

EMERGENCY PREPAREDNESS SYMPOSIUM (EPS)

NYC DOHMH EMERGENCY PREPAREDNESS AND RESPONSE
BUREAU OF HEALTHCARE SYSTEM READINESS

Tuesday, January 30, 2018



WELCOME!

Morning Agenda

8:30 – 9:00 AM	Registration and Sign In
9:00 – 9:05 AM	Welcome Darrin Pruitt, Deputy Director, Bureau of Healthcare System Readiness, NYC Department of Health and Mental Hygiene
9:05 – 9:15 AM	Opening Remarks Celia Quinn, Executive Director, Bureau of Healthcare System Readiness, NYC Department of Health and Mental Hygiene
9:15 – 10:00 AM	HMExec: Coastal Storm, Summary of 2017 data and 2018 Planning Activities Celia Quinn, Executive Director, Bureau of Healthcare System Readiness, NYC Department of Health and Mental Hygiene
10:00 – 10:30 AM	Update on Coalition Surge Exercise Marie Irvine, Emergency Response Coordinator, Bureau of Healthcare System Readiness, NYC Department of Health and Mental Hygiene
10:30 – 11:00 AM	Break
11:00 – 11:45 AM	Metropolitan Transportation Authority (MTA) Emergency Management Andrew McMahan, Director of Emergency Management and Operations Support, Metropolitan Transportation Authority

Afternoon Agenda

11:45 – 12:00 PM	<i>Announcements and Events</i>
12:00 – 1:00 PM	<i>Lunch</i>
1:00 – 2:45 PM	<i>Supply Chain Integrity Workshop</i> Darrin Pruitt, Deputy Director, Bureau of Healthcare System Readiness, NYC Department of Health and Mental Hygiene Mohamed Telab, Project Security Advisor, Department of Homeland Security, Region 2, Regional Resiliency Assessment Program
2:45 – 3:00 PM	<i>Break</i>
3:00 – 3:45 PM	<i>Disaster Mental Health DOHMH Planning and Resources</i> Monika Erős-Sarnyai, Best Practices Specialist, NYC Department of Health and Mental Hygiene <i>MRC and Disaster Mental Health</i> Betty Duggan, Director, NYC Medical Reserve Corps, NYC Department of Health and Mental Hygiene
3:45 – 4:00 PM	<i>Next Steps / Evaluation Distributed</i> <i>Final Remarks and Adjournment</i>

OPENING REMARKS

Celia Quinn, Executive Director, Bureau of Healthcare System Readiness, NYC Department of Health and Mental Hygiene

HMEEXEC: COASTAL STORM, SUMMARY OF 2017 DATA AND 2018 PLANNING ACTIVITIES

Celia Quinn, Executive Director, Bureau of Healthcare System Readiness, NYC Department of Health and Mental Hygiene



Coastal Storm Planning for Healthcare Facilities: New York City Department of Health and Mental Hygiene Perspective

