NEW YORK CITY HEALTH CARE COALITION (NYCHCC)

NYU Langone Health Presentation

Caitlin Flynn, Sr. EM Specialist
Jeanne Kircher, Program Coordinator

AGENDA

Training Updates

- Mass Decontamination (Awareness, Operations)
- MedSled (FOCUS and Live)

Exercise Updates

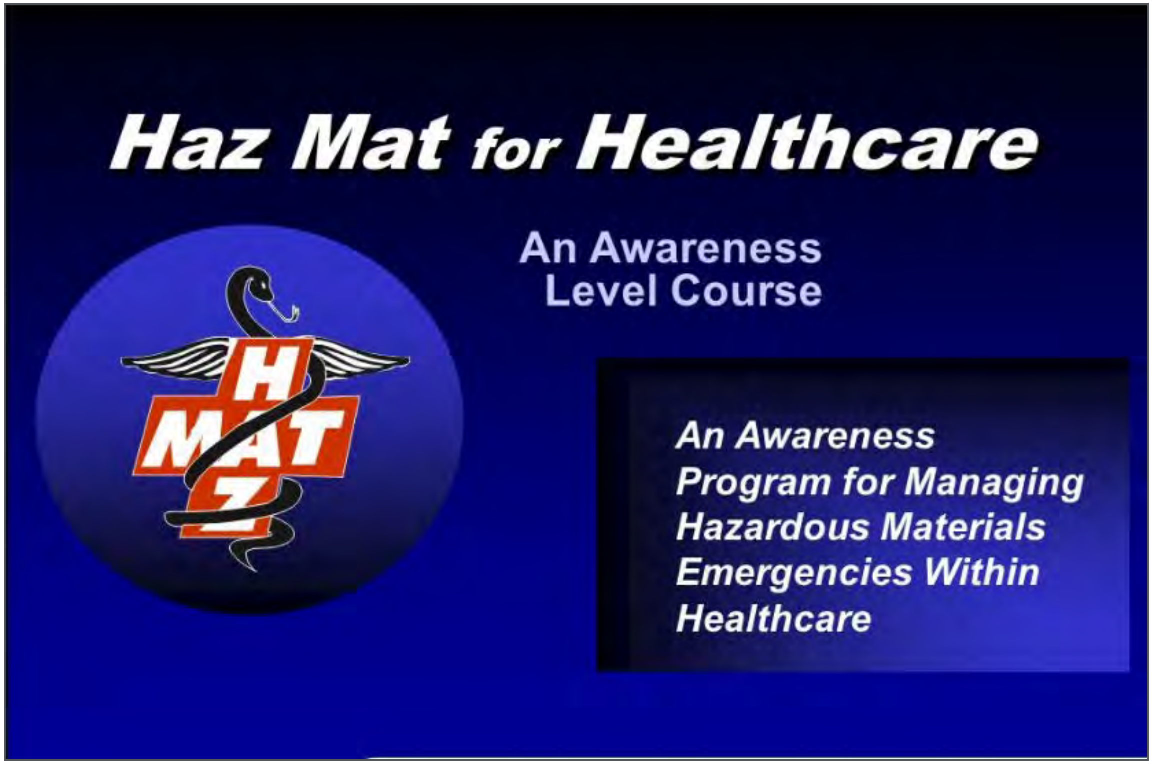
- Complex Coordinated Attack (Enterprise-wide)
- CARF Patient Evacuation

Questions

EM ER
Emergency Management
Enterprise Resilience

TRAINING UPDATES

Mass Decontamination Training



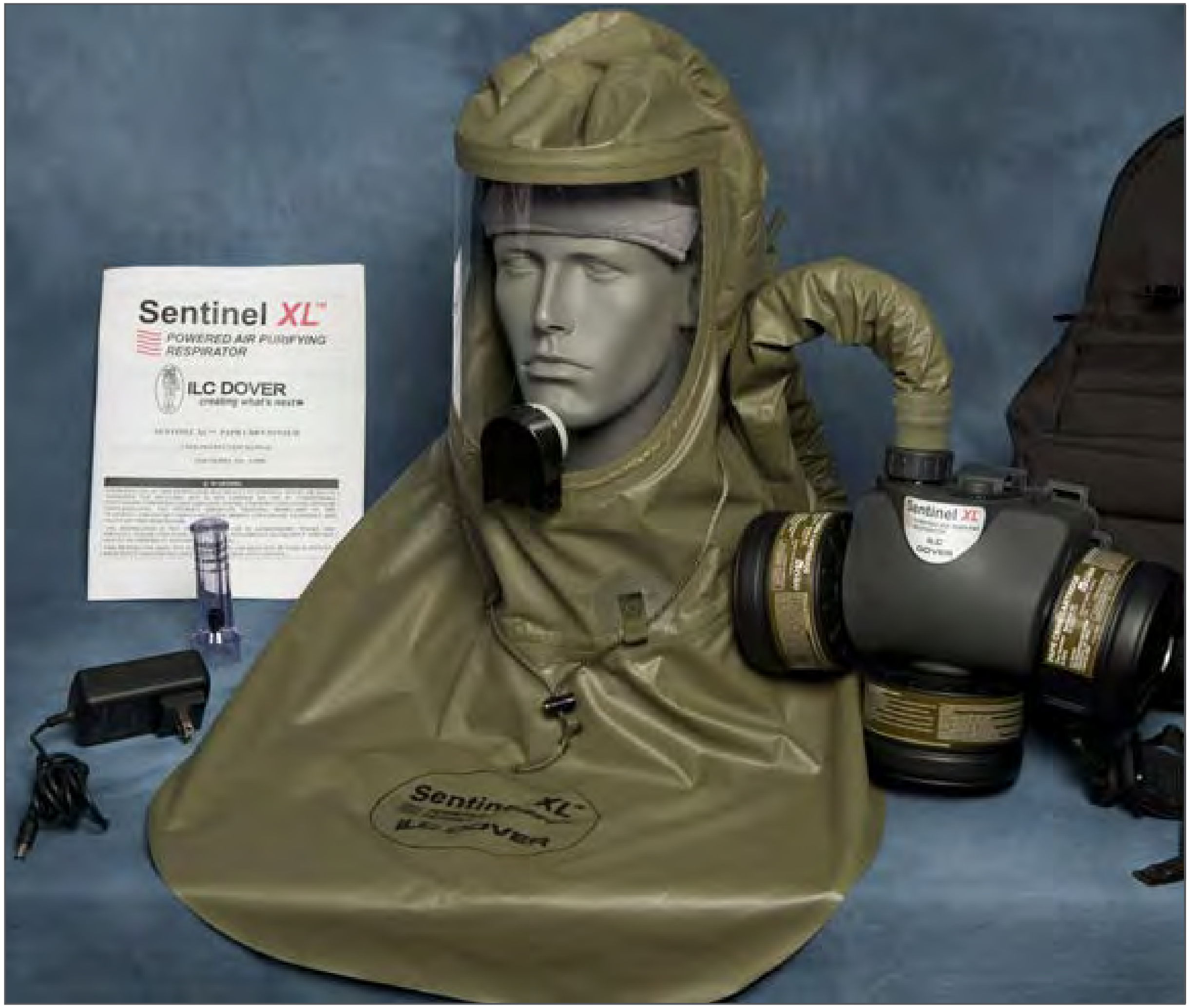
Haz Mat for Healthcare

An Awareness
Level Course

An Awareness
Program for Managing
Hazardous Materials
Emergencies Within
Healthcare

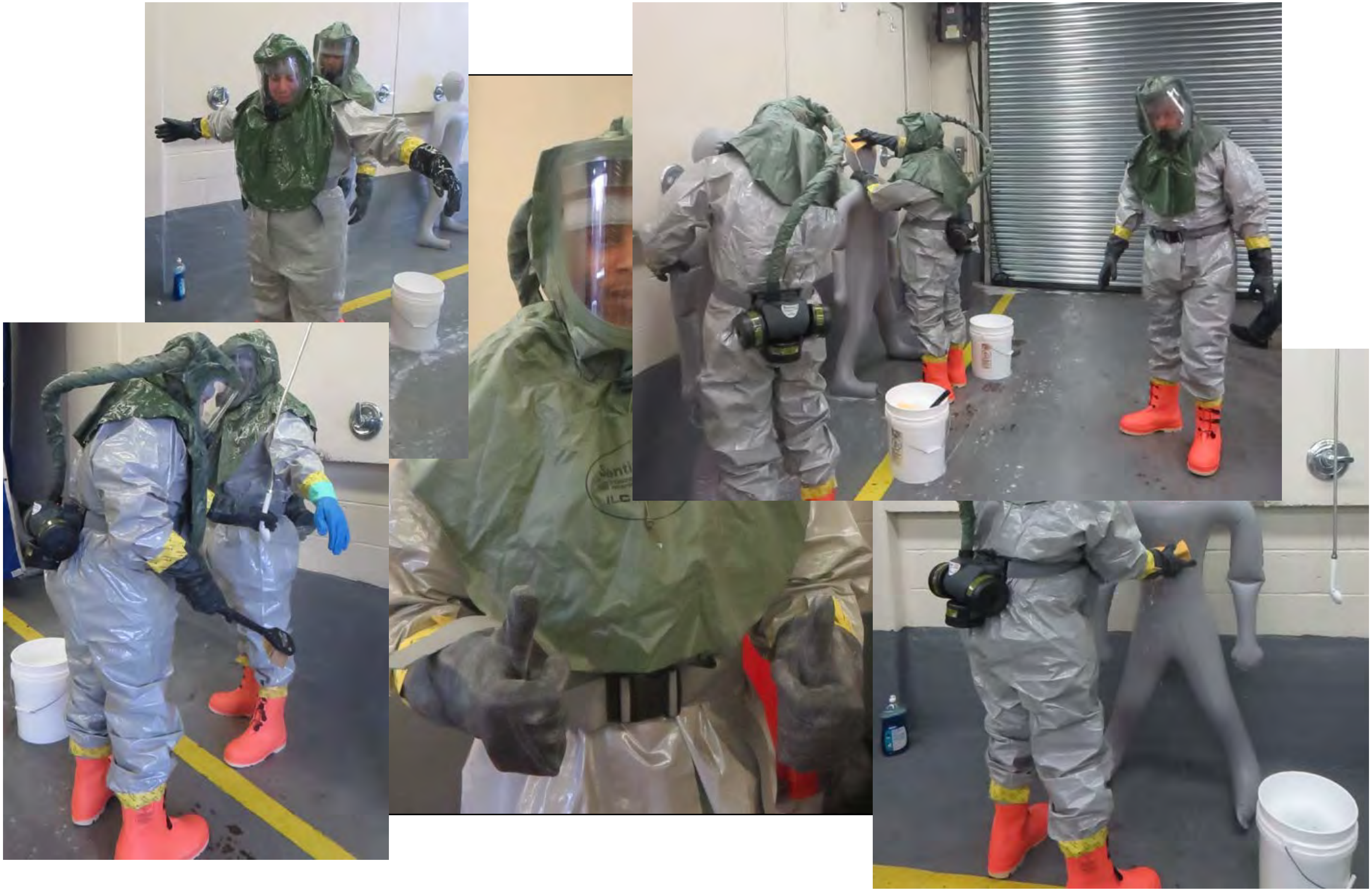
- To date, hundreds of employees across the network (NYULH – Tisch, NYULH – Brooklyn, NYUL – Orthopedic Hospital, and NYU Langone Cobble Hill) have taken the Awareness Level Hazardous Materials Decontamination Training
  - *Security, Emergency Department, Building Services, Facilities, Environmental Health & Safety, EM+ER*
- Additionally, network employees have taken the Operations Level Hazardous Materials Decontamination Training and can now perform technical decontamination

Mass Decontamination Training – Sentinel PAPRS



Sentinel XL™
POWERED AIR PURIFYING RESPIRATOR
ILC DOVER
creating what's next®
Sentinel XL
ILC DOVER

Mass Decontamination Training – Sentinel PAPRS



MedSled (FOCUS and Live)

MED SLED
EVACUATION

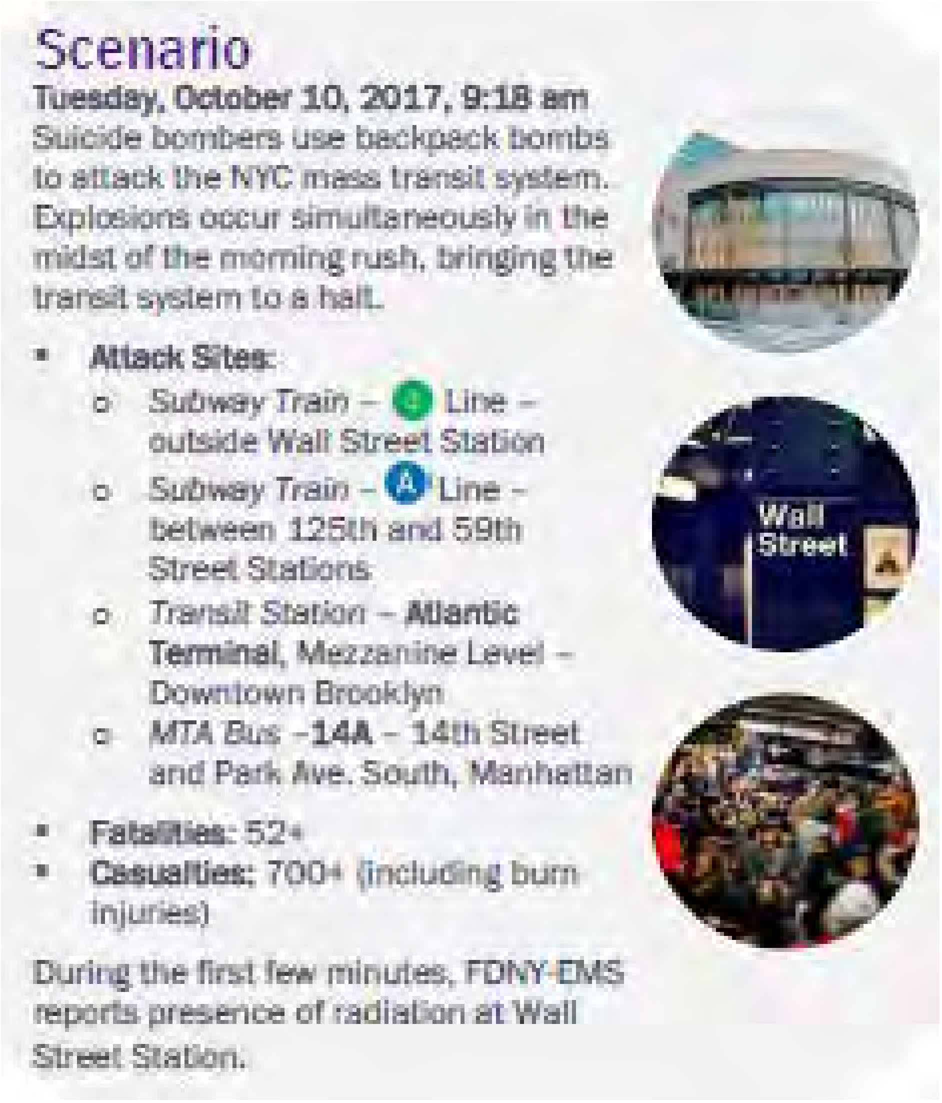
- Standardizing ordering process and placement based on patient populations across the network
- Online staff training provided via FOCUS tool
- Live in-person vendor training provided by MedSled at each network location
- SuperUser all hands model utilized with rolling quarterly training planned

EM ER

Emergency Management
Enterprise Resilience

EXERCISE UPDATES

Complex Coordinated Attack – Enterprise-wide


Wall Street

Scenario

Tuesday, October 10, 2017, 9:18 am

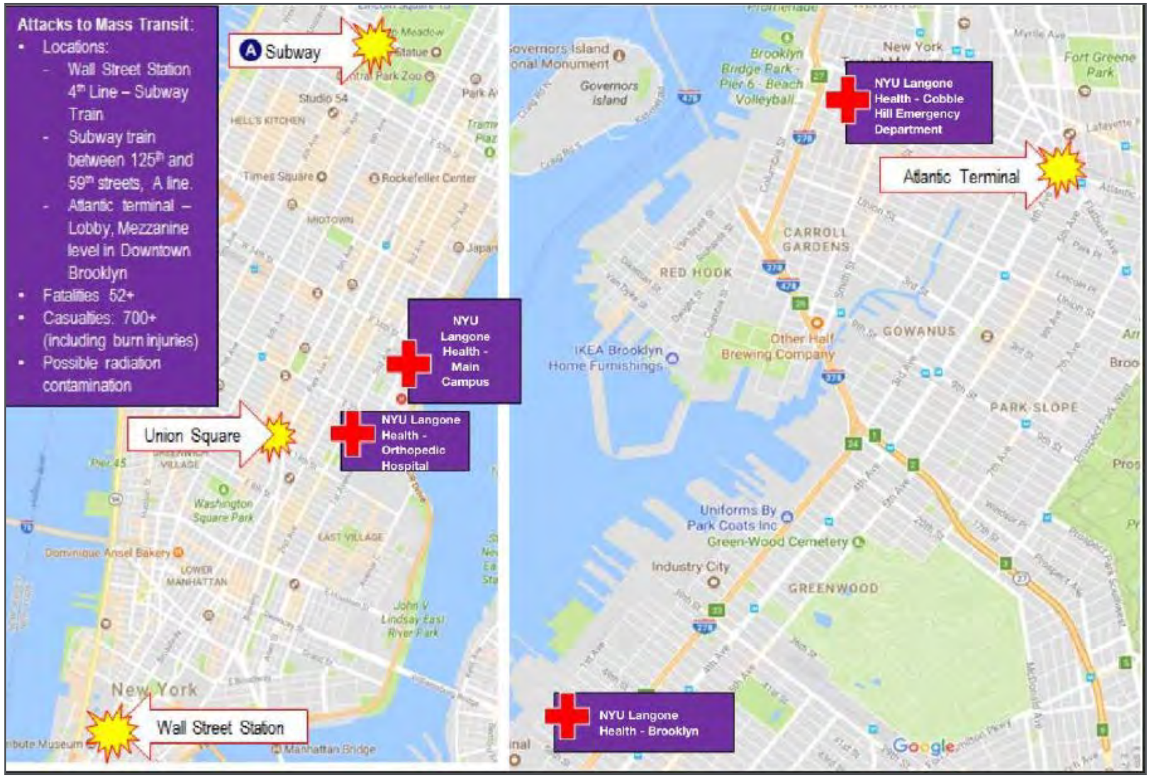
Suicide bombers use backpack bombs to attack the NYC mass transit system. Explosions occur simultaneously in the midst of the morning rush, bringing the transit system to a halt.

- **Attack Sites:**
  - Subway Train – [illegible] Line – outside Wall Street Station
  - Subway Train – Ⓐ Line – between 125th and 59th Street Stations
  - Transit Station – **Atlantic Terminal**, Mezzanine Level – Downtown Brooklyn
  - MTA Bus –**14A** – 14th Street and Park Ave. South, Manhattan
- **Fatalities:** 52+
- **Casualties:** 700+ (including burn injuries)

During the first few minutes, FDNY-EMS reports presence of radiation at Wall Street Station.

- Objectives:
  1. Assess patient triage and decontamination procedures at all network locations
  2. Assess notification and activation procedures for mass casualty and mass decontamination incidents
  3. Assess the coordinated enterprise-wide response to a complex incident via NYU Langone Health's Incident Command System (NICS)
  4. Assess efficiency of information and resource sharing throughout the enterprise

Complex Coordinated Attack – Enterprise-wide



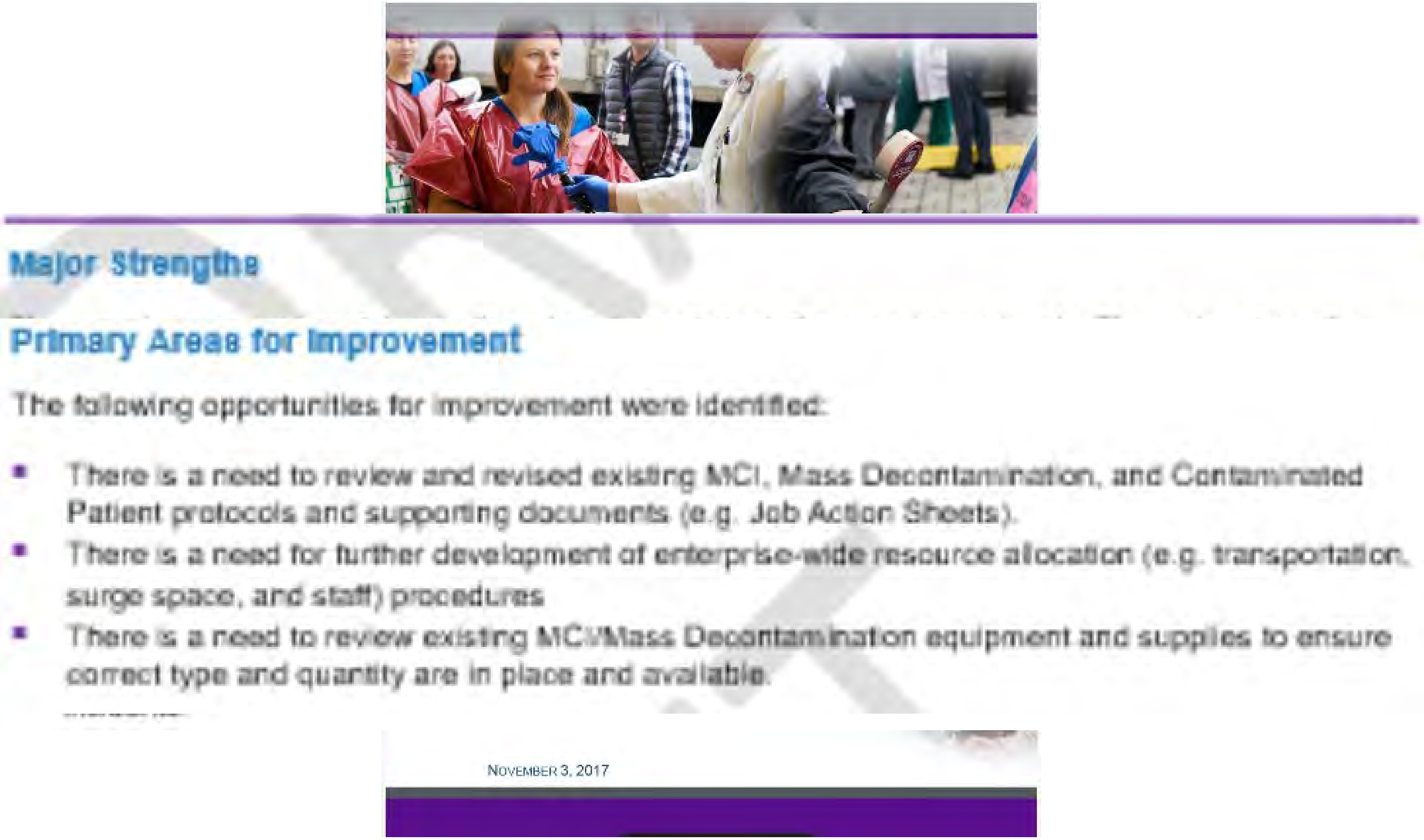
Attacks to Mass Transit:

- Locations:
  - Wall Street Station 4th Line – Subway Train
  - Subway train between 125th and 59th streets, A line.
  - Atlantic terminal – Lobby, Mezzanine level in Downtown Brooklyn
- Fatalities 52+
- Casualties: 700+ (including burn injuries)
- Possible radiation contamination

A Subway
Union Square
Wall Street Station
Atlantic Terminal
NYU Langone Health - Main Campus
NYU Langone Health - Orthopedic Hospital
NYU Langone Health - Cobble Hill Emergency Department
NYU Langone Health - Brooklyn
Times Square
Rockefeller Center
Washington Square Park
New York
Governors Island
Red Hook
Carroll Gardens
Gowanus
Park Slope
Greenwood
Green-Wood Cemetery
Industry City
Fort Greene Park
Google

- **Wednesday, October 11th and Thursday, October 12th**
  - Day 1: Executive Level Tabletop Exercise to take place on the Main Campus
    - ***What to Expect***: *in-person executive tabletop discussion. A facilitator will lead a high-level, strategic and operations focused discussion exploring how the enterprise would respond and adapt to an attack in NYC*
  - Day 2: Full Scale Exercise to include an influx of patients presenting to enterprise-wide locations
    - ***What to Expect***: *in-person, real-time exercise at each emergency department with actors serving as mock patients who present to multiple ED locations*

Complex Coordinated Attack – Enterprise-wide AAR



Major Strengths

Primary Areas for Improvement

The following opportunities for improvement were identified:

- There is a need to review and revised existing MCI, Mass Decontamination, and Contaminated Patient protocols and supporting documents (e.g. Job Action Sheets).
- There is a need for further development of enterprise-wide resource allocation (e.g. transportation, surge space, and staff) procedures
- There is a need to review existing MCI/Mass Decontamination equipment and supplies to ensure correct type and quantity are in place and available.

