events List (MSEL) o AAR/IP o Sign-in sheets o List of exercise participants Exercise must be functional or higher and include multiple healthcare facilities. Contractor cannot conduct a standalone, single-facility exercise. <u>Sample Projects</u>: • 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).			

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 $ 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.