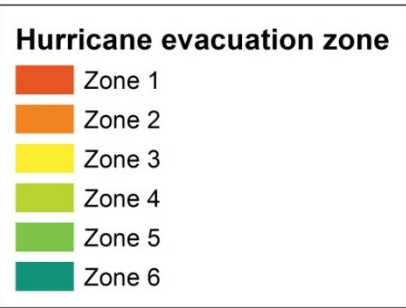
Celia Quinn, MD, MPH

Executive Director, Bureau for Healthcare System Readiness

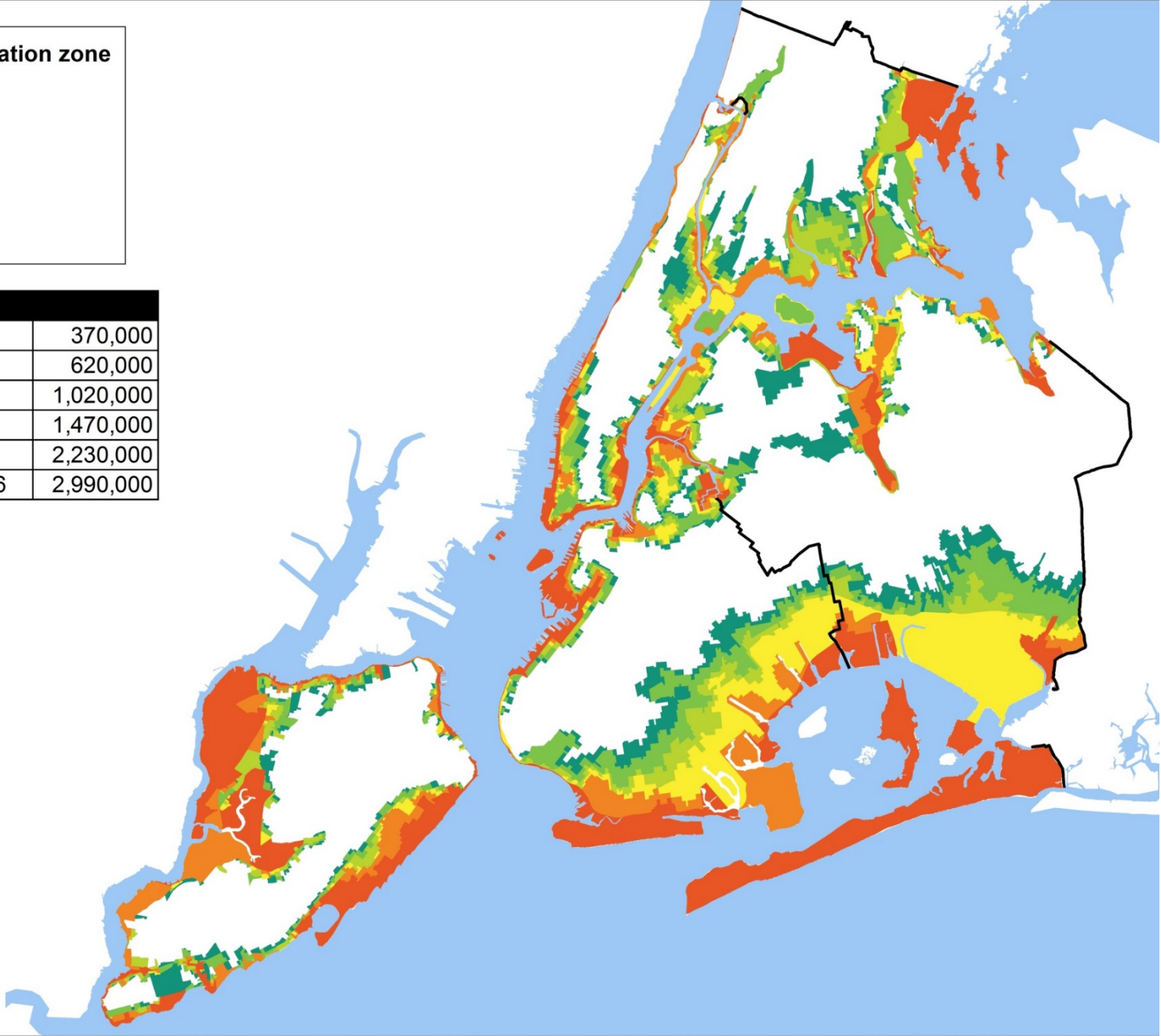
Office of Emergency Preparedness and Response

NYC Department of Health and Mental Hygiene

NYC Evacuation Zones



2010 Population	
Zone 1	370,000
Zone 1+2	620,000
Zone 1+2+3	1,020,000
Zone 1+2+3+4	1,470,000
Zone 1+2+3+4+5	2,230,000
Zone 1+2+3+4+5+6	2,990,000



Healthcare Facilities by Zone

	Hospital	Nursing Home	Adult Care Facility	NYS OMH In-Patient Psychiatric Center	Total
Zone 1	4	23	19	1	47
Zone 2	4	3	4	0	11
Zone 3	0	7	2	2	11
Zone 4	6	7	7	0	20
Zone 5	9	16	6	2	33
Zone 6	2	10	4	1	17
Total	25	66	42	6	139

Source: NYC Emergency Management, totals as of June 2017.

NYC Evacuation Zone Population to Evacuate – 2017 Facility Profile Data (preliminary)

NYC Evacuation Zone Beds 2017 Facility Profile Data

Facility Type		Facility Evacuation Zone						Grand Total
		1	2	3	4	5	6	
Hospital	Licensed Beds (NYS)	2,013	1,413		1,986	1,306	691	7,409
	Total Beds in Active Arrangements	352	163		420	372	185	1,492
	Arrangements as Percent of Licensed Beds	17.5%	11.5%		21.1%	28.5%	26.8%	20.1%
Nursing Home	Licensed Beds (NYS)	3,925	1,215	550	1,711	2,190	1,663	11,254
	Total Beds in Active Arrangements	1,401	310	117	443	191	234	2,696
	Arrangements as Percent of Licensed Beds	35.7%	25.5%	21.3%	25.9%	8.7%	14.1%	24.0%
Adult Care Facility	Licensed Beds (NYS)	1,665	189		585	506	192	3,137
	Total Beds in Active Arrangements	727	125		270	195	30	1,347
	Arrangements as Percent of Licensed Beds	43.7%	66.1%		46.2%	38.5%	15.6%	42.9%
Grand Total	Licensed Beds (NYS)	7,603	2,817	550	4,282	4,002	2,546	21,800
	Total Beds in Active Arrangements	2,480	598	117	1,133	758	449	5,535
	Arrangements as Percent of Licensed Beds	32.6%	21.2%	21.3%	26.5%	18.9%	17.6%	25.4%

NYC Health and Medical Executive Advisory Group (HMEExec)

Working in coordination with other ESF-8 agencies and NYC health system partners, the mission of HMEExec is to:

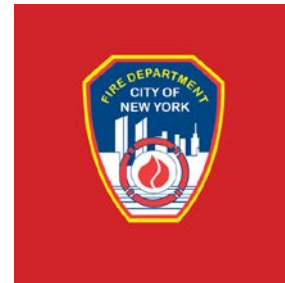
- Advise and inform agency and incident response leadership on health and medical response objectives
- Ensure that agencies are aligned in setting planning and response goals and meeting response needs appropriately
- Provide strategic direction to Health/Medical agencies and health system partners in support of ESF-8
- Identify and prioritize policy issues requiring HMEExec agency input and coordinate timely resolution of these issues