NOVEMBER 3, 2017

CARF Patient Evacuation Exercises

After Action Report

NYU Langone Health

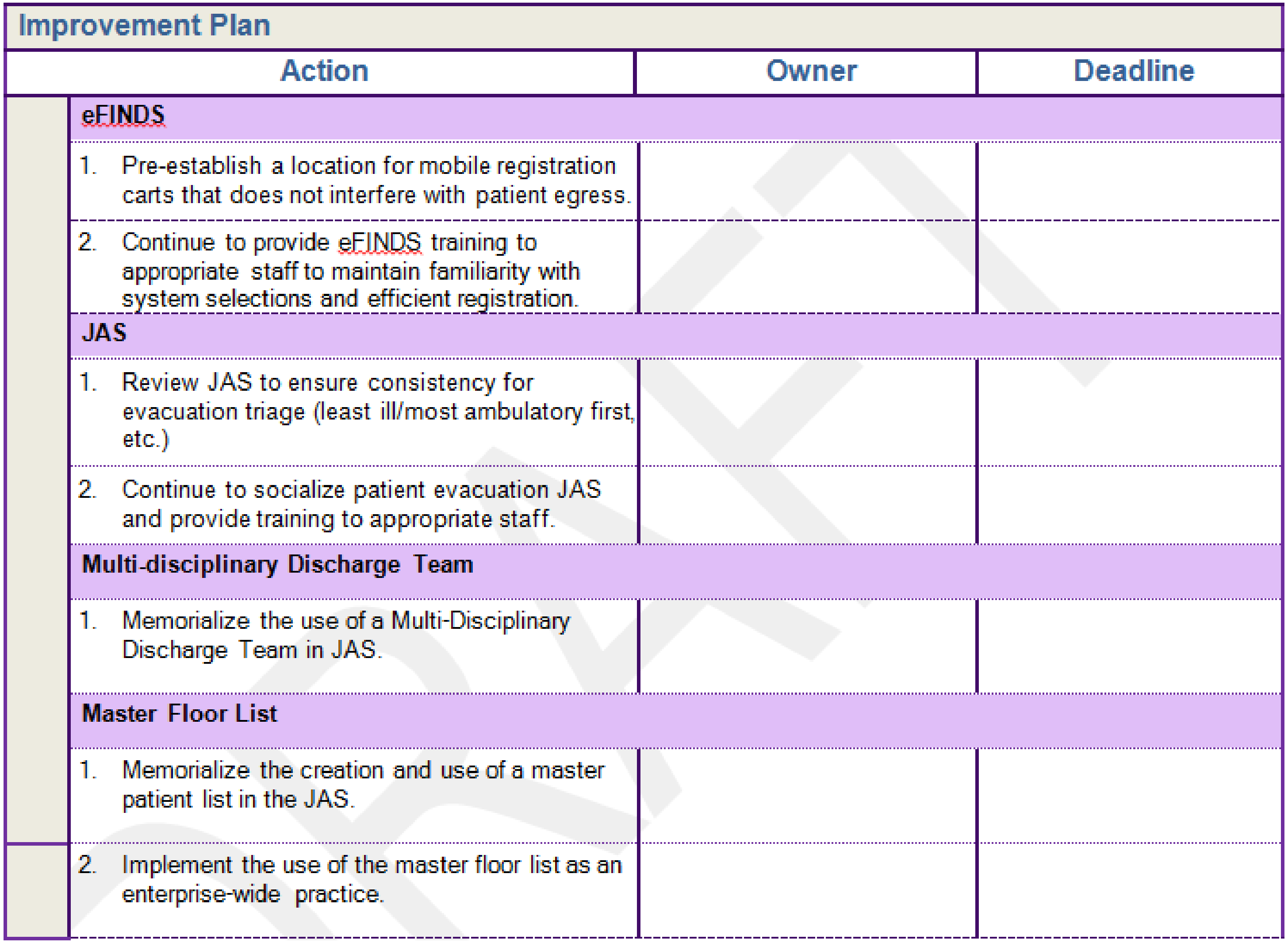
2017 Commission on Accreditation of Rehabilitation Facilities (CARF) Patient Evacuation Exercises

NYU Langone Health - Brooklyn

NOVEMBER 27, 2017

- Conducted week of November 6th at three different locations on CARF Rehab Units and in Rehab Gyms
- Major Strengths
  - Staff provided information and consistent support to patients throughout the evacuation process
  - Patient Access Teams were able to successfully register all evacuated patients (actors) into the eFINDS online application
  - Use of a multi-disciplinary discharge team ensured all aspects of the patient’s care were reviewed and signed off prior to evacuation
- Areas for Improvement
  - Location of the Patient Access Team mobile registration carts caused congestion in the hallways
  - Patient triage was inconsistent between the morning and afternoon FSEs

CARF Patient Evacuation Exercise



Improvement Plan

Action	Owner	Deadline
eFINDS		
1. Pre-establish a location for mobile registration carts that does not interfere with patient egress.		
2. Continue to provide eFINDS training to appropriate staff to maintain familiarity with system selections and efficient registration.		
JAS		
1. Review JAS to ensure consistency for evacuation triage (least ill/most ambulatory first, etc.)		
2. Continue to socialize patient evacuation JAS and provide training to appropriate staff.		
Multi-disciplinary Discharge Team		
1. Memorialize the use of a Multi-Disciplinary Discharge Team in JAS.		
Master Floor List		
1. Memorialize the creation and use of a master patient list in the JAS.		
2. Implement the use of the master floor list as an enterprise-wide practice.		

DRAFT

NYU Langone MEDICAL CENTER
Main Lobby Entrance
550 First
NYU Lutheran NYU LANGONE HEALTH SYSTEM
NYU Langone Hospital - Brooklyn
NYU Langone MEDICAL CENTER
Cobble Hill

EM ER

Emergency Management
Enterprise Resilience

THANK YOU

NYU Langone
Health

Jacobi/DOHMH Radiological Exercise

NYC Health + Hospitals
HPP Network Coalitions Grant Deliverable

Jose Suarez
Associate Director, Emergency Department and Admitting
NYC Health + Hospitals/Jacobi

Background

- Deliverable 12 of the current HPP Network Coalitions grant
- DOHMH Joint Functional Exercise held with NYC Health + Hospitals/Jacobi

Planning

- Three planning meetings conducted (Initial, Mid, Final).
- Developed scenario, objectives, scope, and exercise materials.
- Identified exercise leads, external partners and logistical needs.

Participating Organizations

- NYC Health + Hospitals/Jacobi
- NYC Health + Hospitals/Central Office Emergency Management
- NYC Department of Health and Mental Hygiene (DOHMH)
- Assistant Secretary of Preparedness and Response (ASPR)
- Bronx Emergency Preparedness Coalition (BEPC)
- Emergency Medical Services (EMS)
- Fire Department City of New York (FDNY)
- Federal Bureau of Investigation (FBI)
- Empress Ambulance
- Medical Reserve Corp (MRC)

Preparation

- Conducted Controller/Evaluator training meeting.
- Conducted Actor Orientation training utilizing MRC staff as incident patients.

Exercise – November 14, 2017

Scenario

- At approximately 8:00 am on Tuesday, November 14th, an explosion occurred in the Science Lab at Fordham University. The source of the explosion (set off by accident) is believed to be a bomb created by a science student which included a radioactive component, Cesium 137 as per the radioactivity reading from FDNY and the initial NYPD investigation. NYC Health + Hospitals/Jacobi is expected to receive 20 patients, 5 of which are critical and will need both decontamination and trauma care.

Exercise – November 14, 2017

F.D. N.Y.
465
FDNY EMS
EMT
RYAN
FDNY

Scenario Modules

- Notification
- Activation
- Response
  - Clinical Assessments
  - Decontamination
  - Family Reunification

NYC HEALTH+ HOSPITALS

Exercise Objectives

Assess Jacobi's ability to:

1. Implement internal notification protocols and activate appropriate response teams and command staff in response to a Mass Casualty Radiological event.
2. Secure designated hospital areas for decontamination and treatment of patients that follow radiological and decontamination guidelines.
3. Follow donning and doffing PPE procedures for radiological and decontamination incident response.

Exercise Objectives
Assess Jacobi’s ability to:

4. Appropriately conduct patient triage and follow decontamination techniques.
5. Access trauma patients and determine clinical interventions.
6. Activate and support the Family Support Center in response to a Mass Casualty Radiological event.

Exercise Strengths

CLEAN
CLEAN NURSE ASSIST.
CLEAN ED

- Notifications:
  - FDNY MCI notification via ED Hotline
  - Activation of Jacobi Trauma Team
  - Activation of HICS Team via Send Word
- Decontamination Protocols:
  - Proper donning and doffing
  - Deconned all 20 patients
- Medical Surge:
  - Trauma Coordinator activated surge plans for multiple departments.
- Family Support Center:
  - Social Work staff activated center and managed family support and reunification.

Lessons Learned:

- Notifications:
  - Bells were not heard in all areas.
  - Send Word Now malfunctioned when the second alert went out to all staff.
- Perimeter Control:
  - New Hospital Police staff were unsure of their roles.
- Decontamination:
  - Delay in Clean Team PPE donning.
  - Dirty Team hand-off to clean team.
  - Difficulty hearing and communicating in full PPE.
- Medical Surge:
  - Need for additional staff to be trained in Trauma Coordinator role.
- Family Reunification:
  - Delay in establishing Family Support Center.

Importance of Rad Exercise

- Tested:
  - Radiation identification and treatment protocols.
  - Decontamination protocols.
  - Mass Casualty protocols.
  - Incorporation of new staff response roles.
- Engaged with:
  - Clinicians from multiple departments on patient triage and treatment.
  - FDNY EMS for patient transport
  - NYC DOHMH to identify necessary resources related to Family Reunification as well as worried well surge inject.
- Mobilized and set-up decon staff and equipment with live subjects.

Questions?

MediSys Health Network
EMERGENCY MANAGEMENT

Patient Transfers During Emergency Incidents

JAMAICA HOSPITAL MEDICAL CENTER

FLUSHING HOSPITAL MEDICAL CENTER

Nicholas Caputo
Assistant Director
Prehospital Care & Emergency Management

Background

In February 2015 in response to issues that hampered patient evacuation during Hurricanes Irene & Sandy, DOHMH and GNYHA formed a workgroup.

This group consisted of clinicians, emergency managers, health information technology specialists, transfer center leadership, and others from a number of area hospitals and health systems, as well as government agencies and medical transport organizations.

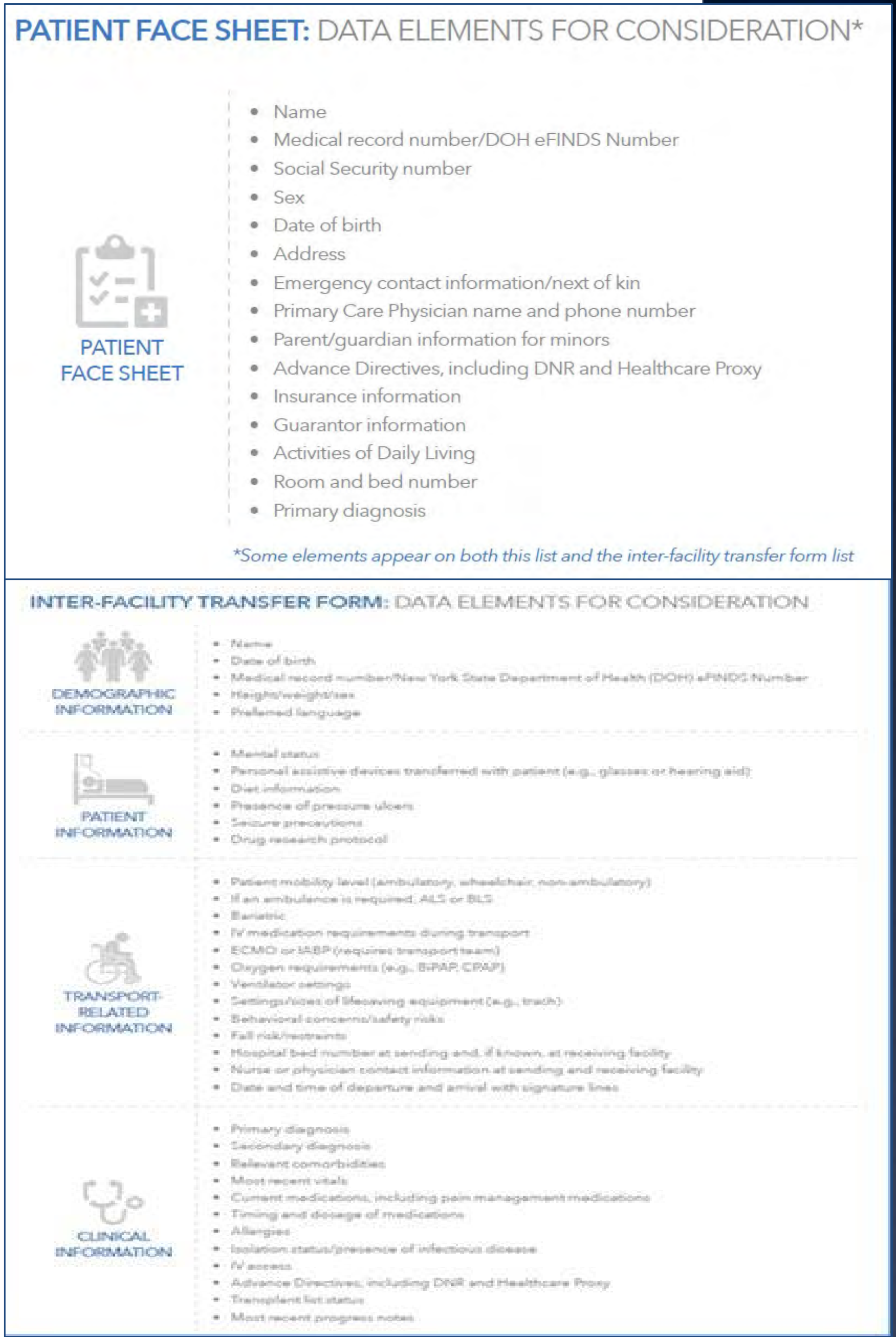
Background

One concern that was noted was that during an evacuation basic clinical and demographic information was not always available to the clinicians and staff.

The goal was to facilitate a process by which all patients have critical clinical and demographic information with them throughout the transport process.

Background

In January of 2016, Kenneth Raske (President, GNYHA) drafted a letter to the hospital CEOs describing the work accomplished thus far and outlining the recommended data elements for inclusion.



PATIENT FACE SHEET: DATA ELEMENTS FOR CONSIDERATION*

PATIENT FACE SHEET

- Name
- Medical record number/DOH eFINDS Number
- Social Security number
- Sex
- Date of birth
- Address
- Emergency contact information/next of kin
- Primary Care Physician name and phone number
- Parent/guardian information for minors
- Advance Directives, including DNR and Healthcare Proxy
- Insurance information
- Guarantor information
- Activities of Daily Living
- Room and bed number
- Primary diagnosis

**Some elements appear on both this list and the inter-facility transfer form list*

INTER-FACILITY TRANSFER FORM: DATA ELEMENTS FOR CONSIDERATION

DEMOGRAPHIC INFORMATION

- Name
- Date of birth
- Medical record number/New York State Department of Health (DOH) eFINDS Number
- Height/weight/sex
- Preferred language

PATIENT INFORMATION

- Mental status
- Personal assistive devices transferred with patient (e.g., glasses or hearing aid)
- Diet information
- Presence of pressure ulcers
- Seizure precautions
- Drug research protocol

TRANSPORT-RELATED INFORMATION

- Patient mobility level (ambulatory, wheelchair, non-ambulatory)
- If an ambulance is required: ALS or BLS
- Bariatric
- IV medication requirements during transport
- ECMO or IABP (requires transport team)
- Oxygen requirements (e.g., BiPAP, CPAP)
- Ventilator settings
- Settings/sizes of lifesaving equipment (e.g., trach)
- Behavioral concerns/safety risks
- Fall risk/restraints
- Hospital bed number at sending and, if known, at receiving facility
- Nurse or physician contact information at sending and receiving facility
- Date and time of departure and arrival with signature lines

CLINICAL INFORMATION

- Primary diagnosis
- Secondary diagnosis
- Relevant comorbidities
- Most recent vitals
- Current medications, including pain management medications
- Timing and dosage of medications
- Allergies
- Isolation status/presence of infectious disease
- IV access
- Advance Directives, including DNR and Healthcare Proxy
- Transplant list status
- Most recent progress notes

Recommended Face Sheet Data Elements

- Patient demographics
- MRN/eFINDS number
- Emergency contact information
- Advance directives
- Insurance information
- Guarantor information
- Activities of daily living
- Room and bed number
- Primary diagnosis

Recommended Inter-facility Transfer Form Data Elements

- Demographic information - Name, DOB, height/weight, MRN.
- Patient information - Mental status, Diet information, Presence of pressure ulcers.
- Transport information - Mobility level, ambulance needs, oxygen, ventilator settings, behavioral concerns, fall risks.
- Clinical information - Diagnosis, comorbidities, vitals, medications, allergies, isolation precaution, advance directives, most recent progress notes.

MediSys Emergency Transfer Data Workgroup

Initial meeting in Spring of 2016 and met bi-weekly with representatives Jamaica and Flushing Hospitals:

- Emergency Management
- Nursing Leadership
- Department of Medicine
- Information Technology/EPIC Team

MediSys Emergency Transfer Data Workgroup

Eventually the group grew to include clinical and administrative leads from:

- Medicine
- Cardiology
- Surgery
- OB/GYN
- Emergency Medicine
- Health Information Management
- Admitting
- Safety
- Transportation Coordination

Current Process Flow for Transfers:

1. Need for transfer identified (Resident)
2. Case presented to Attending Physician for approval (Resident)
3. Receiving facility identified (Attending)
4. Receiving facility contacted and case presented (Attending)
5. Insurance authorization received (Case Management)
6. Consent obtained from patient/family (Resident)
7. Discharge notes added (Resident)
8. Medication reconciliation (Resident)

Current Process Flow for Transfers:

9. Discharge notes and action plan review and approved (Attending)
10. Receiving facility coordination (bed availability, transfer timing, etc.) (Social Work)
11. Personal property/valuables retrieved (Floor Nurse)
12. Transfer request generated or coordinated with receiving hospital (Case Management)
13. Ambulance arranged (Transportation Coordination Center)
14. Chart review and final signoff (Nursing Supervisor)
15. Patient transported

Current System Concerns during an Emergency Situation

- Emergencies ALWAYS seem to happen at 2am on a Sunday.

- Many of the required departments are not fully staffed 24/7.

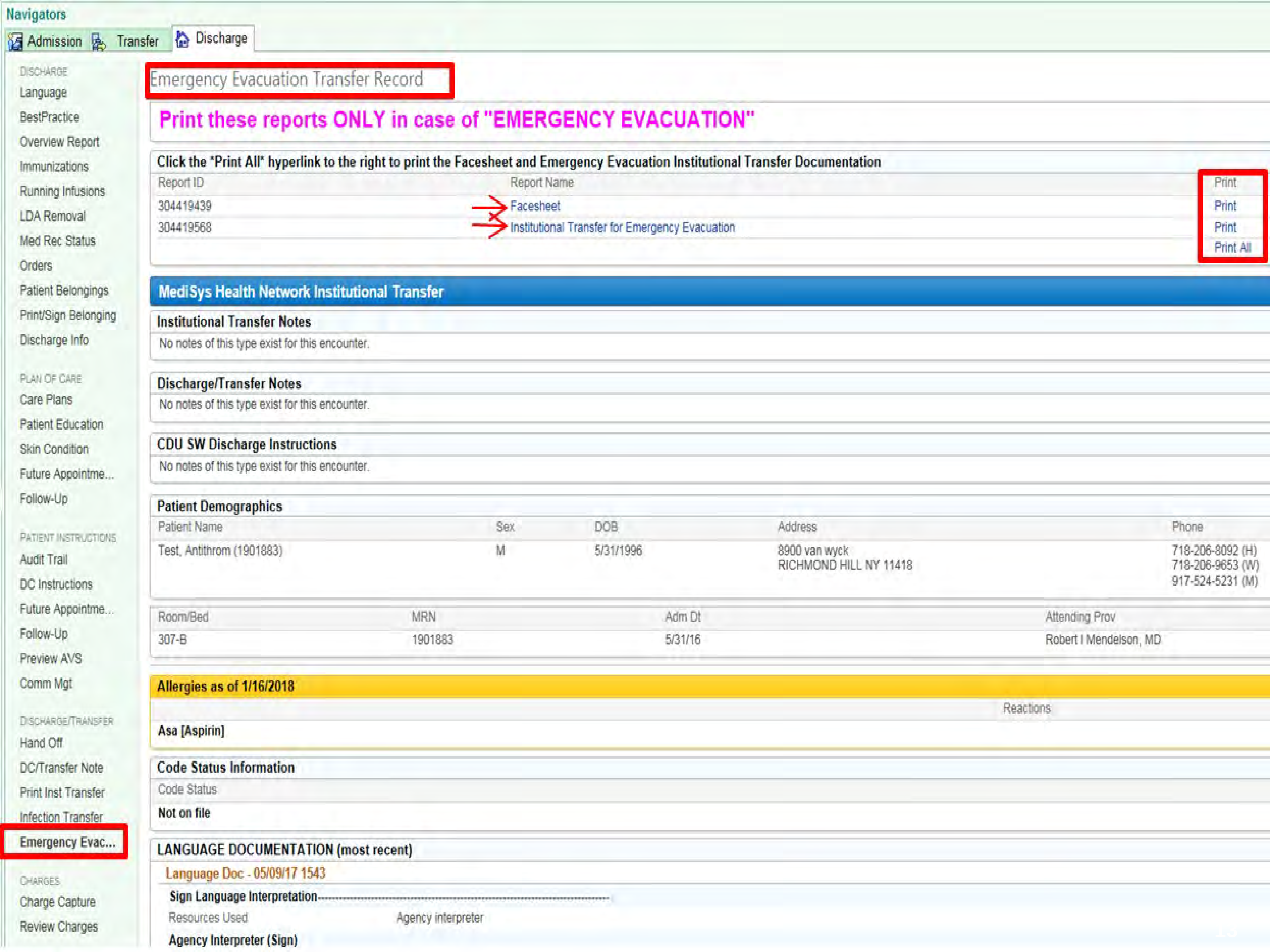
- Availability of clinical resources during an emergency that can be dedicated to EHR input.