NYC
HEALTH+
HOSPITALS

NYC
Emergency
Management

GREATER NEW YORK HOSPITAL ASSOCIATION
GNYHA

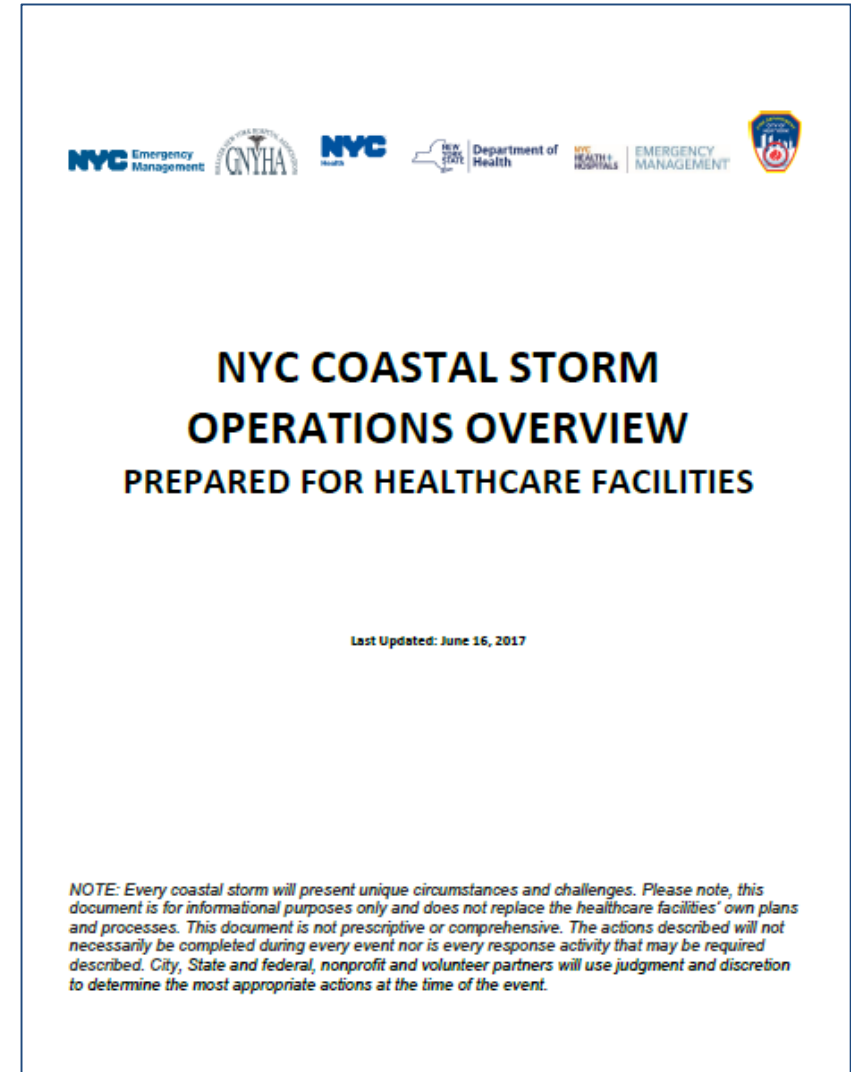
NYC
Health



Department
of Health

NYC Coastal Storm Operations Overview

- Developed jointly by HMEExec agencies in 2017
- Summarizes elements of NYC Coastal Storm Plan relevant to health care facility planning for coastal storms
- Supports a “common operating picture” for city and state agencies, and health care facilities and organizations
- **For Official Use Only**



NYC Coastal Storm Operations Overview Sections

- General – describes tropical cyclone classification, summarizes weather products, and explains storm bearing and strength impacts
- City Plans and Assumptions – describes key response operations, centers, and resources relevant to coastal storms; outlines NYC coastal storm plan timeline; summarizes mass transit, bridge and tunnel planning assumptions; provides a limited summary of general population evacuation operations
- Facilities – summarizes the role of the Healthcare Evacuation Center; describes Shelter-in-Place procedures; lists relevant NYSDOH Health Commerce System Applications; defines Transportation Assistance Level (TAL) Categories; summarizes likely healthcare facility impacts; lists federal resources that may be available in event of significant impacts
- Appendices – contact information and list of facilities in evacuation zones

HMExec 2018 Goal: Focus on Coastal Storm planning

Increase the capacity of the NYC Healthcare System to safely evacuate and receive patients/residents during a large-scale evacuation by reducing the shortfall in receiving beds in hospitals, nursing homes (NHs), and adult care facilities (ACFs)

1. Target 100% compliance with Health Commerce System applications by March 31, 2018: improve user guide, coordinate training opportunities, offer technical assistance
2. Pilot ways to improve nursing home receiving capacity (out of zone): Emergency Management coordinated interagency planning project with a small number of facilities
3. Increase hospital receiving capacity to accept patients from evacuating hospitals as well as community members that cannot be accommodated at Special Medical Needs Shelters.
4. Plan and conduct system-wide exercises testing surge and evacuation plans

HMExec Goal 1: Accurate Facility Profile Data

- Co-leads: NYS Department of Health and NYC DOHMH
- City and State agencies need accurate facility and send-receive information in advance of coastal storm season each year
- For 2018, HMExec agencies are jointly working on:
 - Improved Facility Profile Application (FPA) User Guide (released 1/18/2018)
 - Earlier compliance deadline for all facilities – **March 31, 2018**
 - Expanded ability to provide technical assistance
 - Proactive outreach to all NYC hospitals, nursing homes, and adult care facilities
- Secondary goals of this project include tracking challenges that facilities encounter in completing the FPA and building facility capacity in use of the application



**Department
of Health**

Coastal Storm Planning & Response

**Shannon Ethier, Deputy Director
Office of Health Emergency Preparedness**

Coastal Storm Planning Tools

- Critical Assets Survey (CAS) →
- Facility Profile Application (PA) →
- Healthcare Facility Evacuation Center (HEC)
- HERDS Surveys
- eFINDS

Critical Assets Survey

HERDS Survey

- Baseline Form
- Resilience & Interrupted Supply Chain
- Non-Traditional Surge

Facility Profile Application

- Planning tool to assess and maintain facility specific information, including arrangements as part of pre-event evacuation planning
- Based on capacity to place patients/residents in non-traditional surge spaces

Facility Profile Application

- Profile
- Arrangements
- Find Available Receiving Capacity
- SiP Points

Facility Profile Application

- Profile
 - Facility Details (includes Max Receive Capacity from CAS)
 - Receiving Facility Consideration Points
 - SiP Consideration Points
 - Supplies/Personnel Needed to Maximize Non Traditional Surge Areas
 - General Attributes
 - Generator Supported Equipment
 - Attestation

Facility Profile Application

- Arrangements
 - Network Arrangements
 - Primary Arrangements
 - Contingency Arrangements

Facility Profile Application

- Find Available Receiving Capacity
 - Search by
 - Facility
 - City
 - Receiving Capacity Available
 - Distance

Facility Profile Application

- Version 2.0
 - Includes modifications to:
 - Clean existing data
 - Enhance functionality and ease of use
 - Introduce new measures to increase quality of data estimates generated

Profile Application Requirements

Activity:	Required by:
Assign staff to Facility Profile Coordinator Role in HCS	ALL NYC HCFs
Review/update and submit CAS in HERDS	ALL NYC HCFs
Review/update and submit PA Profile Page	ALL NYC HCFs
Review/update and submit all documented Send-Receive Arrangements in the PA	ALL NYC HCFs
Identify Facilities with Available Receiving Capacity in the PA and make new arrangements as identified.	SENDING FACILITIES ONLY
Respond to requests for new and/or pending arrangements in the PA within 30 days of notice.	RECEIVING FACILITIES ONLY
Review/update and submit all data on the Receive Facility Capability Screen in the PA	RECEIVING FACILITIES ONLY
Review/update and submit all data on the PTE Screen in the PA	SENDING FACILITIES ONLY
Review/update and submit all data on the Resilience and Vulnerabilities Screen in the PA	SENDING FACILITIES ONLY
IF requesting to SiP, Review/update and submit all data on the Request for SiP Screen in the PA	SENDING FACILITIES ONLY

Upcoming Training Opportunities

Course: **Coastal Storm Planning for NYC Using Facility Profile Application 2.0**

Course number: **OHEP-CTI1600-2018**

Instructions for registering:

- Log into <https://www.nylearnsph.com> using your Learning Management System account
- Go to the My Courses page
- Search using the course number
- If you have difficulty registering, contact the Training Administrator for this course, Thomas Henry (Thomas.henry@health.ny.gov)

Questions?

**NYSDOH Office of
Health Emergency Preparedness**

518-474-2893

Outreach and Technical Assistance for FPA

- DOHMH is training additional staff in the use of the FPA
- DOHMH staff will have read-only access to the FPA to assist with providing technical assistance (TA) to facilities
- Process:
 - Outreach to schedule phone-based TA sessions will begin this week
 - TA session appointments are available Feb 5th through March 31st
 - Facilities must complete or validate Critical Asset Survey before their scheduled TA session
 - Facilities may still contact NYSDOH Office of Health Emergency Preparedness for questions or assistance
- HMEExec workgroup will meet biweekly to monitor the project

HMExec Goal 2: Nursing Home surge task force

- Lead: New York City Emergency Management





NURSING HOME SURGE CAPACITY TASK FORCE

Emergency Preparedness Symposium
January 30th 2018

Project Overview

- NYC was challenged during past major coastal storms in finding places to shelter the medically fragile population
- Homebound Evacuation Operation (HEO) transports bed-bound clients to hospitals by 911 ambulance
- While progress has been made with Send/Receive relationships, a shortfall of receiving beds available across the city
- Special Medical Needs Shelters have limited space and patient care capabilities