Development

- Critical analysis of the current system to meet recommendations from the DOHMH and GNYHA workgroup.

- Ultimately we were partially successful.

- The existing process remained largely intact however an “Emergency Evacuation” button was added to the discharge navigator which would bypass the various hard stops in the system.


Navigators
Admission
Transfer
Discharge
DISCHARGE
Language
BestPractice
Overview Report
Immunizations
Running Infusions
LDA Removal
Med Rec Status
Orders
Patient Belongings
Print/Sign Belonging
Discharge Info
PLAN OF CARE
Care Plans
Patient Education
Skin Condition
Future Appointme...
Follow-Up
PATIENT INSTRUCTIONS
Audit Trail
DC Instructions
Future Appointme...
Follow-Up
Preview AVS
Comm Mgt
DISCHARGE/TRANSFER
Hand Off
DC/Transfer Note
Print Inst Transfer
Infection Transfer
Emergency Evac...
CHARGES
Charge Capture
Review Charges

Emergency Evacuation Transfer Record

Print these reports ONLY in case of "EMERGENCY EVACUATION"

Click the "Print All" hyperlink to the right to print the Facesheet and Emergency Evacuation Institutional Transfer Documentation

Report ID	Report Name	Print
304419439	Facesheet	Print
304419568	Institutional Transfer for Emergency Evacuation	Print
		Print All

MediSys Health Network Institutional Transfer

Institutional Transfer Notes

No notes of this type exist for this encounter.

Discharge/Transfer Notes

No notes of this type exist for this encounter.

CDU SW Discharge Instructions

No notes of this type exist for this encounter.

Patient Demographics

Patient Name	Sex	DOB	Address	Phone
Test, Antithrom (1901883)	M	5/31/1996	8900 van wyck RICHMOND HILL NY 11418	718-206-8092 (H) 718-206-9653 (W) 917-524-5231 (M)

Room/Bed	MRN	Adm Dt	Attending Prov
307-B	1901883	5/31/16	Robert I Mendelson, MD

Allergies as of 1/16/2018

	Reactions
Asa [Aspirin]	

Code Status Information

Code Status
Not on file

LANGUAGE DOCUMENTATION (most recent)

Language Doc - 05/09/17 1543

Sign Language Interpretation

Resources Used: Agency interpreter

Agency Interpreter (Sign)

Challenges with the Proposed Process

- Proper utilization of the "Emergency Evacuation" button.
- Maintaining training competence especially during a high stress event.
- Negotiations with various departments regarding inclusion of criteria.
- Availability of printer resources.

Final Process

- Need to evacuate patients identified.
- Incident Commander or Logistics Section Chief contacts IT support and authorizes activation of Emergency Evacuation button.
- Command Center will coordinate with city agencies to determine patient disposition.
- A staff member from each service will be identified with the sole responsibility of EHR management.
- That staff member will be tasked with coordinating with the Clinical Nurse Manager to ensure the transfer packet stays with the patient.

Advantages to Final Process

- A simple tip sheet is available to the clinician on their “nursing communication” dashboard for review.

- Many of the screens remain identical to current process.

- EHR remains available to hospital staff after transport is completed to allow remote access, if needed.

Functional Exercise

Conducted July 28, 2017

Scenario was a broken water pipe affecting power in the Jamaica Hospital MICU necessitating evacuation of 7 critical patients.

Lessons Learned

- Ability to provide just in time training to staff.
- Ability to utilize an alternate clinical or non-clinical resource to generate transfer order.
- Adjusting time frame captured in the transfer packet.
- Printer capabilities (complex patient being 100+ pages).
- Consideration for alternate method of data sharing (i.e., USB drive or CD) while maintaining HIPAA compliance.

MediSys Health Network

EMERGENCY MANAGEMENT

QUESTIONS

Use of Technology for System-wide Situational Awareness

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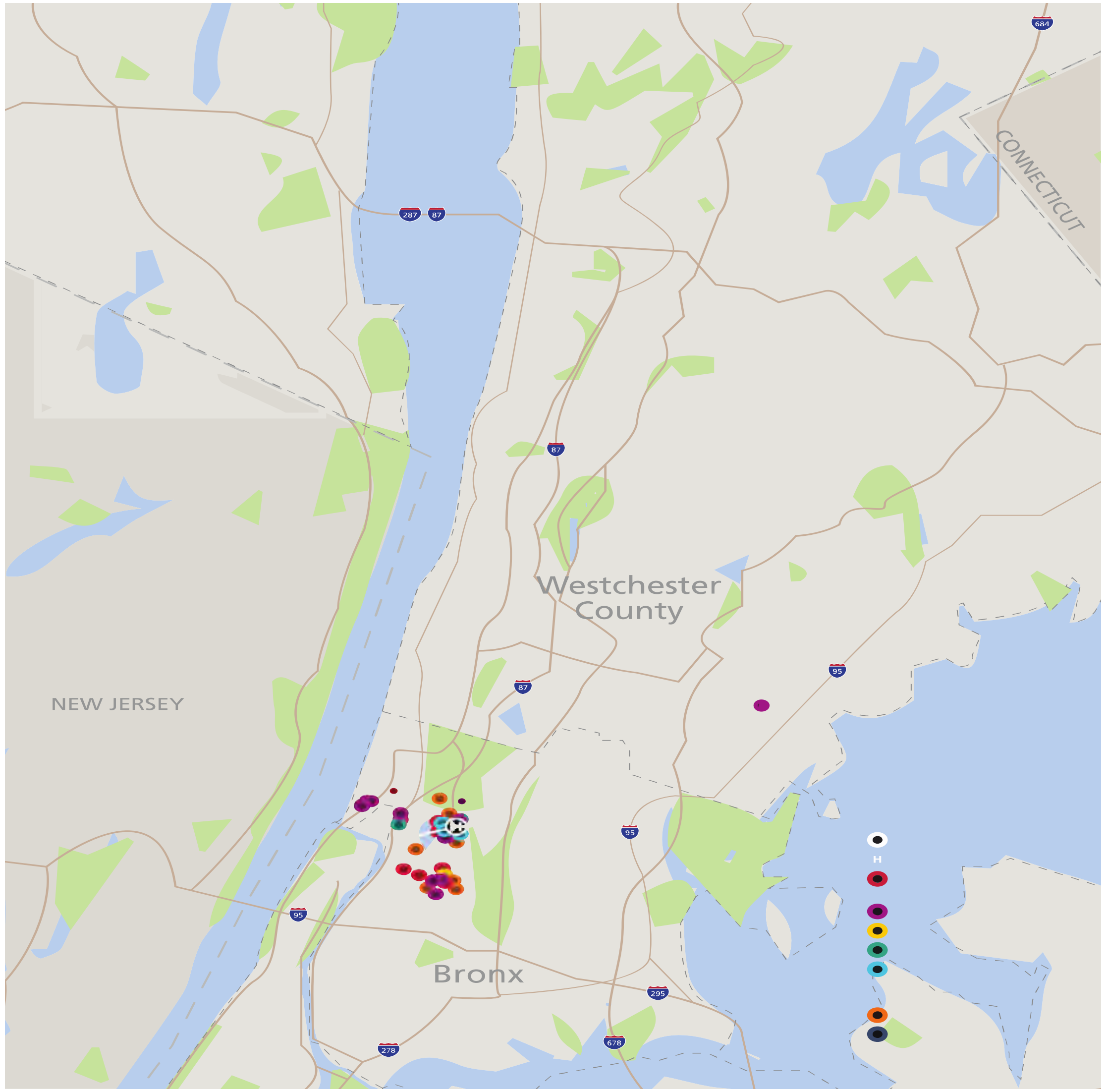
Montefiore
DOING MORE℠

Integrated Health System


684
CONNECTICUT
287
87
87
Westchester County
95
87
NEW JERSEY
95
H
95
Bronx
295
678
278

Our Locations

3,236 Total Beds Across 11 Hospitals

- Including 132 beds at the Children's Hospital at Montefiore (CHAM)
- 86 NICU/PICU beds

150 Skilled Nursing Beds

200 Sites Including

Hutchinson Campus – Hospital without Beds

1 Freestanding Emergency Department First in New York State

68 Primary Care Sites

- 21 Montefiore Medical Group Sites
- 23 School Health Clinics

16 Mental Health/Substance Abuse Treatment Clinics

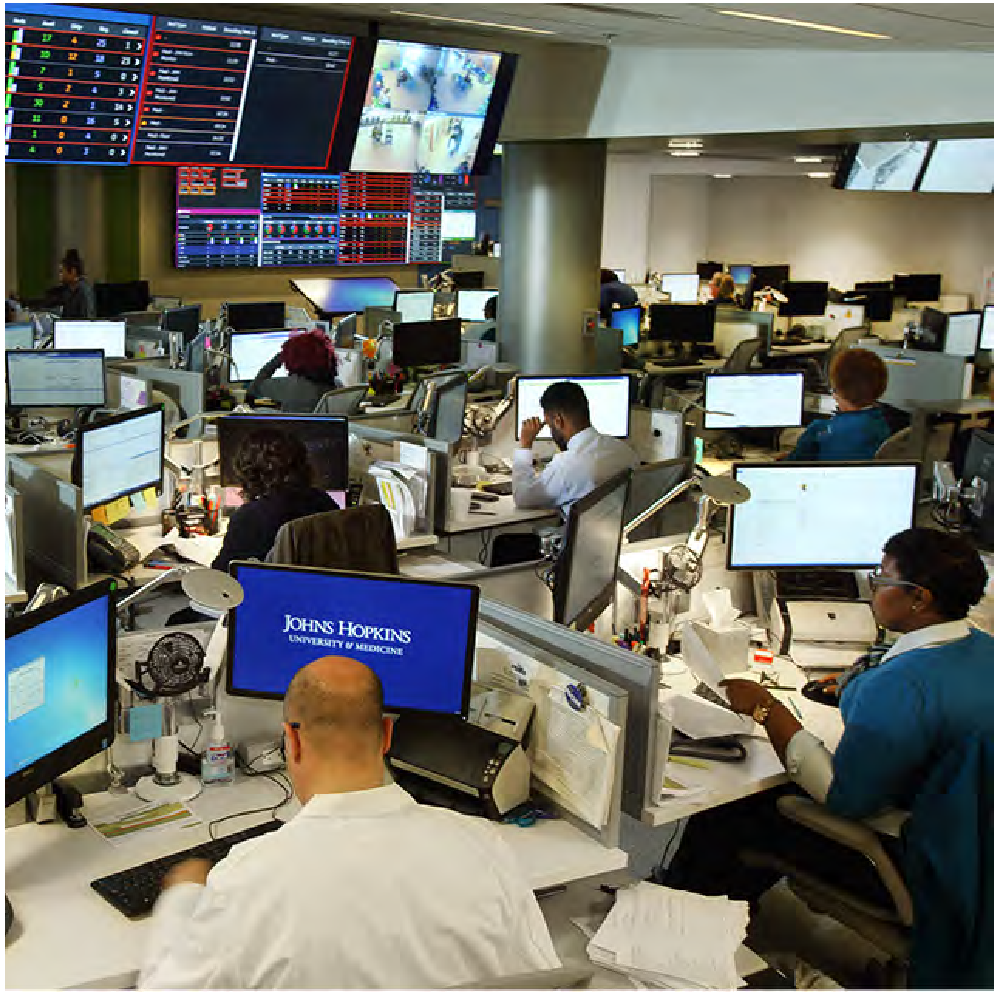
73 Specialty Care Sites

- 3 Multi-Specialty Centers
- 4 Pediatric Specialty Centers
- 12 Women's Health Centers

10 Dental Centers

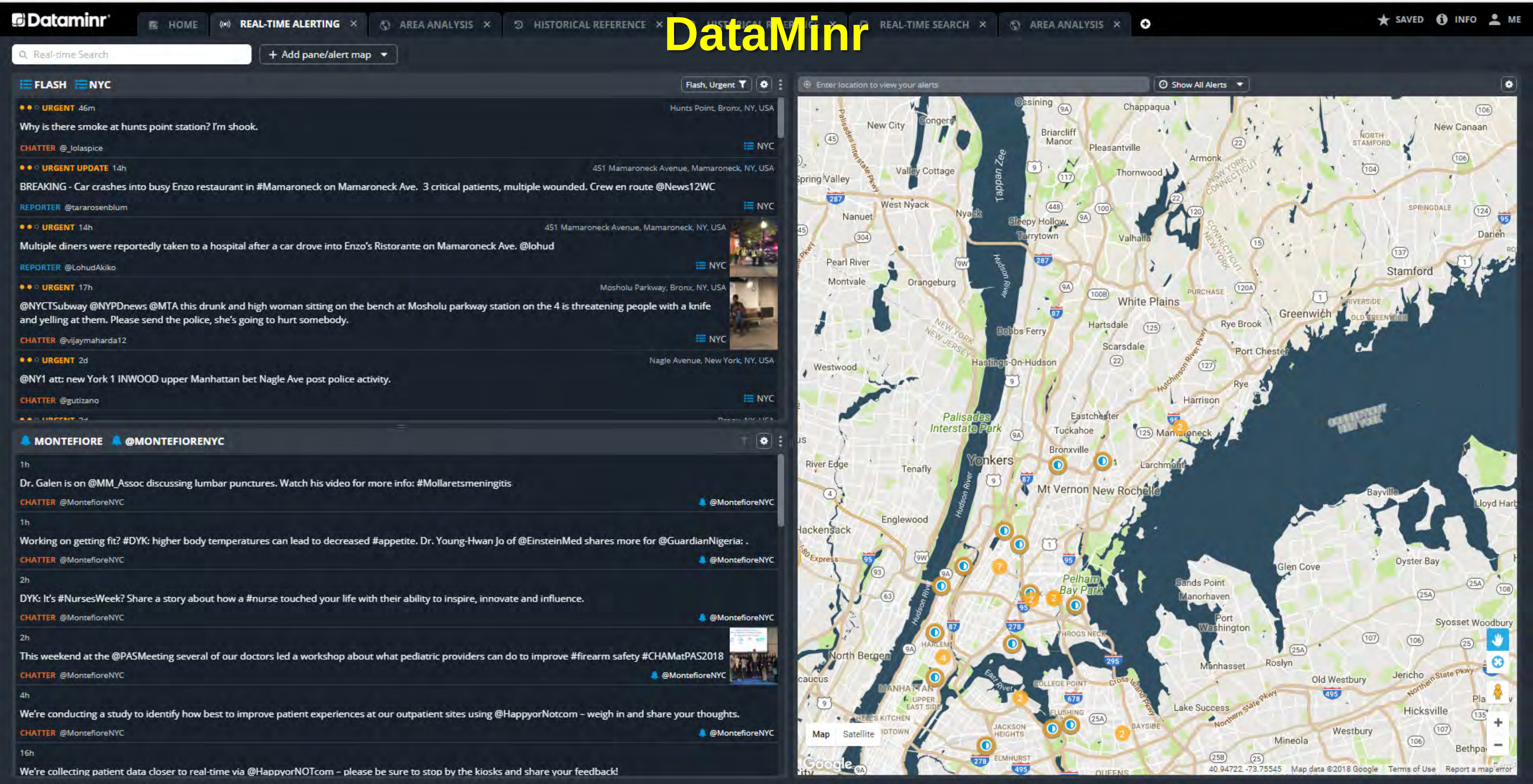
5 Imaging Centers

Command Center


JOHNS HOPKINS
UNIVERSITY & MEDICINE

JOHNS HOPKINS
CAPACITY COMMAND CENTER

DataMinr


Dataminr
HOME
REAL-TIME ALERTING
AREA ANALYSIS
HISTORICAL REFERENCE
REAL-TIME SEARCH
AREA ANALYSIS
SAVED
INFO
ME
Real-time Search
Add pane/alert map
FLASH
NYC
Flash, Urgent
Enter location to view your alerts
Show All Alerts
MONTEFIORE
@MONTEFIORENYC
Map
Satellite
Google
Yonkers
Mt Vernon
New Rochelle
White Plains
Stamford
Greenwich
Mamaroneck
Hackensack
Englewood
North Bergen
Manhattan
Harlem
Pelham Bay Park
Palisades Interstate Park
Tappan Zee
Hudson River
Glen Cove
Oyster Bay
Port Washington
Manhasset
Flushing
Jackson Heights
Queens
40.94722 -73.75545 Map data ©2018 Google Terms of Use Report a map error

URGENT 46m Hunts Point, Bronx, NY, USA
Why is there smoke at hunts point station? I'm shook.
CHATTER @_lolaspice NYC

URGENT UPDATE 14h 451 Mamaroneck Avenue, Mamaroneck, NY, USA
BREAKING - Car crashes into busy Enzo restaurant in #Mamaroneck on Mamaroneck Ave. 3 critical patients, multiple wounded. Crew en route @News12WC
REPORTER @tararosenblum NYC

URGENT 14h 451 Mamaroneck Avenue, Mamaroneck, NY, USA
Multiple diners were reportedly taken to a hospital after a car drove into Enzo's Ristorante on Mamaroneck Ave. @lohud
REPORTER @LohudAkiko NYC

URGENT 17h Mosholu Parkway, Bronx, NY, USA
@NYCTSubway @NYPDnews @MTA this drunk and high woman sitting on the bench at Mosholu parkway station on the 4 is threatening people with a knife and yelling at them. Please send the police, she's going to hurt somebody.
CHATTER @vijaymaharda12 NYC

URGENT 2d Nagle Avenue, New York, NY, USA
@NY1 att: new York 1 INWOOD upper Manhattan bet Nagle Ave post police activity.
CHATTER @gutizano NYC

1h
Dr. Galen is on @MM_Assoc discussing lumbar punctures. Watch his video for more info: #Mollaretsmeningitis
CHATTER @MontefioreNYC @MontefioreNYC

1h
Working on getting fit? #DYK: higher body temperatures can lead to decreased #appetite. Dr. Young-Hwan Jo of @EinsteinMed shares more for @GuardianNigeria: .
CHATTER @MontefioreNYC @MontefioreNYC

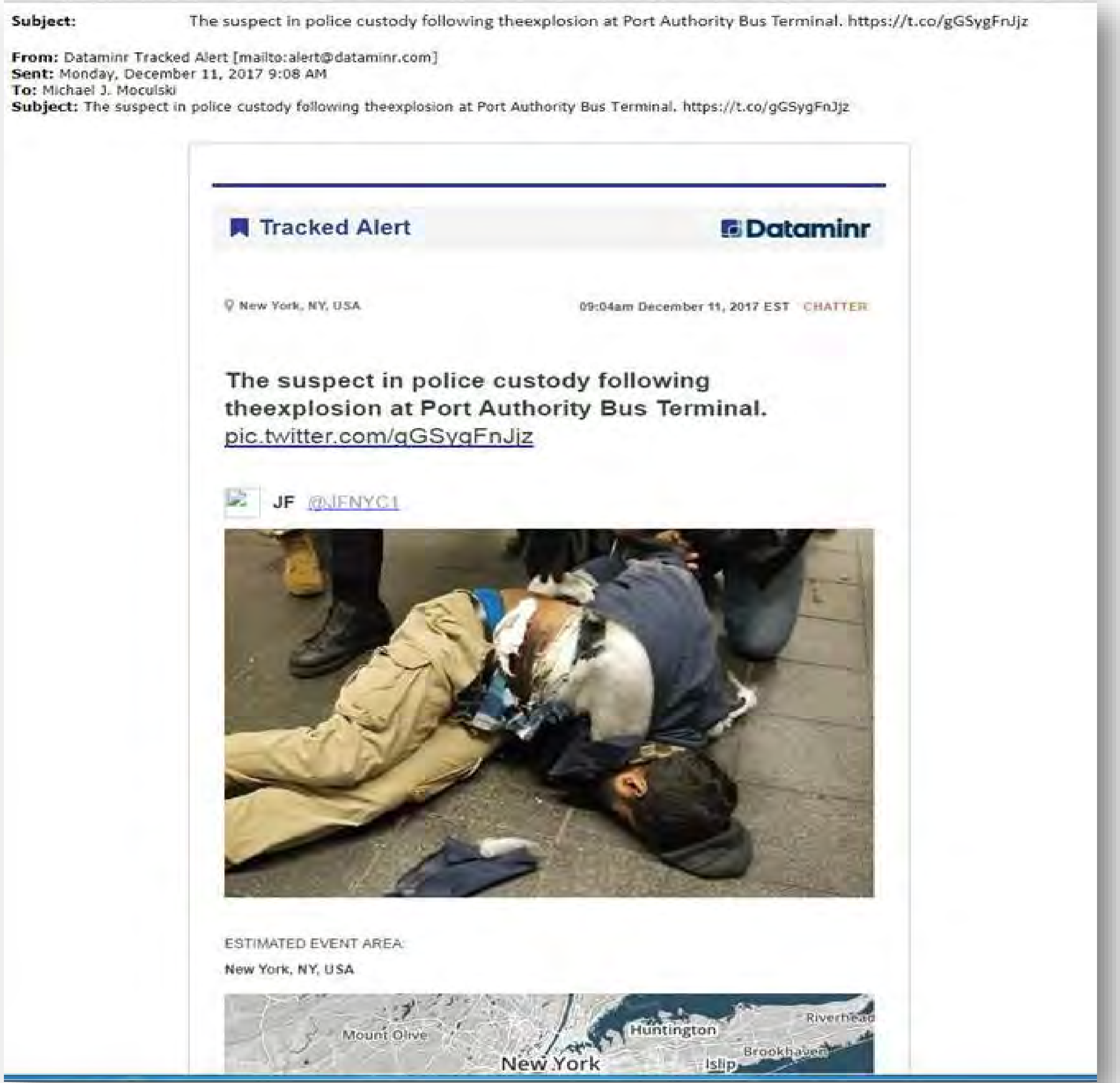
2h
DYK: It's #NursesWeek? Share a story about how a #nurse touched your life with their ability to inspire, innovate and influence.
CHATTER @MontefioreNYC @MontefioreNYC

2h
This weekend at the @PASMeeting several of our doctors led a workshop about what pediatric providers can do to improve #firearm safety #CHAMatPAS2018
CHATTER @MontefioreNYC @MontefioreNYC

4h
We're conducting a study to identify how best to improve patient experiences at our outpatient sites using @HappyorNotcom – weigh in and share your thoughts.
CHATTER @MontefioreNYC @MontefioreNYC

16h
We're collecting patient data closer to real-time via @HappyorNOTcom – please be sure to stop by the kiosks and share your feedback!