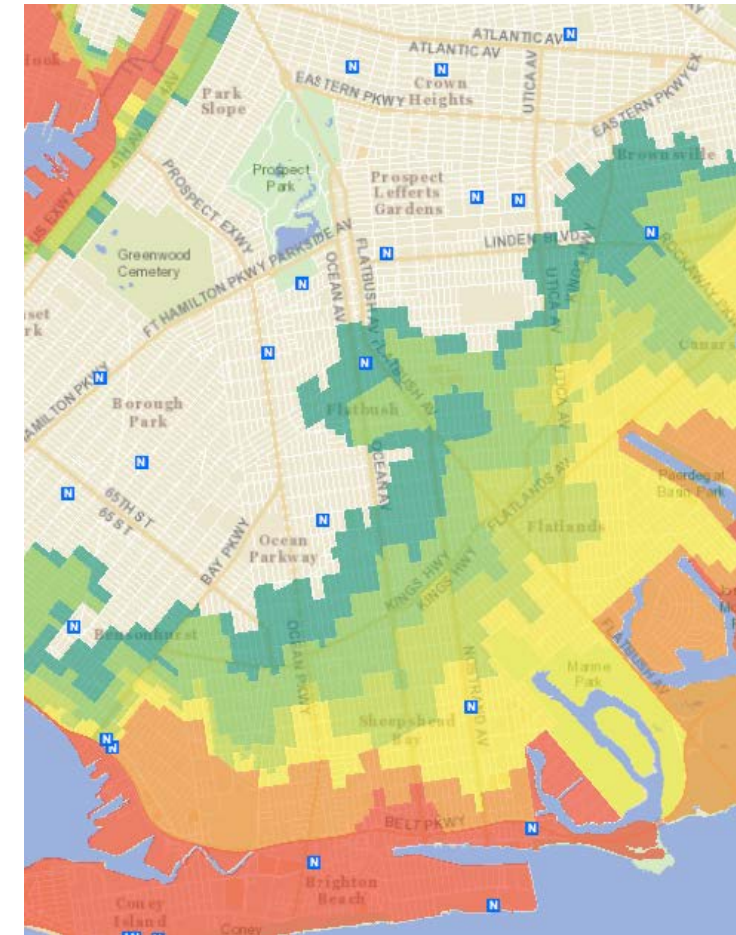
Project Overview

- **Hurricane Sandy**

- 6,100 patients evacuated from 34 healthcare facilities

- **By the Numbers:**

- 170 Nursing Homes within NYC
- 67 located in Evacuation Zones
 - 19,969 Beds
- 103 located outside of Evacuation Zones
 - 26,647 Beds



Nursing Home Surge Capacity Task Force

- **Objective:** Work collaboratively with selected nursing home facilities to increase receiving capacity by identifying and mitigating barriers

Steering Committee

- Provide programmatic guidance
- Participate in facility selection process
- Review draft surge plans

Task Force

- Perform site visits with selected facilities
- Identify facility-specific barriers
- Develop solutions and compile facility-specific surge plans
- Provide subject matter expertise on applicable regulations, laws and codes.

Nursing Home Surge Capacity Task Force

- **Objective:** Work collaboratively with selected nursing home facilities to increase receiving capacity by identifying and mitigating barriers

Steering Committee

- NYC Emergency Management
- NYC Department of Health and Mental Hygiene
- FDNY
- NYC Health + Hospitals
- NYS Department of Health
- Continuing Care Leadership Coalition

Task Force

- NYCEM
- NYC DOHMH
- NYS DOH
- FDNY
- NYC DOB



Project Overview

- **Potential Barriers**
- Physical space
- Adequate staffing
- Medical and non-medical supplies
- Financial reimbursement

Project Overview

Deliverables

- Facility-specific surge document that includes:
 - Facility map identifying exact location of surge beds
 - Facility specific logistical deployment plan
 - Identified number and type of additional staff needed
 - Identified financial needs of receiving facility
 - Approval by agency subject matter experts

- Financial reimbursement solution

Project Goal:

Complete 10 facility-specific surge plans by July 2nd, 2018

Project Work Plan

Mid January 2018

- Initial Kickoff Meeting

Late January 2018

- Target facilities identified

Early February 2018

- Target facilities contacted

Mid February – Early March 2018

- Initial meetings scheduled with target facilities

March – May 2018

- Plan development and follow up visits with target facilities

June 2018

- Plan finalization and sign off

QUESTIONS?

For more information contact:

Robert F. Bristol AEM
New York City Emergency Management
rbristol@oem.nyc.gov

NYC Emergency
Management

OEM

HMExec Goal 3: Hospital receiving capacity

- Lead: Greater New York Hospital Association
- Currently recruiting workgroup members: seeking 5-10 hospital workgroup members from out of zone hospitals and agency representatives from FDNY, REMSCO, NYCEM, DOHMH, and SDOH.
- Will first focus on medical boarder issue – will consider developing plan of predesignated facilities to accept such patients

HMExec Goal 4: Surge and Evacuation Exercises

Stay tuned.... SurgeEx update is next on today's agenda!

Summary

- City and State agencies are working together to improve coastal storm response with a focus on large-scale healthcare facility evacuations
- More accurate and timely data will help us to evaluate the impact of interventions intended to increase surge capacity
- Increasing surge capacity in different settings will benefit the whole system
- Healthcare facility feedback will help improve processes

THANK YOU!

Celia Quinn, MD, MPH

cquinnmd@health.nyc.gov

Backup Slides from SDOH

Healthcare Facility Evacuation Center (HEC)

The Healthcare Facility Evacuation Center (HEC) is a NYSDOH-led entity that coordinates the evacuation, shelter-in-place (with consent of NYSDOH and Local Chief Elected Official), and repatriation of healthcare facilities during a regional multi-facility evacuation scenario with the assistance of multi-agency partners that are specific to the region that the HEC is operating in. These agencies include local health departments, offices of emergency management, and healthcare facility associations, among others.

Healthcare Facility Evacuation Center (HEC)

Mission of the HEC

- Finds beds for evacuating facilities (Hospitals, ACFs, NHs)
- Arranges transportation between facilities
- Provides guidance to receiving facilities
- Provides shelter-in-place guidance
- Troubleshoots evacuation issues
- Assists with repatriation

When to Use the HEC

- Pre-HEC Activation
 - All HCFs continue to use their partnerships and resources in their evacuation decision-making and operations
- HEC Activation
 - Once activated, the HEC must be notified of all patient movements to provide better situational awareness and Common Operating Picture (COP)
- Mandatory Evacuation Order (NYC specific)
 - If a mandatory evacuation order is issued by the local chief elected official, all transportation resources will be coordinated through the HEC
 - Exception: If a system is moving patients within their system and using their own resources, they just need to notify the HEC of those movements

HEC vs. Emergency Support Function-8 (ESF-8)

- What the HEC is used for:
 - Bed matching
 - Transportation
 - Shelter in Place (SiP) Issues
- What local ESF-8 is used for:
 - Everything else
 - Generators
 - Fuel
 - Placards
 - ESRD Issues
 - Etc

HEC Activities

- -96 to -84 Hours to Zero Hour (sustained tropical winds of 39 mph)
 - Information gathering
 - Activation and notification
- -84 to -72 Hours
 - Recommendation to NYC Local Chief Elected Official regarding evacuation/SiP
 - Notification to facilities about use of eFINDS
- -24 Hours
 - HCF evacuation complete

HERDS Surveys

- 96 Hour Survey (SF-1)
 - Total Census
 - TALs
- 72 Hour Survey**
 - Total Census or Availability information by bed types

****Survey's are loaded to the HEC Application**

What information will the HEC need from HCFs that need assistance?

- HEC staff will verify information submitted in HERDS surveys on Facility Status
- Estimate of number of patients/residents to be evacuated with HEC assistance (and TAL level if transportation is needed)
- Estimate of resource support needs
- Available staff and equipment to accompany patients/residents (if any)
- Contact information for facility

What Happens After HCFs Initiate HEC Contact?

- HEC staff identify and reserve potential available beds at receiving facilities
- Ensure contact between sending and receiving facilities for clinical coordination
- Receiving facility confirms bed match
- Filter transportation requests to the Transportation Unit (if applicable)
- Filter resource requests to ESF-8 Desk (if applicable)

Repatriation

- Meet local requirements
- Meet NYSDOH requirements
- Initially conducted through the HEC and continuing at NYSDOH Central Office Program Areas
- Final approval through NYSDOH Central Office

eFINDS Use

- Connect eFINDS event/incident with HEC Application
- Tracking Patient Status
(Registered/Evacuated/Received/Repatriated/SiP)

NOTE: Patient specific info in eFINDS vs. HEC data

Looking ahead to 2018

- Notice to facilities to complete/update/attest FPA
- Training/Technical Assistance Opportunities in use of FPA
- Updates to facility evacuation plans
- Updated Facility Guidance Document for Coastal Storms
- Updated HEC Manual for HEC staff
- Role specific recorded HEC training for HEC staff
- Development of All Hazards HEC Application for regional HEC plans
- Application enhancements
- Exercise & Improvement Planning

UPDATE ON COALITION SURGE EXERCISE

Marie Irvine, Emergency Response Coordinator, Bureau of
Healthcare System Readiness, NYC Department of Health and
Mental Hygiene

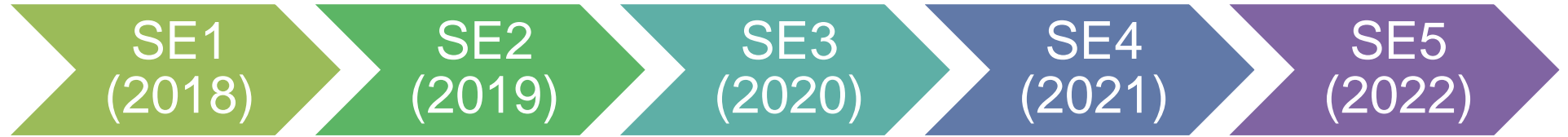
What is SurgeEx?

- The Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response (HHS APSR) designed the exercise to help Health Care Coalitions **identify gaps in surge and response readiness through a low- to no-notice exercise.**
- The exercise is a required **annual deliverable** for all HHS ASPR Hospital Preparedness Program Awardees 2017-2020 – 8 associated ASPR HPP Performance Metrics. Current Budget Period 1 sets a baseline metric
- The exercise was piloted in South Dakota, Texas, Michigan, and Wyoming.

SurgeEx (cont.)