DataMinr Alert



Subject: The suspect in police custody following theexplosion at Port Authority Bus Terminal. https://t.co/gGSygFnJjz

From: Dataminr Tracked Alert [mailto:alert@dataminr.com]
Sent: Monday, December 11, 2017 9:08 AM
To: Michael J. Moculski
Subject: The suspect in police custody following theexplosion at Port Authority Bus Terminal. https://t.co/gGSygFnJjz

Tracked Alert **Dataminr**

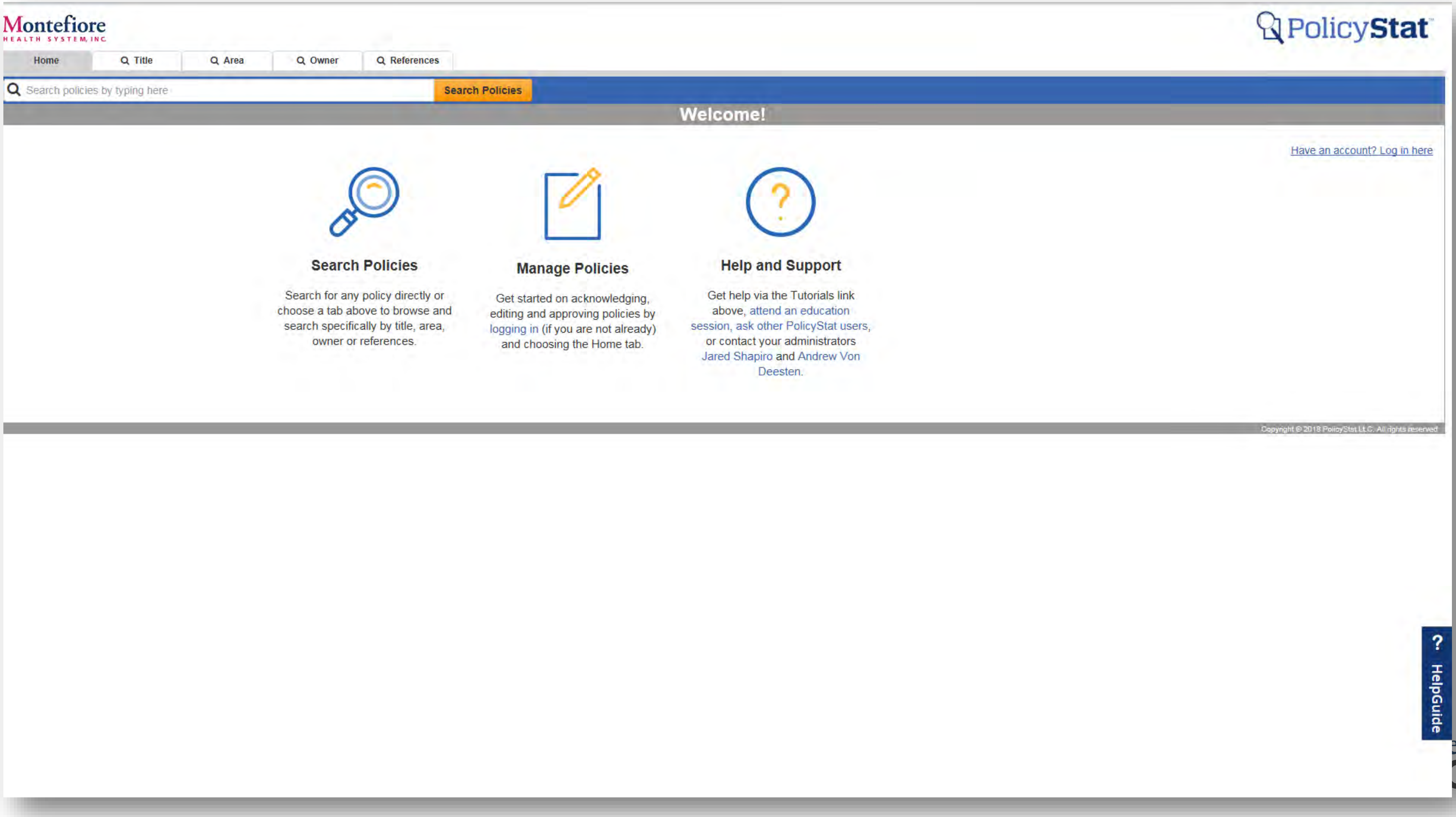
New York, NY, USA 09:04am December 11, 2017 EST CHATTER

The suspect in police custody following theexplosion at Port Authority Bus Terminal. pic.twitter.com/gGSygFnJjz

JF @JFNYC1

ESTIMATED EVENT AREA:
New York, NY, USA

Document Management



Montefiore
HEALTH SYSTEM, INC.
PolicyStat
Home
Title
Area
Owner
References
Search policies by typing here
Search Policies
Have an account? Log in here
HelpGuide

Welcome!

Search Policies

Search for any policy directly or choose a tab above to browse and search specifically by title, area, owner or references.

Manage Policies

Get started on acknowledging, editing and approving policies by logging in (if you are not already) and choosing the Home tab.

Help and Support

Get help via the Tutorials link above, attend an education session, ask other PolicyStat users, or contact your administrators Jared Shapiro and Andrew Von Deesten.

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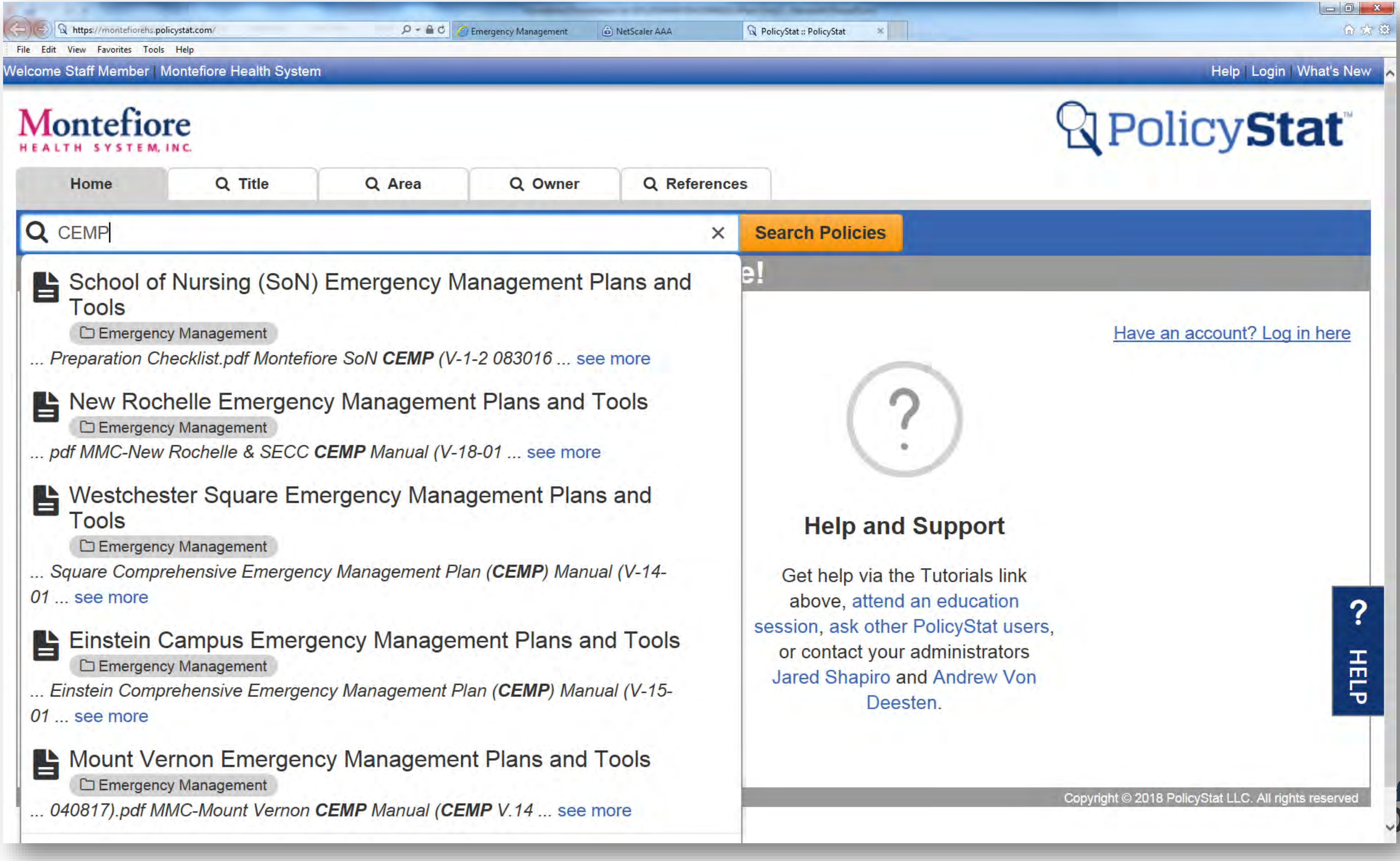
https://montefiorehs.policystat.com/
Emergency Management
NetScaler AAA
PolicyStat :: PolicyStat
File
Edit
View
Favorites
Tools
Help
Welcome Staff Member | Montefiore Health System
Help | Login | What's New
Montefiore
HEALTH SYSTEM, INC.
PolicyStat
Home
Title
Area
Owner
References
CEMP
Search Policies
Have an account? Log in here
HELP

School of Nursing (SoN) Emergency Management Plans and Tools

Emergency Management

*... Preparation Checklist.pdf Montefiore SoN **CEMP** (V-1-2 083016 ...* see more

New Rochelle Emergency Management Plans and Tools

Emergency Management

*... pdf MMC-New Rochelle & SECC **CEMP** Manual (V-18-01 ...* see more

Westchester Square Emergency Management Plans and Tools

Emergency Management

*... Square Comprehensive Emergency Management Plan (**CEMP**) Manual (V-14-01 ...* see more

Einstein Campus Emergency Management Plans and Tools

Emergency Management

*... Einstein Comprehensive Emergency Management Plan (**CEMP**) Manual (V-15-01 ...* see more

Mount Vernon Emergency Management Plans and Tools

Emergency Management

*... 040817).pdf MMC-Mount Vernon **CEMP** Manual (**CEMP** V.14 ...* see more

Help and Support

Get help via the Tutorials link above, attend an education session, ask other PolicyStat users, or contact your administrators Jared Shapiro and Andrew Von Deesten.

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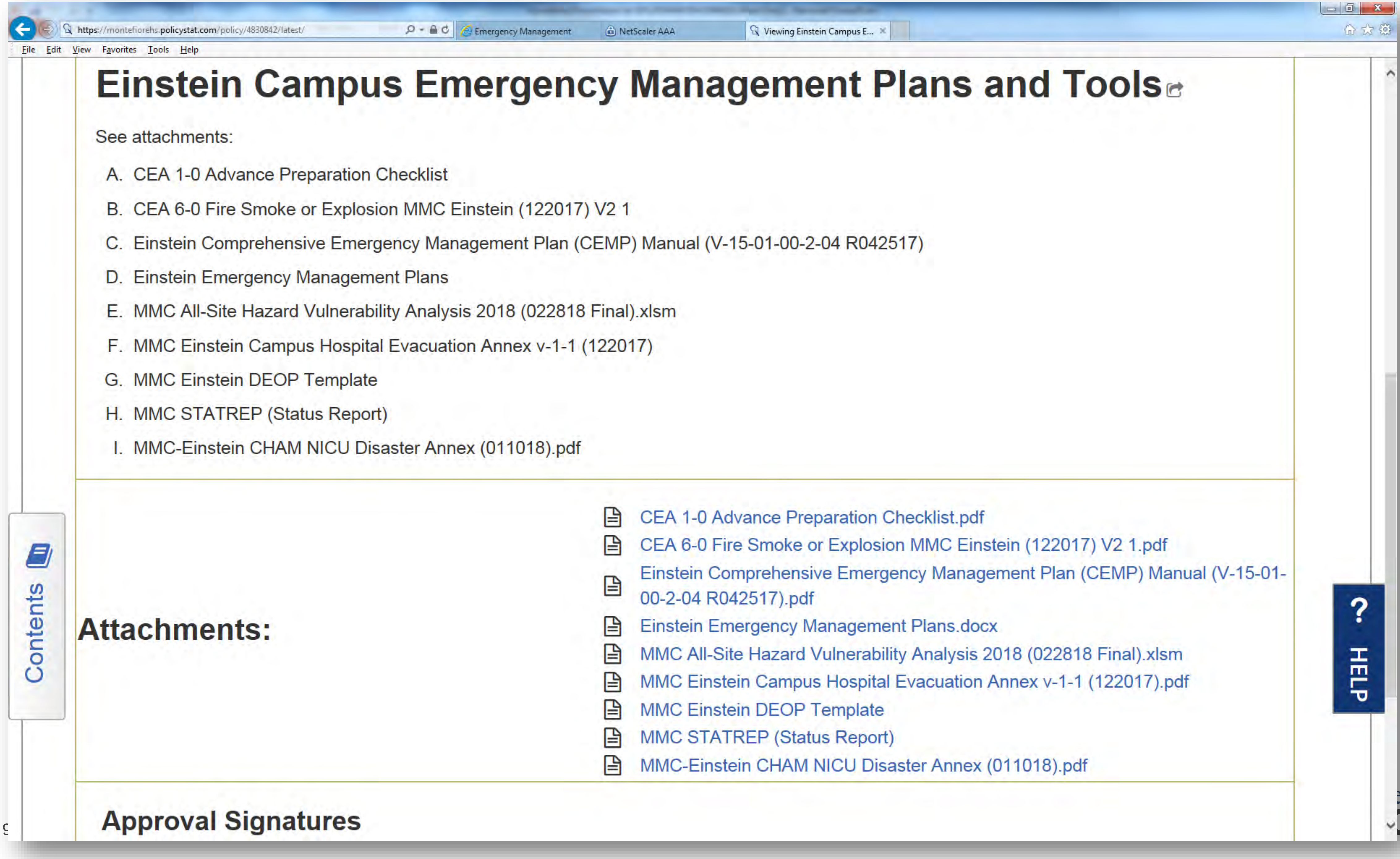

https://montefiorehs.policystat.com/policy/4830842/latest/
Emergency Management
NetScaler AAA
Viewing Einstein Campus E...
File
Edit
View
Favorites
Tools
Help
Contents
? HELP

Einstein Campus Emergency Management Plans and Tools

See attachments:

A. CEA 1-0 Advance Preparation Checklist
B. CEA 6-0 Fire Smoke or Explosion MMC Einstein (122017) V2 1
C. Einstein Comprehensive Emergency Management Plan (CEMP) Manual (V-15-01-00-2-04 R042517)
D. Einstein Emergency Management Plans
E. MMC All-Site Hazard Vulnerability Analysis 2018 (022818 Final).xlsm
F. MMC Einstein Campus Hospital Evacuation Annex v-1-1 (122017)
G. MMC Einstein DEOP Template
H. MMC STATREP (Status Report)
I. MMC-Einstein CHAM NICU Disaster Annex (011018).pdf

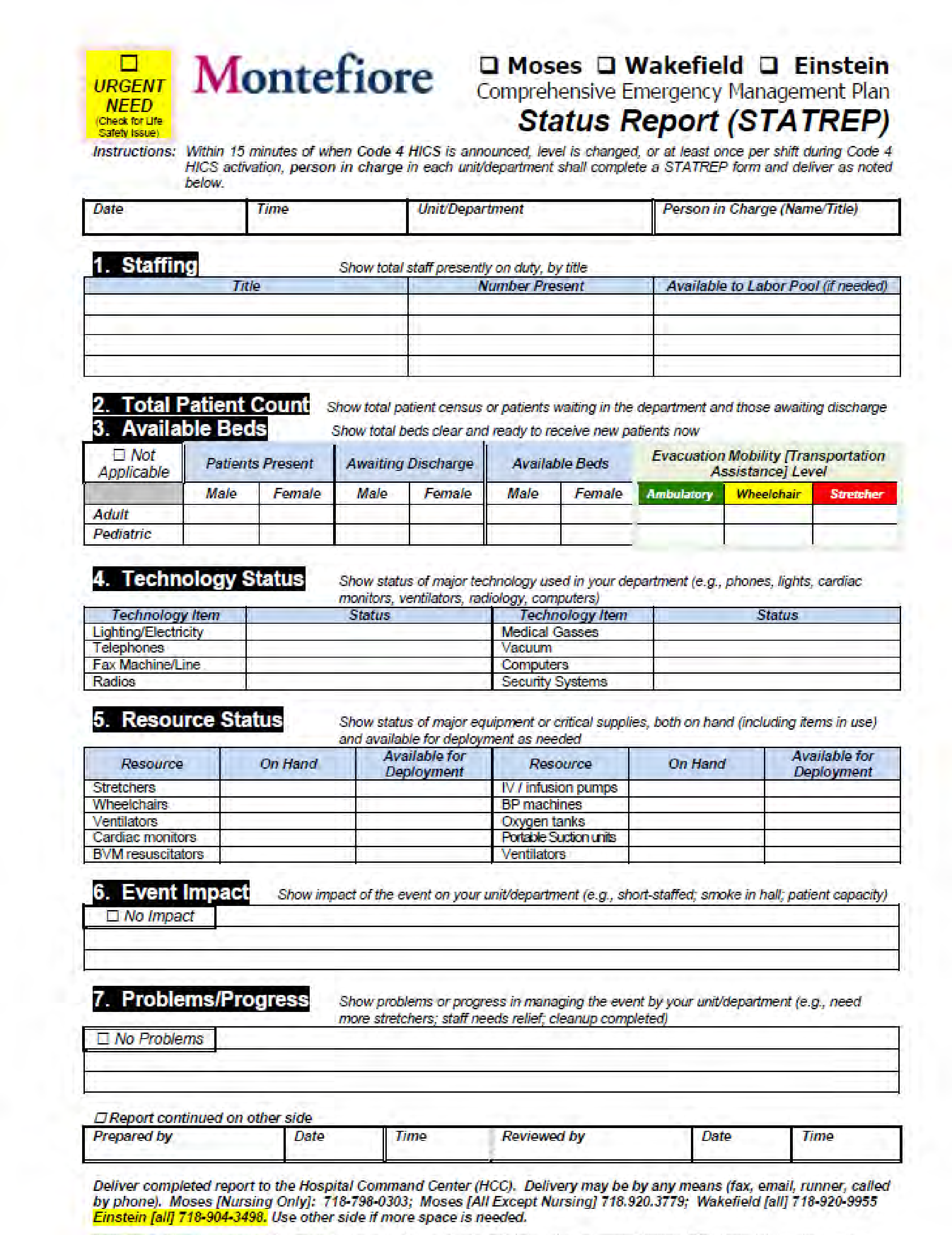
Attachments:

- CEA 1-0 Advance Preparation Checklist.pdf
- CEA 6-0 Fire Smoke or Explosion MMC Einstein (122017) V2 1.pdf
- Einstein Comprehensive Emergency Management Plan (CEMP) Manual (V-15-01-00-2-04 R042517).pdf
- Einstein Emergency Management Plans.docx
- MMC All-Site Hazard Vulnerability Analysis 2018 (022818 Final).xlsm
- MMC Einstein Campus Hospital Evacuation Annex v-1-1 (122017).pdf
- MMC Einstein DEOP Template
- MMC STATREP (Status Report)
- MMC-Einstein CHAM NICU Disaster Annex (011018).pdf

Approval Signatures

Status Report (StatRep)

Low-tech …



☐ URGENT NEED (Check for Life Safety Issue)

Montefiore

☐ Moses ☐ Wakefield ☐ Einstein

Comprehensive Emergency Management Plan

Status Report (STATREP)

Instructions: Within 15 minutes of when Code 4 HICS is announced, level is changed, or at least once per shift during Code 4 HICS activation, person in charge in each unit/department shall complete a STATREP form and deliver as noted below.

Date	Time	Unit/Department	Person in Charge (Name/Title)

1. Staffing *Show total staff presently on duty, by title*

Title	Number Present	Available to Labor Pool (if needed)

2. Total Patient Count *Show total patient census or patients waiting in the department and those awaiting discharge*

3. Available Beds *Show total beds clear and ready to receive new patients now*

☐ Not Applicable	Patients Present		Awaiting Discharge		Available Beds		Evacuation Mobility [Transportation Assistance] Level		
	Male	Female	Male	Female	Male	Female	Ambulatory	Wheelchair	Stretcher
Adult									
Pediatric									

4. Technology Status *Show status of major technology used in your department (e.g., phones, lights, cardiac monitors, ventilators, radiology, computers)*

Technology Item	Status	Technology Item	Status
Lighting/Electricity		Medical Gasses	
Telephones		Vacuum	
Fax Machine/Line		Computers	
Radios		Security Systems	

5. Resource Status *Show status of major equipment or critical supplies, both on hand (including items in use) and available for deployment as needed*

Resource	On Hand	Available for Deployment	Resource	On Hand	Available for Deployment
Stretchers			IV / infusion pumps		
Wheelchairs			BP machines		
Ventilators			Oxygen tanks		
Cardiac monitors			Portable Suction units		
BVM resuscitators			Ventilators		

6. Event Impact *Show impact of the event on your unit/department (e.g., short-staffed; smoke in hall; patient capacity)*

☐ No Impact

7. Problems/Progress *Show problems or progress in managing the event by your unit/department (e.g., need more stretchers; staff needs relief; cleanup completed)*

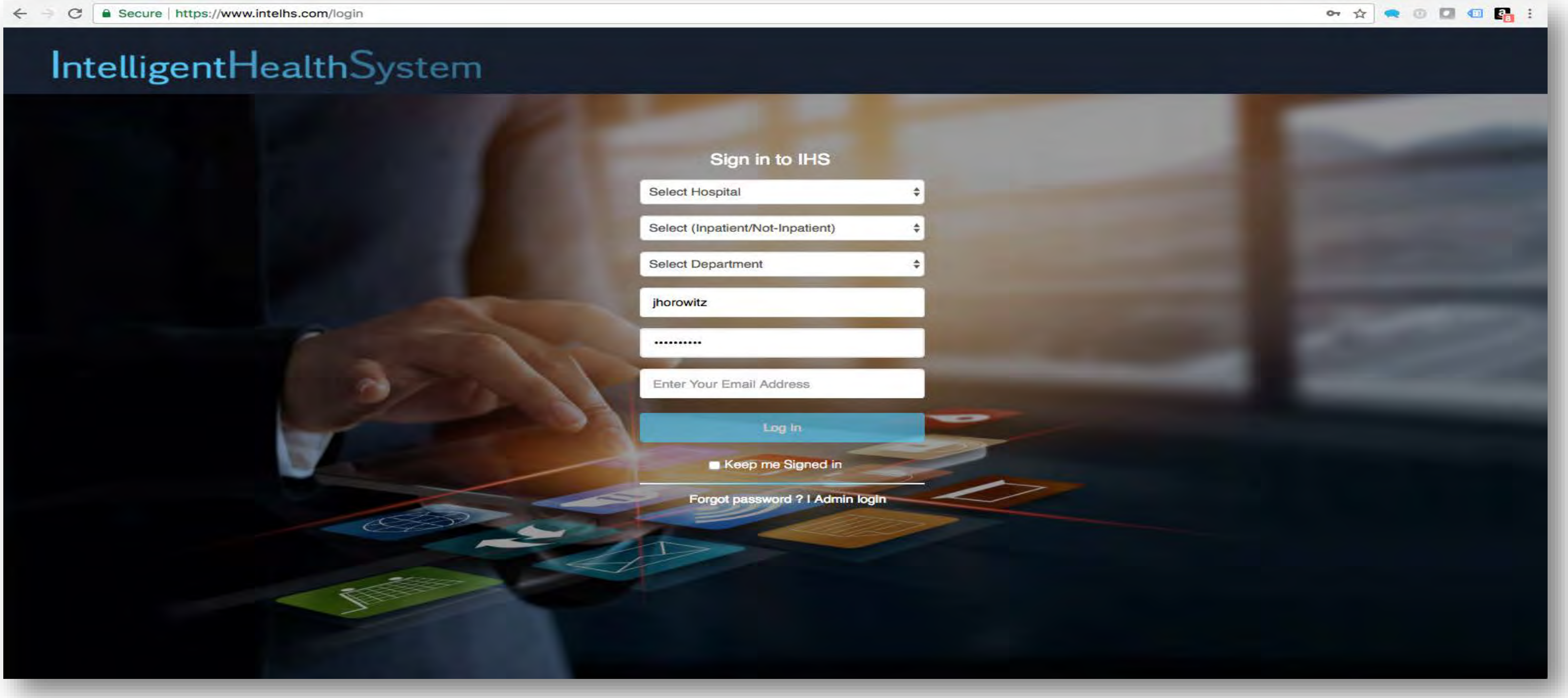
☐ No Problems

☐ Report continued on other side

Prepared by	Date	Time	Reviewed by	Date	Time

Deliver completed report to the Hospital Command Center (HCC). Delivery may be by any means (fax, email, runner, called by phone). Moses [Nursing Only]: 718-798-0303; Moses [All Except Nursing] 718.920.3779; Wakefield [all] 718-920-9955 Einstein [all] 718-904-3498. Use other side if more space is needed.

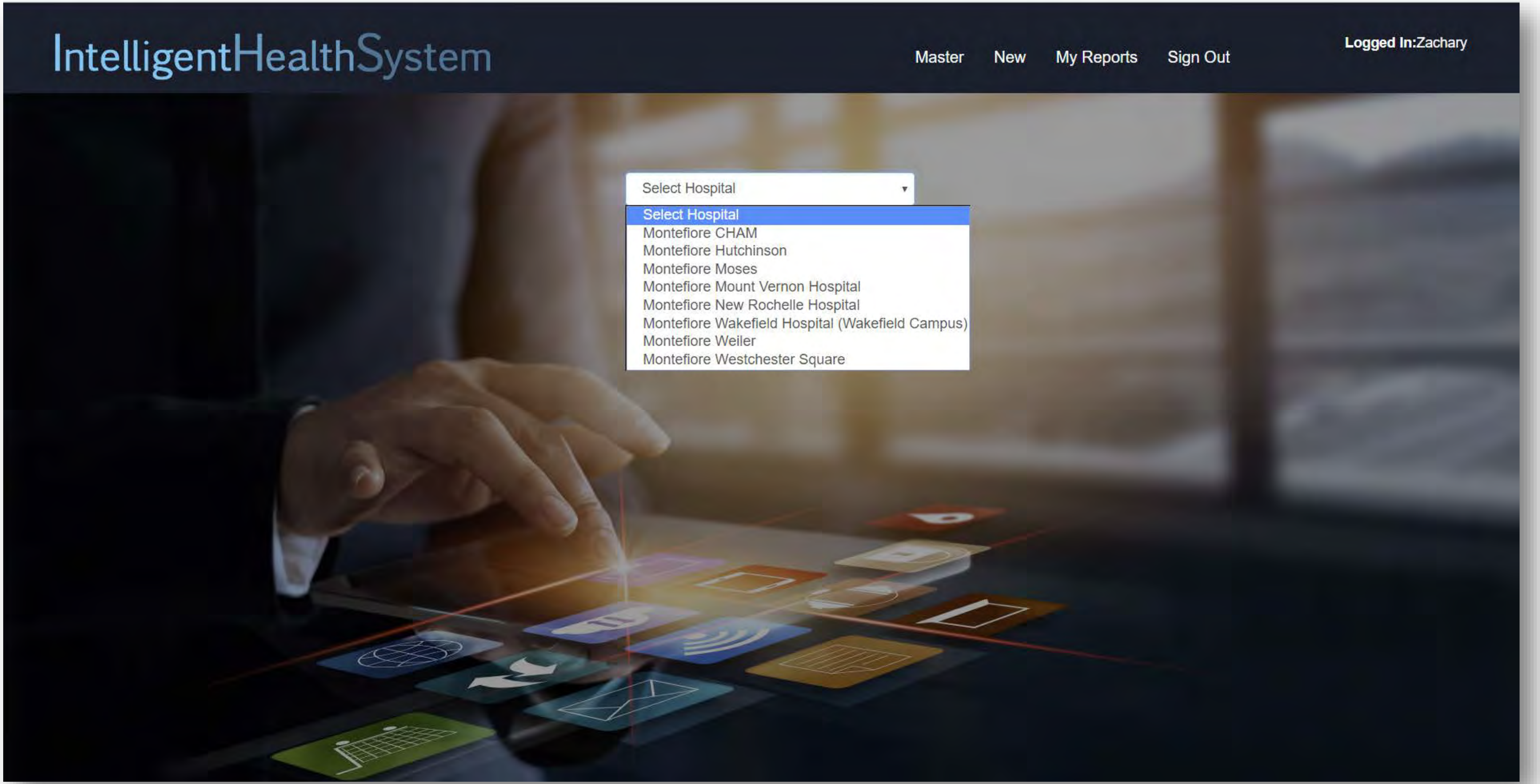
Status Report – High Tech



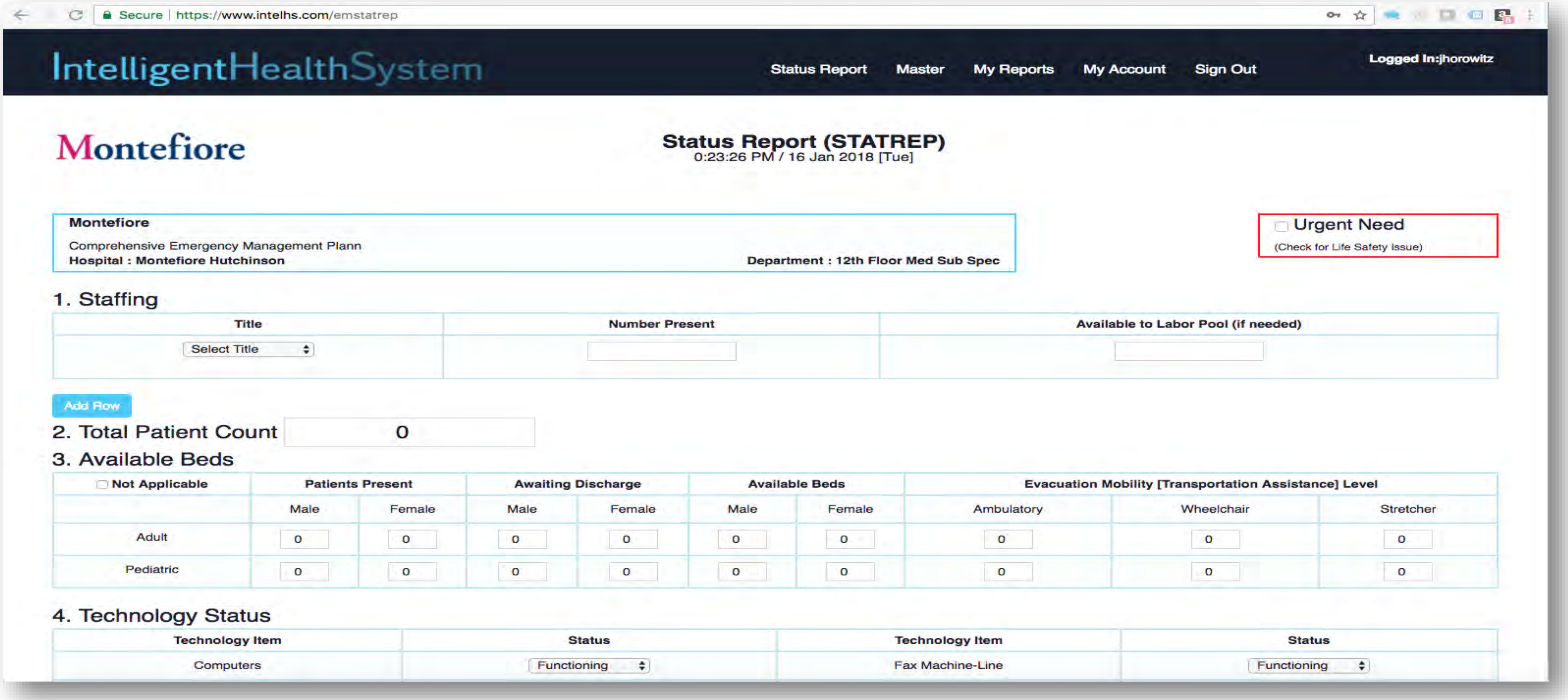
Secure | https://www.intelhs.com/login
IntelligentHealthSystem
Sign in to IHS
Select Hospital
Select (Inpatient/Not-Inpatient)
Select Department
Enter Your Email Address
Log in
Keep me Signed in
Forgot password ? I Admin login

jhorowitz

•••••••••••


IntelligentHealthSystem
Master
New
My Reports
Sign Out
Logged In: Zachary
Select Hospital
Select Hospital
Montefiore CHAM
Montefiore Hutchinson
Montefiore Moses
Montefiore Mount Vernon Hospital
Montefiore New Rochelle Hospital
Montefiore Wakefield Hospital (Wakefield Campus)
Montefiore Weiler
Montefiore Westchester Square

IntelHS – Online Status Report Submission



Secure | https://www.intelhs.com/emstatrep
IntelligentHealthSystem
Status Report
Master
My Reports
My Account
Sign Out
Logged In:jhorowitz
Montefiore

Status Report (STATREP)
0:23:26 PM / 16 Jan 2018 [Tue]

Montefiore
Comprehensive Emergency Management Plann
Hospital : Montefiore Hutchinson
Department : 12th Floor Med Sub Spec

☐ Urgent Need
(Check for Life Safety Issue)

1. Staffing

Title	Number Present	Available to Labor Pool (if needed)
Select Title		

Add Row

2. Total Patient Count 0

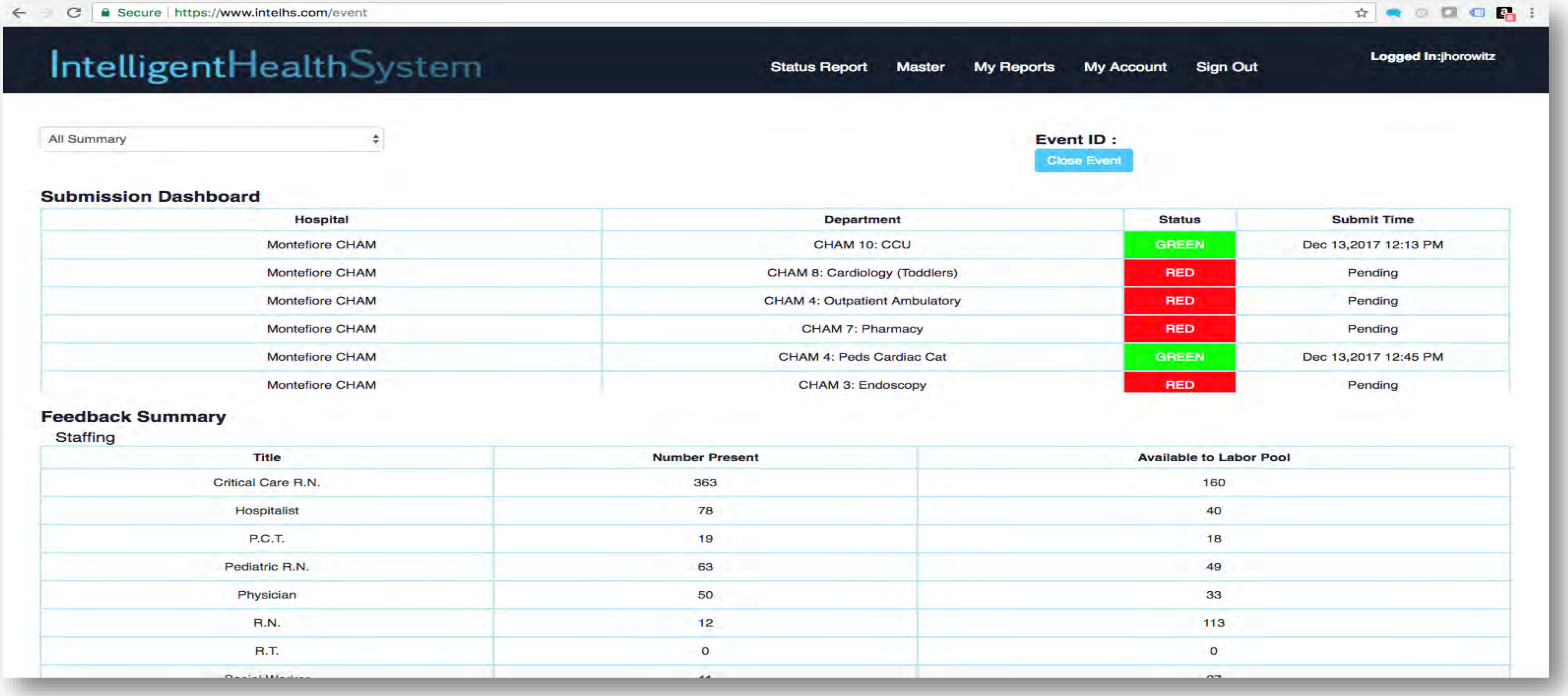
3. Available Beds

☐ Not Applicable	Patients Present		Awaiting Discharge		Available Beds		Evacuation Mobility [Transportation Assistance] Level		
	Male	Female	Male	Female	Male	Female	Ambulatory	Wheelchair	Stretcher
Adult	0	0	0	0	0	0	0	0	0
Pediatric	0	0	0	0	0	0	0	0	0

4. Technology Status

Technology Item	Status	Technology Item	Status
Computers	Functioning	Fax Machine-Line	Functioning

IntelHS – Administrator Summary


Secure | https://www.intelhs.com/event
IntelligentHealthSystem
Status Report
Master
My Reports
My Account
Sign Out
Logged In:jhorowitz
Close Event

All Summary

Event ID :

Submission Dashboard

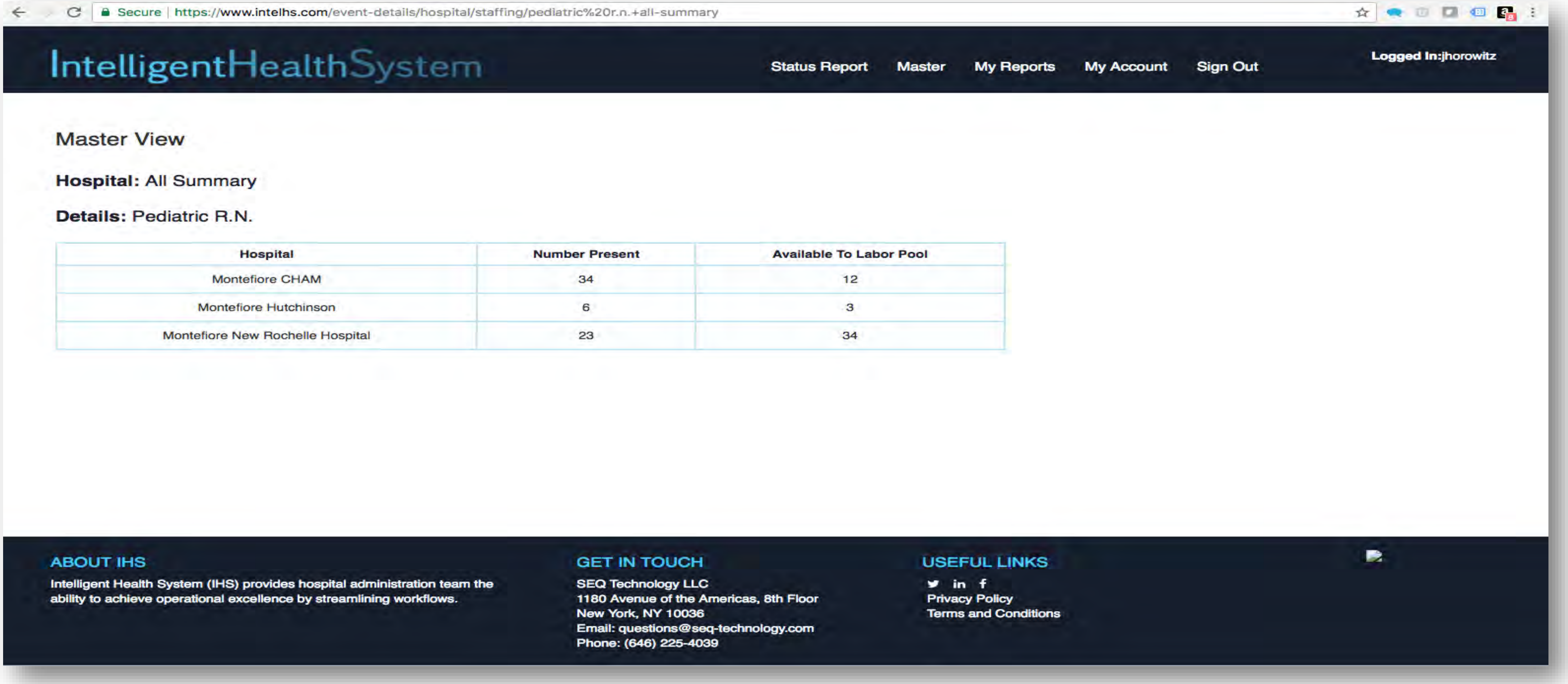
Hospital	Department	Status	Submit Time
Montefiore CHAM	CHAM 10: CCU	GREEN	Dec 13,2017 12:13 PM
Montefiore CHAM	CHAM 8: Cardiology (Toddlers)	RED	Pending
Montefiore CHAM	CHAM 4: Outpatient Ambulatory	RED	Pending
Montefiore CHAM	CHAM 7: Pharmacy	RED	Pending
Montefiore CHAM	CHAM 4: Peds Cardiac Cat	GREEN	Dec 13,2017 12:45 PM
Montefiore CHAM	CHAM 3: Endoscopy	RED	Pending

Feedback Summary

Staffing

Title	Number Present	Available to Labor Pool
Critical Care R.N.	363	160
Hospitalist	78	40
P.C.T.	19	18
Pediatric R.N.	63	49
Physician	50	33
R.N.	12	113
R.T.	0	0

IntelHS – Administrator (Drill-down View)


Secure
https://www.intelhs.com/event-details/hospital/staffing/pediatric%20r.n.+all-summary
IntelligentHealthSystem
Status Report
Master
My Reports
My Account
Sign Out
Logged In:jhorowitz

Master View

Hospital: All Summary

Details: Pediatric R.N.

Hospital	Number Present	Available To Labor Pool
Montefiore CHAM	34	12
Montefiore Hutchinson	6	3
Montefiore New Rochelle Hospital	23	34

ABOUT IHS

Intelligent Health System (IHS) provides hospital administration team the ability to achieve operational excellence by streamlining workflows.

GET IN TOUCH

SEQ Technology LLC
1180 Avenue of the Americas, 8th Floor
New York, NY 10036
Email: questions@seq-technology.com
Phone: (646) 225-4039

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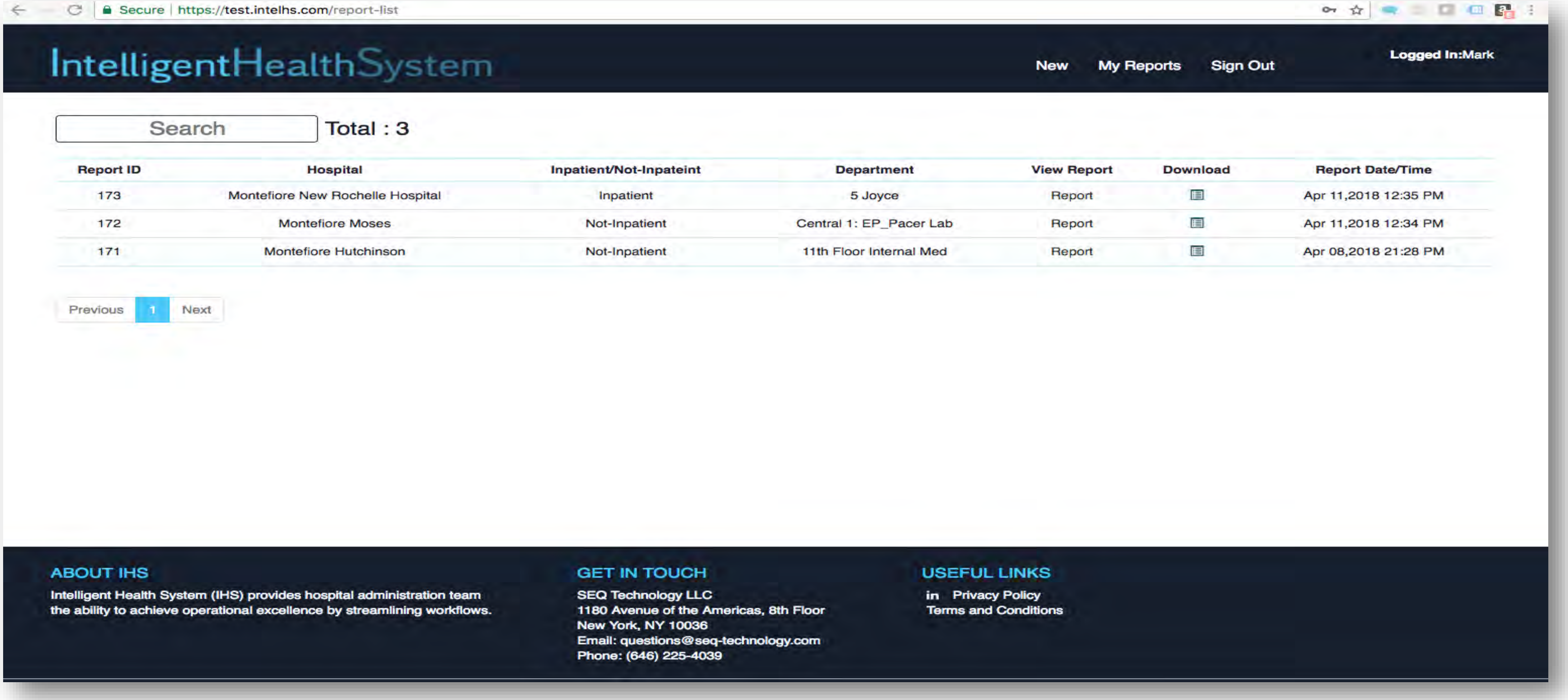
Terms and Conditions

IntelHS – StatRep Reports



Secure | https://test.intelhs.com/report-list

Logged In:Mark

Search Total : 3

Report ID	Hospital	Inpatient/Not-Inpateint	Department	View Report	Download	Report Date/Time
173	Montefiore New Rochelle Hospital	Inpatient	5 Joyce	Report	▤	Apr 11,2018 12:35 PM
172	Montefiore Moses	Not-Inpatient	Central 1: EP_Pacer Lab	Report	▤	Apr 11,2018 12:34 PM
171	Montefiore Hutchinson	Not-Inpatient	11th Floor Internal Med	Report	▤	Apr 08,2018 21:28 PM

ABOUT IHS

Intelligent Health System (IHS) provides hospital administration team the ability to achieve operational excellence by streamlining workflows.