- ❑ The exercise scenario (TBD) is expected to simulated evacuation of at least **20% of the acute care beds in a healthcare coalition.**
 - HHS ASPR and DOHMH consider NYC one single coalition comprised of a number of networks and independent facilities
- ❑ **Low- to no-notice functional exercise.**
- ❑ **Designed to be challenging.**
- ❑ **Intended to improve health care system response readiness.**
- ❑ **Intended to test the overall health care system response.**
- ❑ ~~**Work in progress**~~

SurgeEx



□ SurgeEx 2018

- Baseline
- Major Gaps
- Focus on Acute Care Sector

□ SurgeEx 2019

- Adding other sectors (Nursing Homes, Primary Care...)
- Address Gaps Specifically
- Added SurgeEx deliverables to support development of surge capacity

SurgeEx 2018 Elements



Scenario 2018: Coastal Storm



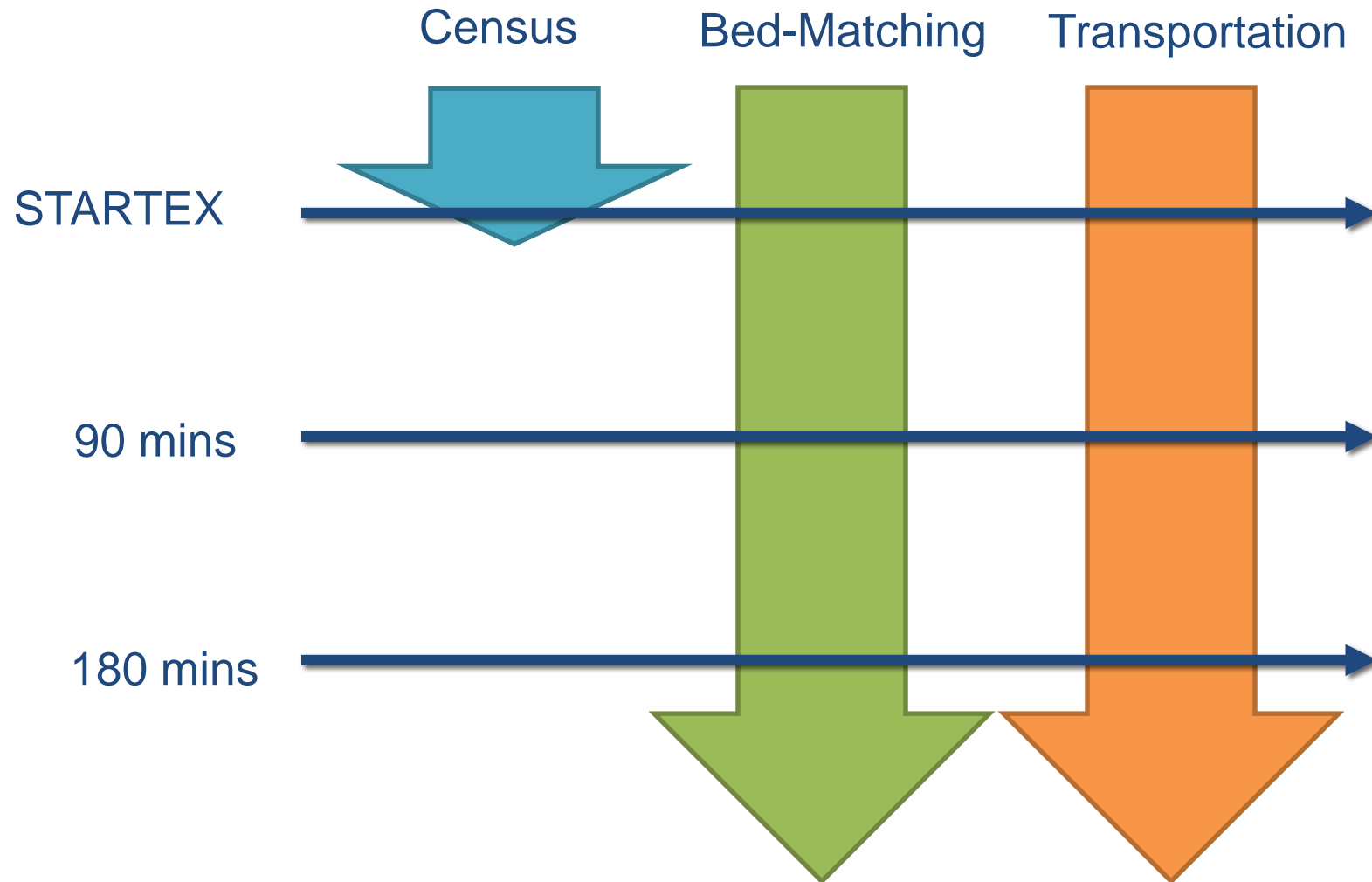
Hurricane William

Proposed Exercise Objectives

Functional Exercise (FE) Objectives: (April 2018)

- By the end of the exercise, participating evacuating hospitals will have assessed their ability to conduct **initial patient census** within 60 minutes of exercise notification.
- By the end of the exercise, participating networks and facilities will have assessed their ability to conduct **bed-matching of evacuating patients** within 90 and 180 minutes of STARTEX.
- By the end of the exercise, participating evacuating hospitals will have assessed their ability to **identify transportation assets** within 90 and 180 minutes of STARTEX.