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SEQ Technology LLC
1180 Avenue of the Americas, 8th Floor
New York, NY 10036
Email: questions@seq-technology.com
Phone: (646) 225-4039

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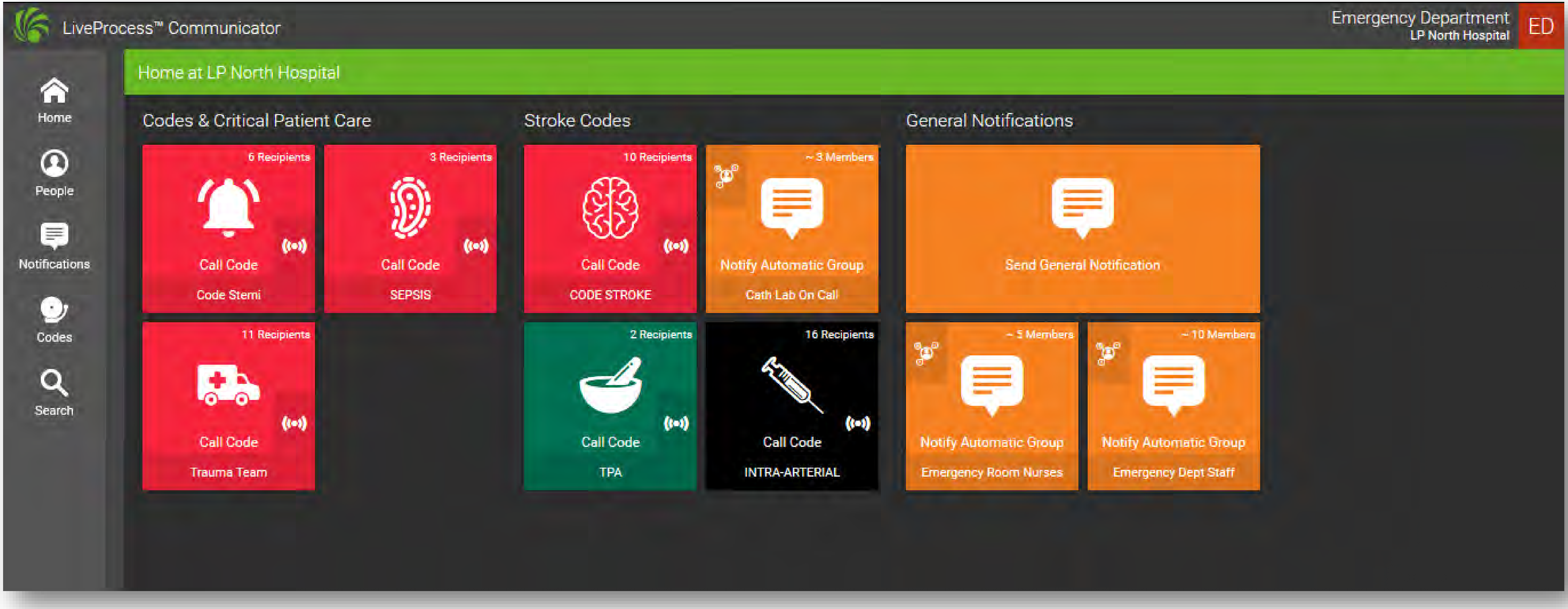
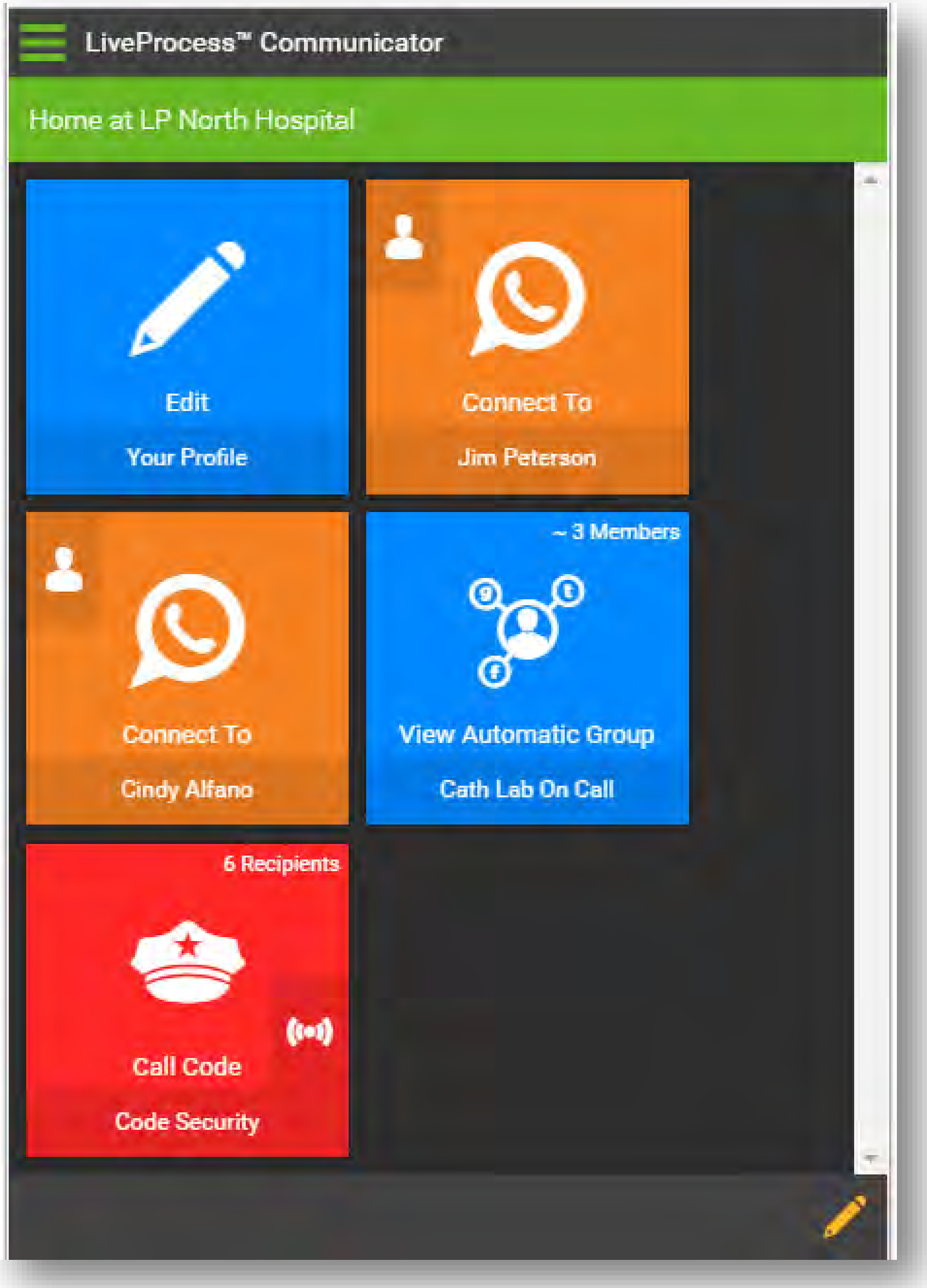
Authorized Department User Dashboard


LiveProcess™ Communicator
Emergency Department
LP North Hospital
ED
Home
People
Notifications
Codes
Search
Home at LP North Hospital
Codes & Critical Patient Care
Stroke Codes
General Notifications
6 Recipients
Call Code
Code Stemi
3 Recipients
Call Code
SEPSIS
10 Recipients
Call Code
CODE STROKE
~ 3 Members
Notify Automatic Group
Cath Lab On Call
Send General Notification
11 Recipients
Call Code
Trauma Team
2 Recipients
Call Code
TPA
16 Recipients
Call Code
INTRA-ARTERIAL
~ 5 Members
Notify Automatic Group
Emergency Room Nurses
~ 10 Members
Notify Automatic Group
Emergency Dept Staff

Montefiore
DOING MORE℠

Authorized Individual User Smartphone

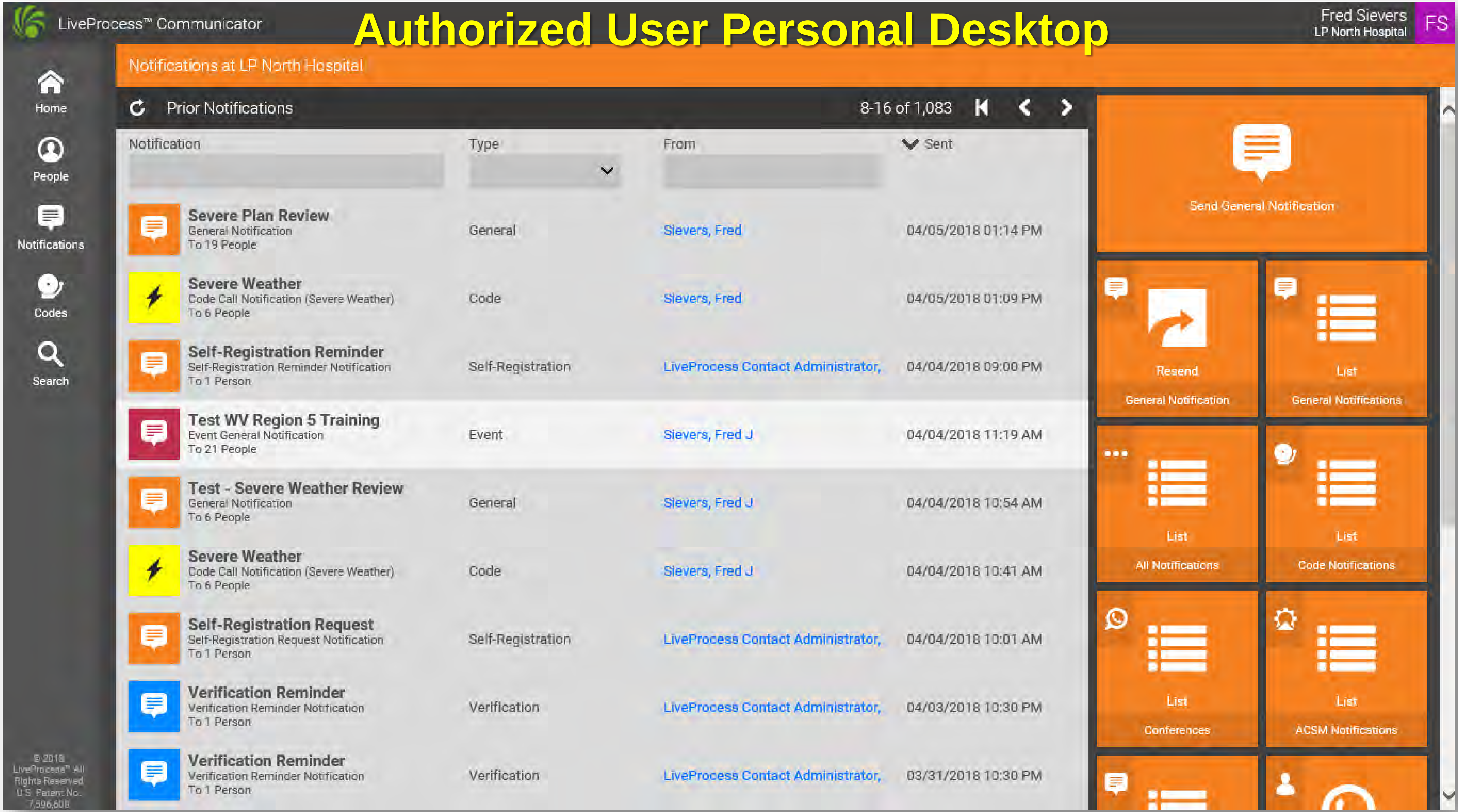


LiveProcess™ Communicator

Home at LP North Hospital

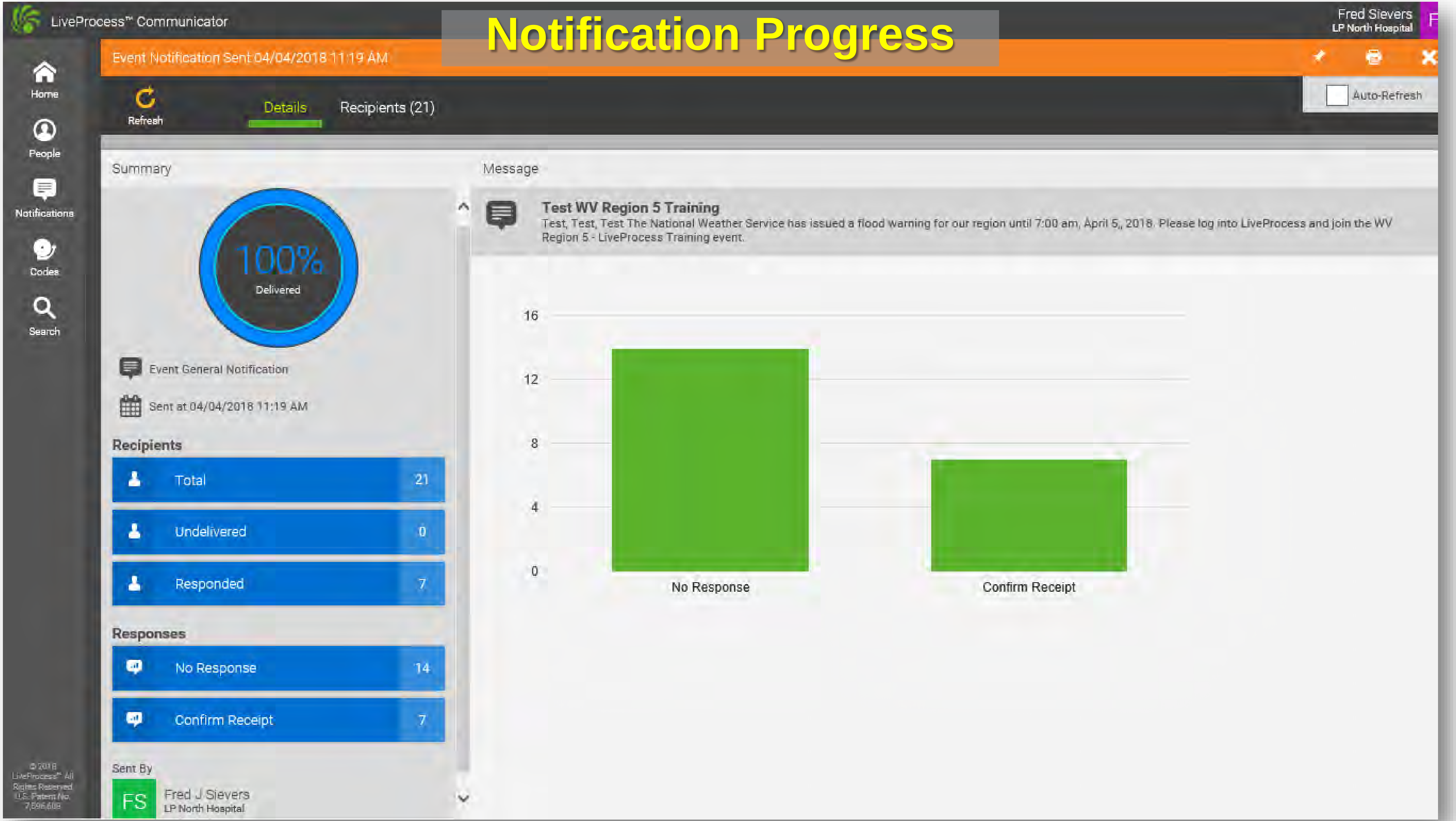
Edit
Your Profile
Connect To
Jim Peterson
Connect To
Cindy Alfano
~ 3 Members
View Automatic Group
Cath Lab On Call
6 Recipients
Call Code
Code Security

Authorized User Personal Desktop


LiveProcess™ Communicator
Fred Sievers
LP North Hospital
FS
Home
People
Notifications
Codes
Search
© 2018 LiveProcess™ All Rights Reserved U.S. Patent No. 7,596,608
Notifications at LP North Hospital
Prior Notifications
8-16 of 1,083
Send General Notification
Resend General Notification
List General Notifications
List All Notifications
List Code Notifications
List Conferences
List ACSM Notifications

Notification	Type	From	Sent
Severe Plan Review General Notification To 19 People	General	Sievers, Fred	04/05/2018 01:14 PM
Severe Weather Code Call Notification (Severe Weather) To 6 People	Code	Sievers, Fred	04/05/2018 01:09 PM
Self-Registration Reminder Self-Registration Reminder Notification To 1 Person	Self-Registration	LiveProcess Contact Administrator,	04/04/2018 09:00 PM
Test WV Region 5 Training Event General Notification To 21 People	Event	Sievers, Fred J	04/04/2018 11:19 AM
Test - Severe Weather Review General Notification To 6 People	General	Sievers, Fred J	04/04/2018 10:54 AM
Severe Weather Code Call Notification (Severe Weather) To 6 People	Code	Sievers, Fred J	04/04/2018 10:41 AM
Self-Registration Request Self-Registration Request Notification To 1 Person	Self-Registration	LiveProcess Contact Administrator,	04/04/2018 10:01 AM
Verification Reminder Verification Reminder Notification To 1 Person	Verification	LiveProcess Contact Administrator,	04/03/2018 10:30 PM
Verification Reminder Verification Reminder Notification To 1 Person	Verification	LiveProcess Contact Administrator,	03/31/2018 10:30 PM

Notification Progress


LiveProcess™ Communicator
Fred Sievers
LP North Hospital
Home
People
Notifications
Codes
Search
Refresh
Details
Recipients (21)
Auto-Refresh
Summary
Message
16
12
8
4
0
No Response
Confirm Receipt

Event Notification Sent 04/04/2018 11:19 AM

100% Delivered

Event General Notification

Sent at 04/04/2018 11:19 AM

Recipients

Total	21
Undelivered	0
Responded	7

Responses

No Response	14
Confirm Receipt	7

Sent By

FS Fred J Sievers
LP North Hospital

Test WV Region 5 Training
Test, Test, Test The National Weather Service has issued a flood warning for our region until 7:00 am, April 5,, 2018. Please log into LiveProcess and join the WV Region 5 - LiveProcess Training event.

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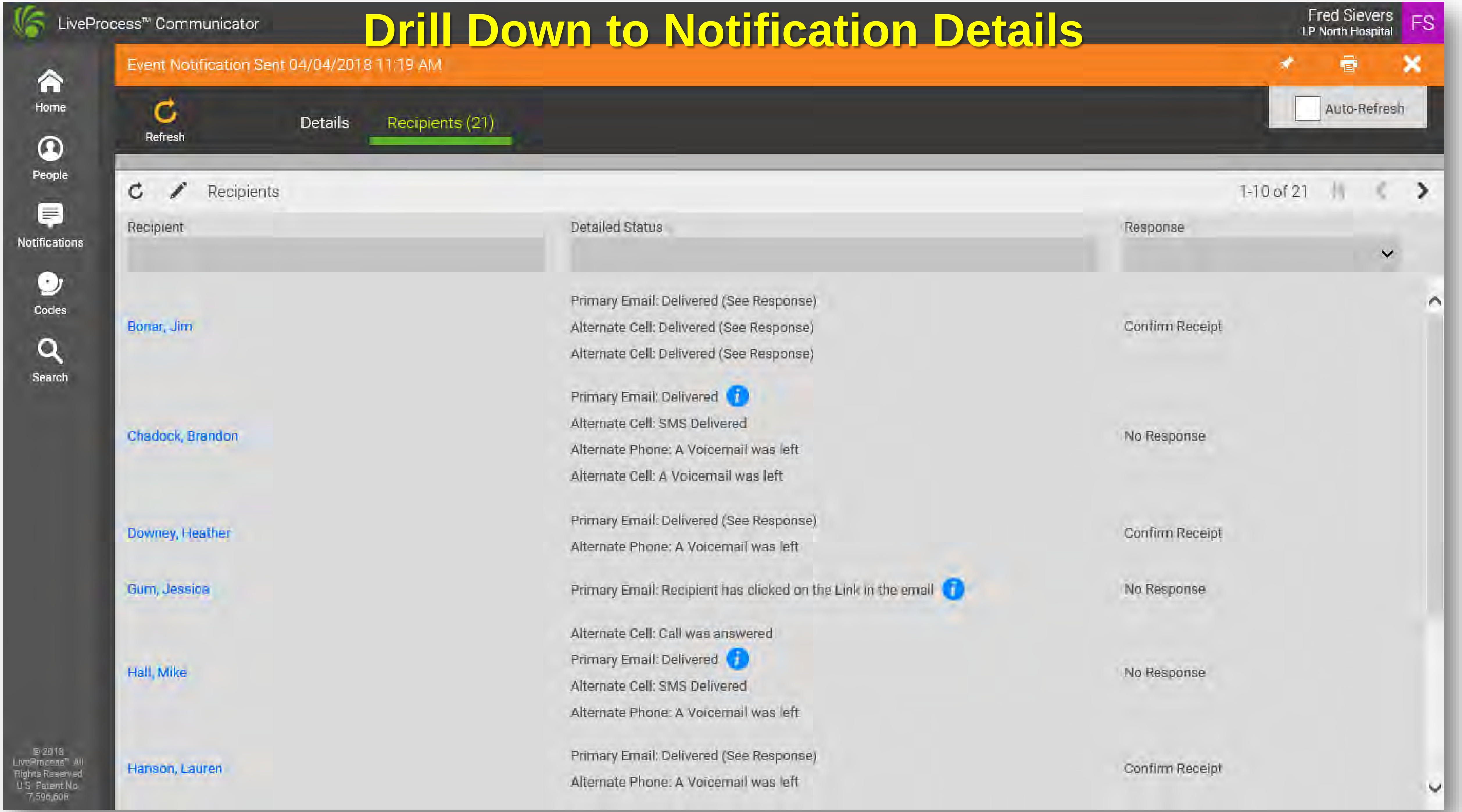
Drill Down to Notification Details


LiveProcess™ Communicator
Fred Sievers
LP North Hospital
FS
Home
People
Notifications
Codes
Search
Refresh
Details
Recipients (21)
☐ Auto-Refresh
Recipients
1-10 of 21

Event Notification Sent 04/04/2018 11:19 AM

Recipient	Detailed Status	Response
Bonar, Jim	Primary Email: Delivered (See Response) Alternate Cell: Delivered (See Response) Alternate Cell: Delivered (See Response)	Confirm Receipt
Chadock, Brandon	Primary Email: Delivered ⓘ Alternate Cell: SMS Delivered Alternate Phone: A Voicemail was left Alternate Cell: A Voicemail was left	No Response
Downey, Heather	Primary Email: Delivered (See Response) Alternate Phone: A Voicemail was left	Confirm Receipt
Gum, Jessica	Primary Email: Recipient has clicked on the Link in the email ⓘ	No Response
Hall, Mike	Alternate Cell: Call was answered Primary Email: Delivered ⓘ Alternate Cell: SMS Delivered Alternate Phone: A Voicemail was left	No Response
Hanson, Lauren	Primary Email: Delivered (See Response) Alternate Phone: A Voicemail was left	Confirm Receipt

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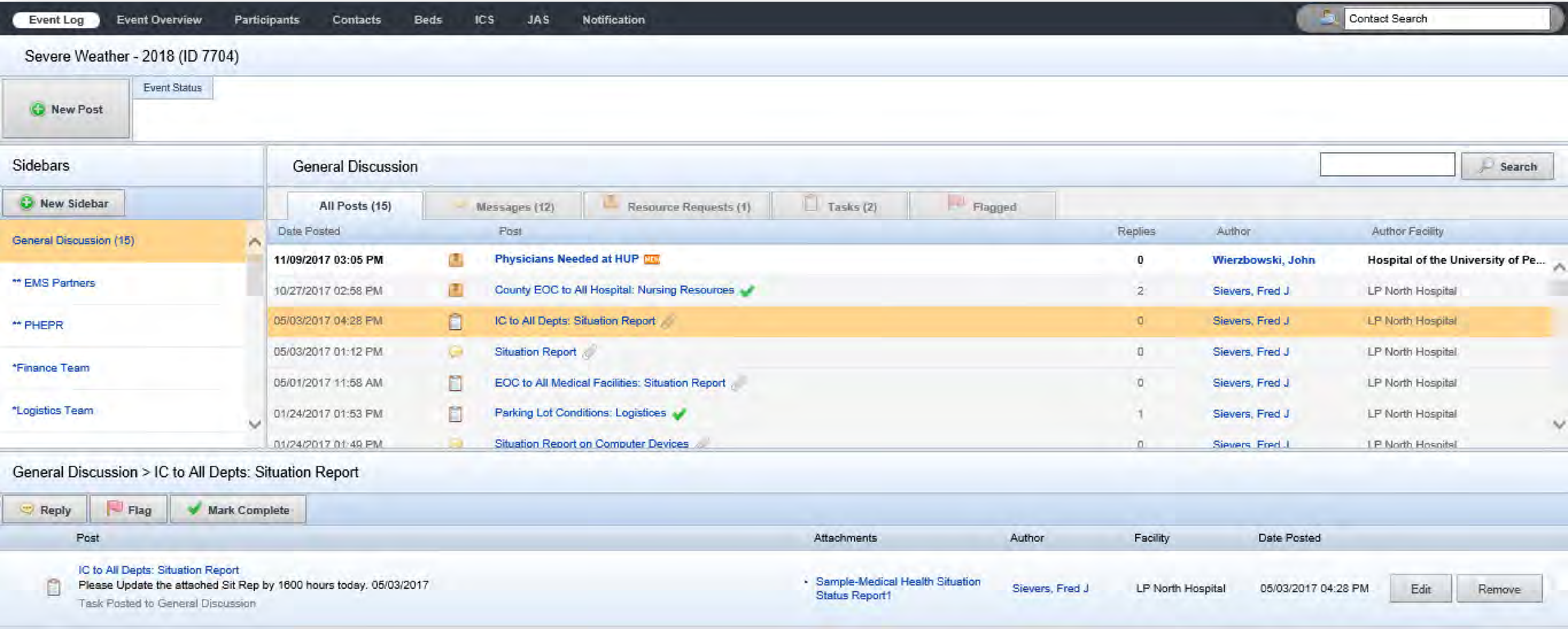
Incident Commander’s Dashboard


Event Log
Event Overview
Participants
Contacts
Beds
ICS
JAS
Notification
Contact Search
New Post
Event Status
Sidebars
New Sidebar
Search
All Posts (15)
Messages (12)
Resource Requests (1)
Tasks (2)
Flagged
Reply
Flag
Mark Complete
Edit
Remove

Severe Weather - 2018 (ID 7704)

Sidebars

- General Discussion (15)
- ** EMS Partners
- ** PHEPR
- *Finance Team
- *Logistics Team

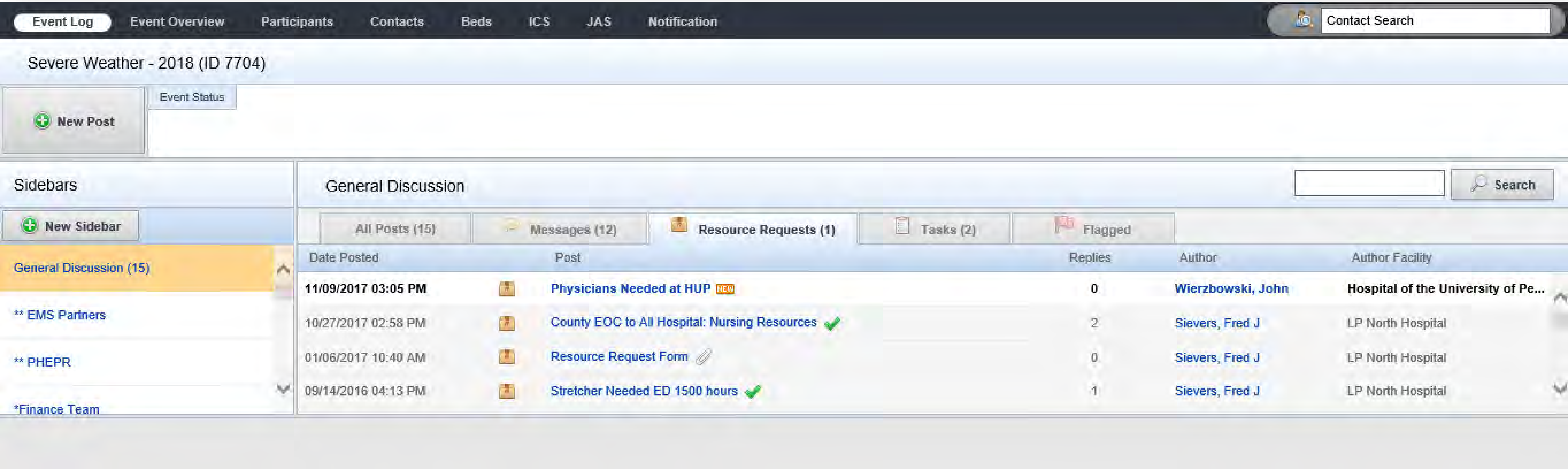
General Discussion

Date Posted	Post	Replies	Author	Author Facility
11/09/2017 03:05 PM	**Physicians Needed at HUP** NEW	**0**	**Wierzbowski, John**	**Hospital of the University of Pe...**
10/27/2017 02:58 PM	County EOC to All Hospital: Nursing Resources ✓	2	Sievers, Fred J	LP North Hospital
05/03/2017 04:28 PM	IC to All Depts: Situation Report	0	Sievers, Fred J	LP North Hospital
05/03/2017 01:12 PM	Situation Report	0	Sievers, Fred J	LP North Hospital
05/01/2017 11:58 AM	EOC to All Medical Facilities: Situation Report	0	Sievers, Fred J	LP North Hospital
01/24/2017 01:53 PM	Parking Lot Conditions: Logistices ✓	1	Sievers, Fred J	LP North Hospital
01/24/2017 01:49 PM	Situation Report on Computer Devices	0	Sievers, Fred J	LP North Hospital

General Discussion > IC to All Depts: Situation Report

Post	Attachments	Author	Facility	Date Posted
IC to All Depts: Situation Report Please Update the attached Sit Rep by 1600 hours today. 05/03/2017 Task Posted to General Discussion	• Sample-Medical Health Situation Status Report1	Sievers, Fred J	LP North Hospital	05/03/2017 04:28 PM

Resource Requests

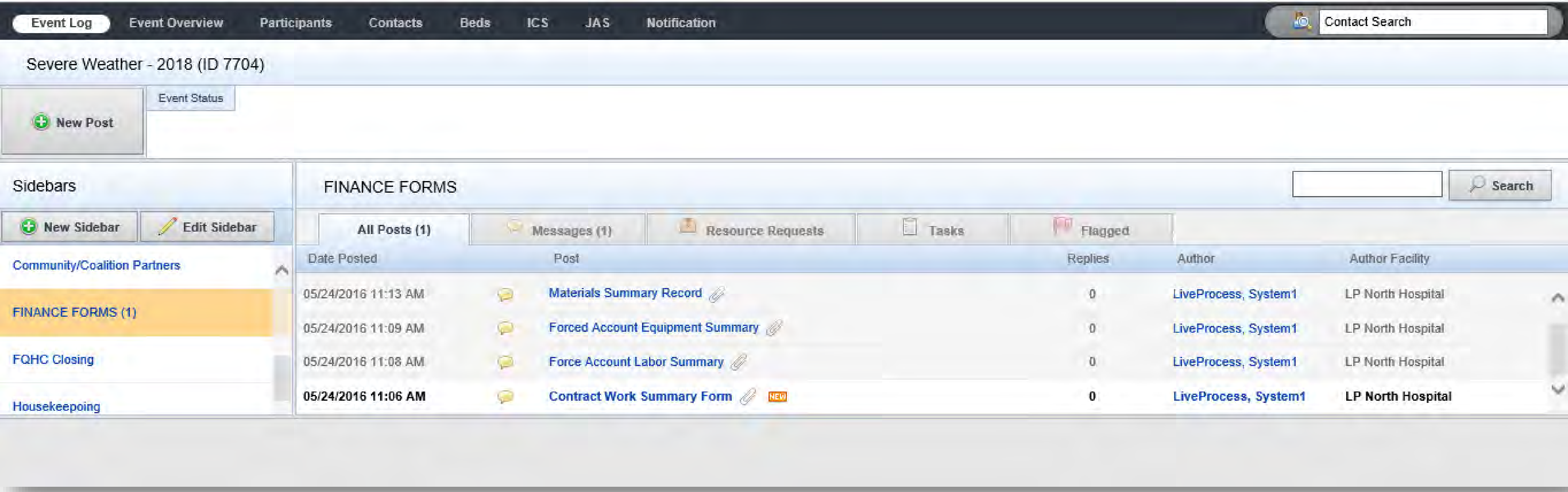

Event Log
Event Overview
Participants
Contacts
Beds
ICS
JAS
Notification
Contact Search
New Post
Event Status
Sidebars
New Sidebar
General Discussion (15)
** EMS Partners
** PHEPR
*Finance Team
Search
All Posts (15)
Messages (12)
Resource Requests (1)
Tasks (2)
Flagged

Severe Weather - 2018 (ID 7704)

General Discussion

Date Posted	Post	Replies	Author	Author Facility
11/09/2017 03:05 PM	**Physicians Needed at HUP** NEW	**0**	**Wierzbowski, John**	**Hospital of the University of Pe...**
10/27/2017 02:58 PM	County EOC to All Hospital: Nursing Resources ✓	2	Sievers, Fred J	LP North Hospital
01/06/2017 10:40 AM	Resource Request Form	0	Sievers, Fred J	LP North Hospital
09/14/2016 04:13 PM	Stretcher Needed ED 1500 hours ✓	1	Sievers, Fred J	LP North Hospital

Individual Posts


Event Log
Event Overview
Participants
Contacts
Beds
ICS
JAS
Notification
Contact Search
Event Status
New Post
Sidebars
New Sidebar
Edit Sidebar
Search
All Posts (1)
Messages (1)
Resource Requests
Tasks
Flagged
NEW

Severe Weather - 2018 (ID 7704)

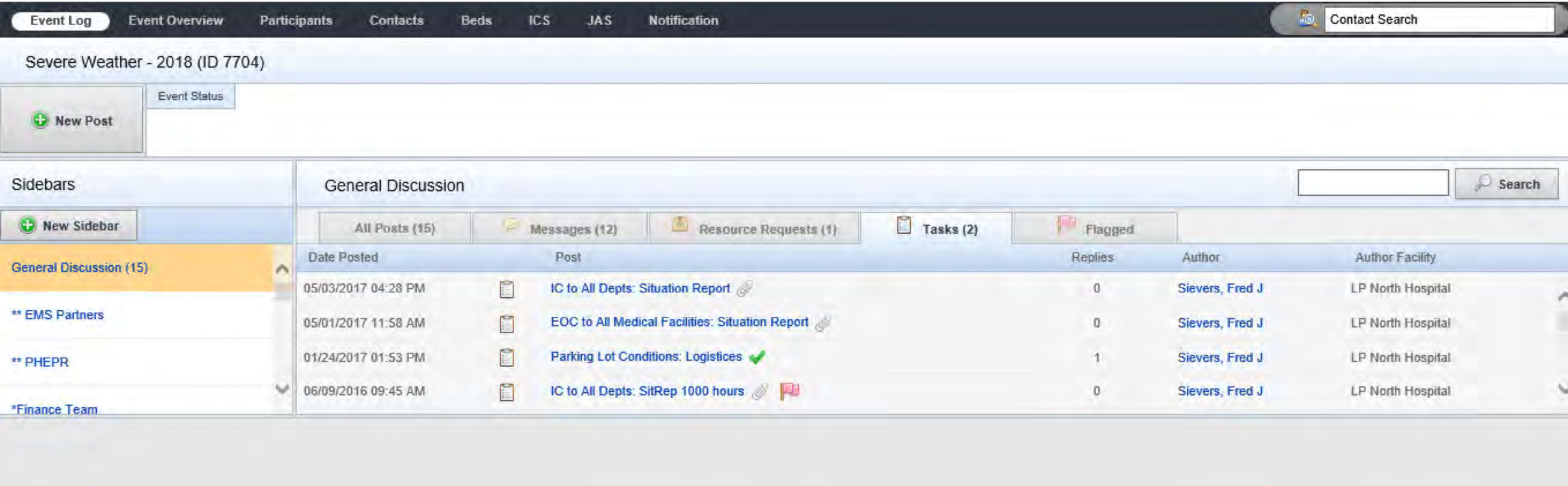
Sidebars:

- Community/Coalition Partners
- FINANCE FORMS (1)
- FQHC Closing
- Housekeepoing

FINANCE FORMS

Date Posted	Post	Replies	Author	Author Facility
05/24/2016 11:13 AM	Materials Summary Record	0	LiveProcess, System1	LP North Hospital
05/24/2016 11:09 AM	Forced Account Equipment Summary	0	LiveProcess, System1	LP North Hospital
05/24/2016 11:08 AM	Force Account Labor Summary	0	LiveProcess, System1	LP North Hospital
05/24/2016 11:06 AM	Contract Work Summary Form	**0**	LiveProcess, System1	**LP North Hospital**

Task List


Event Log
Event Overview
Participants
Contacts
Beds
ICS
JAS
Notification
Contact Search
New Post
Event Status
Sidebars
New Sidebar
General Discussion (15)
** EMS Partners
** PHEPR
*Finance Team
Search
All Posts (15)
Messages (12)
Resource Requests (1)
Tasks (2)
Flagged

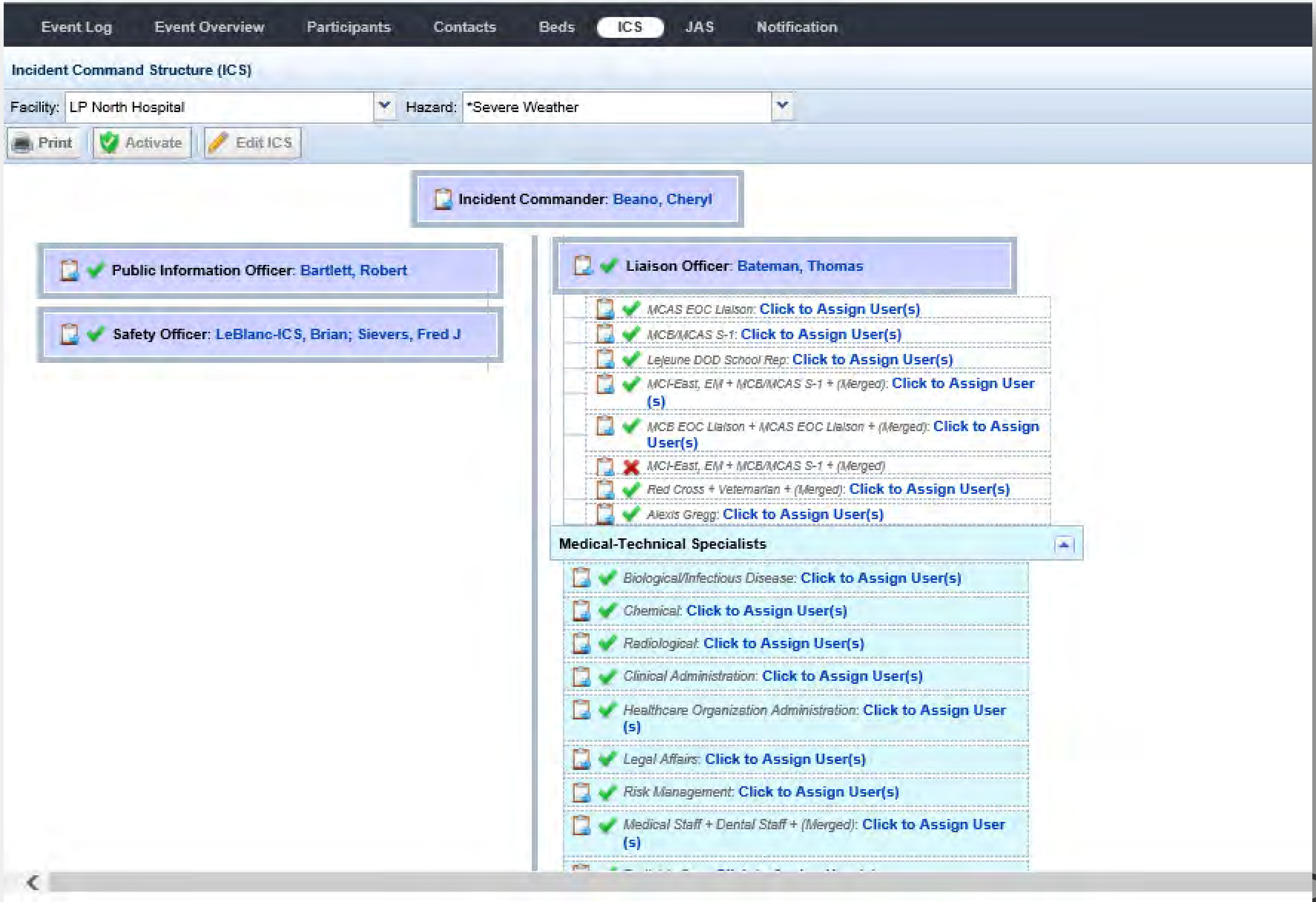
Severe Weather - 2018 (ID 7704)

General Discussion

Date Posted	Post	Replies	Author	Author Facility
05/03/2017 04:28 PM	IC to All Depts: Situation Report	0	Sievers, Fred J	LP North Hospital
05/01/2017 11:58 AM	EOC to All Medical Facilities: Situation Report	0	Sievers, Fred J	LP North Hospital
01/24/2017 01:53 PM	Parking Lot Conditions: Logistices ✓	1	Sievers, Fred J	LP North Hospital
06/09/2016 09:45 AM	IC to All Depts: SitRep 1000 hours	0	Sievers, Fred J	LP North Hospital

Montefiore
DOING MORE℠

HICS Organization and Staffing



Incident Command Structure (ICS)

Facility: LP North Hospital

Hazard: *Severe Weather

Incident Commander: Beano, Cheryl

✓ **Public Information Officer:** Bartlett, Robert

✓ **Safety Officer:** LeBlanc-ICS, Brian; Sievers, Fred J

✓ **Liaison Officer:** Bateman, Thomas

- ✓ *MCAS EOC Liaison:* Click to Assign User(s)
- ✓ *MCB/MCAS S-1:* Click to Assign User(s)
- ✓ *Lejeune DOD School Rep:* Click to Assign User(s)
- ✓ *MCI-East, EM + MCB/MCAS S-1 + (Merged):* Click to Assign User(s)
- ✓ *MCB EOC Liaison + MCAS EOC Liaison + (Merged):* Click to Assign User(s)
- ✗ *MCI-East, EM + MCB/MCAS S-1 + (Merged)*
- ✓ *Red Cross + Veterinarian + (Merged):* Click to Assign User(s)
- ✓ *Alexis Gregg:* Click to Assign User(s)

Medical-Technical Specialists

- ✓ *Biological/Infectious Disease:* Click to Assign User(s)
- ✓ *Chemical:* Click to Assign User(s)
- ✓ *Radiological:* Click to Assign User(s)
- ✓ *Clinical Administration:* Click to Assign User(s)
- ✓ *Healthcare Organization Administration:* Click to Assign User(s)
- ✓ *Legal Affairs:* Click to Assign User(s)
- ✓ *Risk Management:* Click to Assign User(s)
- ✓ *Medical Staff + Dental Staff + (Merged):* Click to Assign User(s)

Questions?

For Additional Information...

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Montefiore
DOING MORE℠

Mount Sinai Health System Emergency Management Partnership

Coalition Leadership Presentation

May 8, 2018

Mount
Sinai

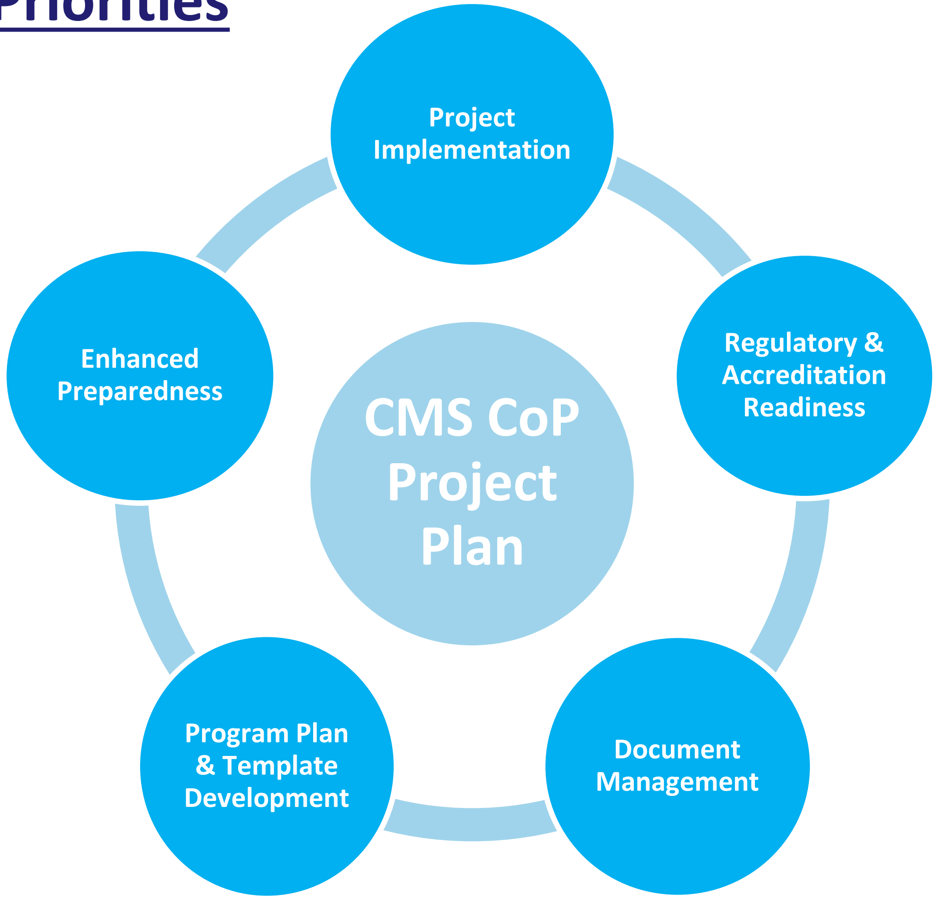
Agenda

1. MSHS CMS Compliance Process
2. MSHS Risk Assessment
3. MSHS Internal Fire Preparedness
4. Ambulatory Services Coordination
5. Next Steps

CMS Compliance

Project Overview

- ☐ **5 Strategic Priorities**


Project Implementation
Regulatory & Accreditation Readiness
Document Management
Program Plan & Template Development
Enhanced Preparedness
CMS CoP Project Plan

Project Management

- **Collaboration with Clinical Operations Project Management to develop comprehensive project plan**
- **Project Management Phases:**
  - Phase 1-Develop & Refine
  - Phase 2-Finalize & Approve
  - Phase 3-Implement & Track
  - Phase 4-Audit and Compliance Tracking

Project Stakeholders

System Executive Sponsor:	Senior Vice President, Medical Affairs & Deputy Chief Medical Officer
Executive Steering Committee:	Hospital COOs, Ambulatory Services Leadership, & Health System Emergency Management Leadership
Project Management Team:	Emergency Management Senior Planning Coordinator, Clinical Operations Project Management
CMS CoP Emergency Preparedness SMEs:	Hospital and Health System Leadership from the following areas: ➢ Ambulatory Services ➢ Regulatory ➢ Emergency Management ➢ Engineering ➢ Human Resources ➢ Information Technology ➢ Infrastructure ➢ Marketing & Communications ➢ Population Health

Implementation

- ☐ **71 total project deliverables completed across 10 Critical Components**
- ☐ **Development and refinement of the following:**
  - Hospital Emergency Operations Plan Template
  - Ambulatory Facility Emergency Operations Plan Template
  - Communications Plan Template
  - Approximately 20 Policies and Procedures
  - Centralized Policy and Procedure Repository

Risk Assessment

Risk Assessment Planning

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Mount Sinai

Threat and Hazard Identification Risk Assessment (THIRA)

November 15

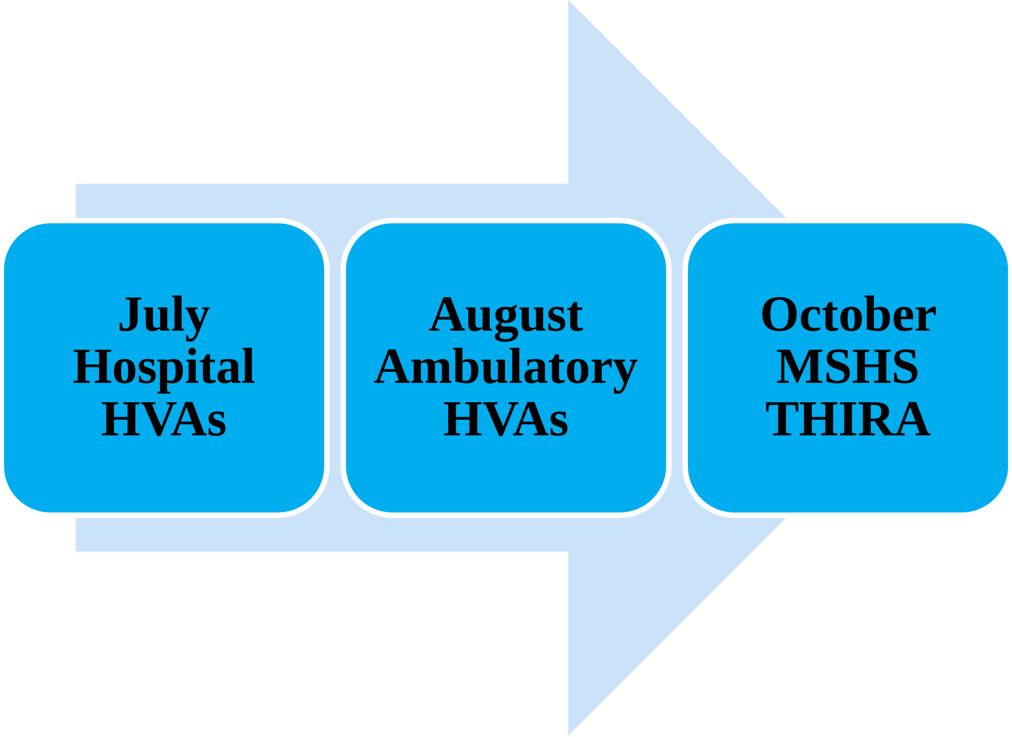
2017

FINAL DRAFT

This document provides an overview of assessed hazard risks and their associated impact on the Mount Sinai Health System (MSHS).The analysis concatenates existing site specific Hazard Vulnerability Assessments (HVA) and evaluates the collected data by expounding on elements evaluated in the assessment process with integration into the overall MSHS community.