Exercise Structure



SurgeEx Deliverables

Trusted Insider

- ❑ Identify Trusted Insider (C/E) (Network + Facility)
- ❑ TI Training will take place on March 15th

2. Quantitative Data

- ❑ Collected through SitStat at 90 + 180 minutes (FE)

3. Quantitative Data

- ❑ Collected through SitStat at 90 + 180 minutes (FE)
- ❑ Collected at Facilitated Discussion (May 8th)
- ❑ Collected through “Key Strengths and Weaknesses” template, to be provided by DOHMH (due 4/16)

April FE (the small print)

- Movement of ~4,400 patients
 - (20%+ of NYCHCC operational beds)
- Zone 1-6 Evacuation
 - 23 sending hospitals
 - 32 receiving hospitals
 - Network-level activity
- Zero is an answer

THANK YOU!

Marie Irvine

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BREAK

METROPOLITAN TRANSPORTATION AUTHORITY (MTA) EMERGENCY MANAGEMENT

Andrew McMahan, Director of Emergency Management and Operations Support, Metropolitan Transportation Authority

ANNOUNCEMENTS & INVITATIONS TO UPCOMING EVENTS

LUNCH

SUPPLY CHAIN INTEGRITY WORKSHOP

Darrin Pruitt, Deputy Director, Bureau of Healthcare System Readiness, NYC Department of Health and Mental Hygiene

Mohamed Telab, Project Security Advisor, Department of Homeland Security, Region 2, Regional Resiliency Assessment Program

SUPPLY CHAIN INTEGRITY

HPP requirement, BP1 to BP5

Overview

- HPP requirement
- DOHMH five year approach
- Regional Resilience Assessment Project (and findings)
- Workshop

HPP requirement for NYC and HCC

- ❑ Conduct assessment of equipment and supply needs in demand during emergencies.
- ❑ Develop strategies to address potential shortfalls.
- ❑ Collaborate with manufacturers and distributors to collect information:
 - access to critical supplies
 - availability in regional systems
 - potential alternate delivery options in the case that access or infrastructure is compromised

DOHMH approach

BP1

workshop,
survey,
peds
supplies,
report to
HMExec

BP2

workgroups
HMExec,
planning &
response
members
partners

BP3

HCC LC
develops
response
overview &
resource
directory

BP4

Develop
assessment
for LTC and
Primary
care, revise
documents

RRAP background and findings

- Regional Resilience Assessment Project, Dept Homeland Security
- Global findings
- Resilience Enhancement Opportunities (REOs)
- DOHMH seeks to get the NYC healthcare system specific concerns

Workshop Goal 1: Develop the role of the NYC HCC in supply chain.

- *Provide input to DOHMH, the HCC Leadership and HMEExec*
- Hospitals' chief concerns on specific supplies or getting them to NYC;
- What hospitals can themselves do to mitigate these issues;
- What HMEExec/government can do to ease sharing information about supplies and supply chain conditions;
- How the HCC can facilitate sharing information among HCC members;
- What other actions can the HCC take?

Workshop Goal 2: Develop information to help the NYC HCC play its role in supply chain.

- *Provide input to DOHMH*
- What are the most helpful questions to ask in order to assess problems with the supply chain?
- What questions would provide the most actionable data?
- What team should hospitals assemble to answer these questions?

Pediatric Disaster Supplies

- ❑ Supplies for pediatric disasters will also be covered by our process.
- ❑ After today's workshop, DOHMH will send a survey covering comprehensive supply chain issues, as well as current supplies for pediatrics.
- ❑ This will go to hospitals that have pediatric services.

Workshop procedure

- 3 groups proceed to designated rooms. Facilitators: Darrin, Marie, Bill
- Follow guidance from facilitators, provide input for ~60 min
- Some items to think about:

<ul style="list-style-type: none">• Linens• Blood & blood products• Medical gases (suppliers)• Fuel (suppliers)	<ul style="list-style-type: none">• Nutritional suppliers/food vendors• Leasing entities for biomedical (monitors, ventilators, etc.) and other durable medical equipment and beds	<ul style="list-style-type: none">• Pharmaceuticals• Manufacturers/distributors for PPE
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Breakout Groups

- **Red** – Auditorium
- **Blue** – Room 3/115-116
- **Green** – Room 3/302

Report out and what's next

- Report out
- Follow up survey with questions you provided in the workshop, guidance to assemble a team to complete it. ~Feb 5, 2018.
- Pediatric supplies survey. PDC will hold a technical assistance webinar, date TBA.
- Report out on findings at May LCM/EPS
- BP2 to BP5 continued activities

BREAK

DISASTER MENTAL HEALTH DOHMH PLANNING AND RESOURCES

Monika Erős-Sarnyai, Best Practices Specialist, NYC
Department of Health and Mental Hygiene

MRC AND DISASTER MENTAL HEALTH

Betty Duggan, Director, NYC Medical Reserve Corps, NYC
Department of Health and Mental Hygiene

NEXT STEPS / EVALUATION DISTRIBUTED

FINAL REMARKS AND ADJOURNMENT