Assessment Period
July 1st, 2016 –
June 30th, 2017

BASELINE REPORT



July Hospital HVAs

August Ambulatory HVAs

October MSHS THIRA

Aggregated Risk-Hospitals & Ambulatory

	2017 Hazard/Risk/Threat	
RANK	**Hospital Campuses**	**Ambulatory Facilities**
1	**Fire: Internal**	**Fire: Internal**
2	**Workplace Violence Threat**	**Flood: Internal**
3	**Security Event: Armed Intruder**	**Weather: Blizzard**
4	Patient Surge	**IT Outage: Applications**
5	IT Outage: Infrastructure	**Security Event: Armed Intruder**
6	**Weather: Blizzard**	**Workplace Violence Threat**
7	Mass Casualty Incident	Security Event: Bomb Threat
8	**Flood: Internal**	**Utility: Telecommunications Failure**
9	**Utility: Telecommunications Failure**	Weather: Hurricane
10	**IT Outage: Applications**	Weather: Temperature Extremes

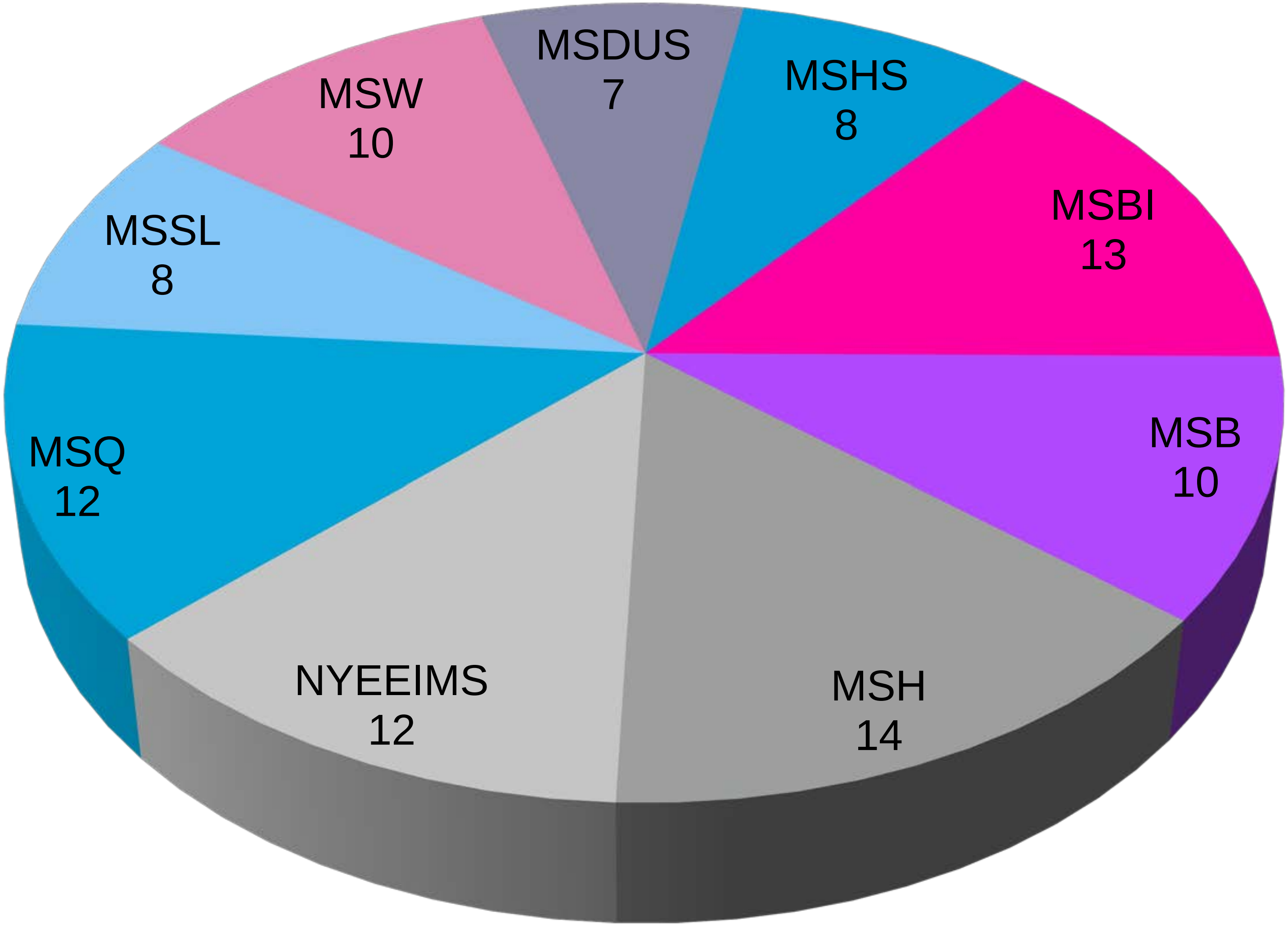
Privileged & Confidential: Prepared in accordance with NY State Public Health Law 2805 j through m; NY State Education Law 6527; & Federal Law 109-4.

Internal Fire Preparedness

Internal Fire Tabletop Exercise Overview

- Internal fire joint tabletop exercise on June 16, 2017
  - Based on review of 2016 HVAs and threat and hazard identification and risk assessment (THIRA), as well as 2016-2017 actual experience
  - All seven hospital campuses and two ambulatory care sites participated
- Leading up to site-specific full-scale exercises in Fall 2017
  - Designed and conducted to support hospitals' and ambulatory facilities' compliance with CMS and Joint Commission emergency preparedness requirements
  - Test policies, plans and training
- Tabletop exercise components
  - Module 1 – Incident Recognition & Initial Response Actions
  - Module 2 – FDNY Expectations & Coordination
  - Module 3 – Incident Management Team Operations & Escalation

Tabletop Exercise Participants = 97



Tabletop Exercise Successes

- ❑ Having FDNY participate was extremely positive and beneficial
- ❑ For most hospital sites, participants effectively . . .
  - Escalated notification and transmitted situational awareness updates to the Incident Management Team
  - Demonstrated steps that on-scene staff must execute in an escalating fire or smoke condition situation
- ❑ Hospital sites were able to identify steps for coordinating patient evacuation, including assessing availability and use of assets and resources
  - Life-saving medical equipment
  - Evacuation equipment
  - External assistance
- ❑ Most hospital sites were able to discuss command, communication and coordination between the Hospital Command Center (HCC) and the FDNY Command Post

Tabletop Exercise Areas for Improvement

1. Do not delay notifying FDNY
    - MSHS Fire Safety to emphasize in all staff training
2. Confirmed fire or smoke condition situation → Activate Incident Management Team Huddle
    - Emergency Management to review with IMT and telecommunications operators providing fire notifications
3. Develop a process to provide FDNY with internal hospital communications capabilities
    - MSHS Fire Safety to develop radio distribution capability
4. Consider identifying and staffing ICS position capable of decision-making at the Interagency Command Post
    - Emergency Management to incorporate into IMT training

Internal Fire Full Scale Exercises Overview

10/27/2017	Mount Sinai Saint Luke’s	Cardiac Critical Care Unit
11/01/2017	Mount Sinai Brooklyn	Medicine/Surgical Unit
11/02/2017	Mount Sinai West	Medicine/Surgical Unit
11/08/2017	New York Eye and Ear Institute of Mount Sinai	Perioperative Suite
11/08/2017	Mount Sinai Hospital	Medical Intensive Care Unit
11/09/2017	Mount Sinai Queens	Intensive Care Unit
11/22/2017	Mount Sinai Beth Israel	Perioperative Suite

Full Scale Exercises Operational Strengths

1. Throughout the Health System the Hospital Incident Management Teams are maturing in their ability to assess the impact of an incident and determine the necessary actions to coordinate activities within their facility.
2. It was noted in all of the exercises that the interaction with the Fire Department of New York (FDNY) Chiefs provided a valuable learning experience and exchange of operational procedures.
    - FDNY stressed to Hospital Leadership the importance of providing pre-arrival information so that the FDNY can dispatch the appropriate resources
    - FDNY discussed the importance of terminology regarding patients versus victims
3. Facility staff are aware of the location of the medical gas shut-off valves

Full Scale Exercises Areas for Improvement

1. Reiterate the requirement to notify 911 in addition to pulling the Fire Alarm
2. Assign a representative to Fire Department Command Post with decision making capabilities
   - The FDNY is also examining the feasibility of assigning a Battalion Chief to the Hospital Command Center to assist with coordination
3. Hospitals should conduct an assessment to determine the need for additional evacuation devices
7. Develop a means to account for staff and patients
8. Hospitals should evaluate the feasibility of developing an Evacuation Matrix that pre-identifies options for the relocation of patients with similar clinical capabilities.
9. Enhance the coordination with Ambulatory Operations in future exercises
10. Educate staff regarding the difference in terminology regarding patients versus victims

Variation in Exercise Structure

NYEEI of Mount Sinai Exercise included the following with Perioperative Staff:

- ❑ **Training**:
    - Life Safety Familiarization
    - Fire extinguisher training on PASS (Pull-Aim-Squeeze-Sweep)
    - MedSled Evacuation Training

- ❑ **Drill**:
    - Hands On Utilization of Fire Extinguisher via Simulator
    - Hands On MedSled Evacuation
- ❑ **Functional Exercise**
    - Incident Management Team reacted to a Internal Fire Scenario in the Perioperative area

Privileged & Confidential: Prepared in accordance with NY State Public Health Law 2805 j through m; NY State Education Law 6527; & Federal Law 109-4.

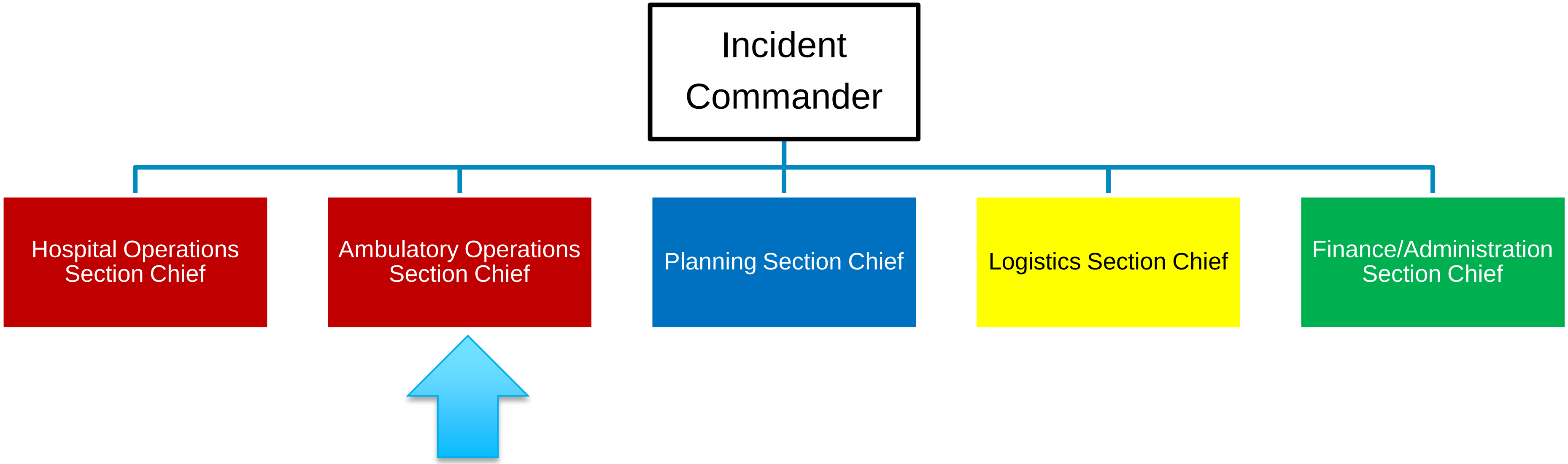
Ambulatory Services Coordination

Governance: Ambulatory Services

Emergency Management Subcommittee

- **Ambulatory Services 2018 Goals**
    - CMS Compliance for CMS Facilities
    - CMS Compliance for Non-CMS Facilities
    - Develop and maintain an accurate MSHS Facility Catalog
    - Develop a process for Ambulatory Services Situational Awareness
- **Ambulatory Services Practice Prioritization**
    - Formalizing process for obtaining Situational Awareness
    - Develop a comprehensive and organized process to collect data from the practice level
    - All-hazards practice prioritization planning
    - Facility catalog expansion and validation through internal stakeholder collaboration

HICS Structure



Incident Commander

Hospital Operations Section Chief

Ambulatory Operations Section Chief

Planning Section Chief

Logistics Section Chief

Finance/Administration Section Chief

Mount Sinai

Mount Sinai Health System Incident Command System

For discussion purposes only

DRAFT

Health System Summary

Practices: 294
Article 28: 87

Types: I: 3 | II: 16 | III: 8 | IV:10 | V: 244 | VI: 4 | VII: 1 | VIII: 7

Facility Non-Hospital Operations Section Chief
*Except NYEEI & MSQ

- **Mount Sinai Beth Israel Manhattan**
  - Phillips Ambulatory Care Center Branch (30) — II:6 IV:3 V:20 VI:1 28:30
  - Other Branches (22) — V:22 28:0
  - Bernstein Division (4) — I:1 V:3 28:0
  - MMTP Branch (8) — III:8 28:8
  - Cancer Center West Group (1) — II:1 28:1
  - BI Medical Group Branch (13) — V:13 28:0
  - Fierman Division (1) — V:1 28:0
- **Mount Sinai Hospital**
  - 5 East 98th St (16) — IV:1 V:15 28:0
  - Hess & 102nd St Practices (6) — II:1 IV:1 V:4 28:1
  - Annenberg GP Atran (12) — V:12 28:3
  - 96th to 99th St (8) — IV:2 V:5 28:2
  - Offsites (20) — II:3 V:17 28:0
  - Operational Support Services (4) — VIII:4 28:0
  - Hospital Based Practices (14) — II:2 V:10 VI:1 VIII:1 28:13
- **Mount Sinai Queens Non-Hosp Branch**
  - MSQ Chemo-Infusion Center (1) — II:1 28:1
  - MSQ Family Health Associates (1) — V:1 28:1
- **Mount Sinai Roosevelt**
  - 425 W59th St./ UMPA Branch (12) — II:1 IV:1 V:10 28:0
  - Behavioral Health Branch (8) — V:8 28:7
  - High School Programs Branch (2) — V:2 28:2
  - MSR Practices Branch (10) — II:1 IV:1 V:6 VIII:2 28:1
  - OB/GYN Branch (8) — V:8 28:0
  - Spencer Cox Branch (2) — V:2 28:2
  - West Park/ West Care Branch (6) — V:6 28:0
  - WIC Branch (1) — VI:1 28:0
- **Mount Sinai St. Luke's**
  - 1090 Amsterdam Ave Branch (8) — IV:1 V:7 28:0
  - Behavioral Health Branch (14) — I:1 V:12 VII:1 28:13
  - High School Programs Branch (2) — V:2 28:2
  - MSSSL Practices Branch (10) — I:1 V:9 28:0
  - OB/GYN Branch (1) — V:1 28:0
  - Spencer Cox Branch (1) — V:1 28:1
  - WIC Branch (1) — VI:1 28:0
- **Mount Sinai Network Practices**
  - Queens Branch (16) — V:16 28:0
  - Long Island Branch (8) — V:8 28:0
  - Brooklyn/ Staten Island Branch (4) — V:4 28:0
  - Westchester Branch (3) — V:3 28:0
- **NYEEI of Mount Sinai Satellite Branch**
  - Manhattan/Brooklyn North Division (7) — V:7 28:0
  - Brooklyn Division (3) — V:3 28:0
  - Queens/ Long Island Division (3) — V:3 28:0
  - Westchester & New Jersey (3) — V:3 28:0

	Mount Sinai Beth Israel Manhattan	Mount Sinai Hospital	Mount Sinai Queens Non-Hosp Branch	Mount Sinai Roosevelt	Mount Sinai St. Luke's	Mount Sinai Network Practices	NYEEI of Mount Sinai Satellite Branch
Practices	79	80	2	49	37	31	16
I	1	0	0	0	2	0	0
II	7	6	1	2	0	0	0
III	8	0	0	0	0	0	0
IV	3	4	0	2	1	0	0
V	59	63	1	42	32	31	16
VI	1	1	0	1	1	0	0
VII	0	0	0	0	1	0	0
VIII	0	5	0	2	0	0	0
Article 28	39	19	2	12	15	0	0

Type I: Critical & Acute Inpatient Services
Type II: Interventional Clinical Outpatient
Type III: In-Patient Skilled Care
Type IV: Outpatient Diagnostic/Lab
Type V: Primary Care
Type VI: Critical Infrastructure
Type VII: Medical Education/ Research
Type VIII: Business Operations

Version 2.5 | April 23, 2015 | Design by Jill Gregory jgregory@chpnet.org

Facility Catalog Summary

Campus	# Facilities	# Practices	# CMS Practices	# Non CMS Practices	Facilities with CMS Practices	# Facilities in NYC Evac Zone
Mount Sinai Beth Israel	27	76	50	26	11	20
Mount Sinai Brooklyn	1	1	1	0	1	1
Mount Sinai St. Luke's	5	21	8	13	2	1
Mount Sinai West	8	35	0	35	0	0
Mount Sinai Queens	3	3	3	0	3	3
Mount Sinai Hospital	29	114	38	76	9	7
MSH NYC DoE School Based Clinics	11	11	11	0	11	6
NYEEI	7	7	1	6	1	3
Network Practices	32	34	0	34	0	5
Totals	**123**	**302**	**112**	**190**	**38**	**46**

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Next Steps

CMS Regulations & System Training Overview

Northwell Health

Glenn Schaefering

Operations Manager – Corporate Emergency Management

Northwell Health℠

May 8, 2018

Timeline for Compliance

09/16/16 – CMS Conditions of Participation are released

11/15/17 – CMS Conditions of Participation become effective

Covered Entities

- Hospitals
- Home Care
- Hospice
- Long-Term Care
- Dialysis
- Ambulatory Surgery Centers
- Transplant Centers
- Rehabilitation Facilities
- Organ Procurement Organizations

Overarching Competencies

- Recognize an event (real or potential) and implement critical and/or initial actions
- Make appropriate notifications
- Respond / Protect (Safety)
- Know their role (Understanding basic ICS & EOP)
- Demonstrate the knowledge and skills needed for their role

Five Levels of Training

- Basic Awareness
  - Support Services / Non-Clinical Employees
- Receivers / First Responders
  - Clinical Frontline Staff (20,197)
- Basic Operations
  - Middle Managers (1,675)
- Leadership
  - Site Executives, site EPCs (145)
- Incident Management Team
  - IMAT Members, Senior Leadership (44)

Compliance Challenges

- Training Requirements
  - What is the easiest way to train 65,000+ employees?
  - How do we track completion?
  - How do we track employees working multiple facilities?
  - Ramifications of non-compliance?

Plan for Compliance

- Established pre-employment Emergency Management training program for all new hires
- Established a mandatory training program for all system employees
- Established mandatory site specific training for all new hires (30 minutes)
- Identify advanced training for certain employees (Levels 2 & 3 – 21,872)

Plan for Compliance

- Establish mandatory training for Level 4 & 5 employees (189)
  - Establish Command Center Operations class
  - 8-Hour program for leadership

      Emergency Management background
      Hospital Incident Command System
      HICS Activations and the EOP
      Hospital Incident Action Planning
      Risk Communications
      Command Center Logistics
      Tabletop Exercise

NYC Training Statistics

NORTHWELL HEALTH TRAINING STATISTICS		
	MANDATORY TOPICS	DAY 2 SITE ORIENTATION
COHEN CHILDREN'S HOSPITAL	1,352	76
LENOX HILL HOSPITAL	3,737	551
LONG ISLAND JEWISH HOSPITAL	4,570	152
LONG ISLAND JEWISH - FOREST HILLS HOSPITAL	1,287	145
STATEN ISLAND NORTH & SOUTH HOSPITALS	4,095	206
TOTAL EMPLOYEES TRAINED	15,041	1,130

Training Cost for Compliance

- Mandatory Topics for Existing NYC Employees
  15,041 NYC employees x 1 hour to complete
  x $25.00 per hour = $376,025

- Mandatory Training for All New Employees
  (Completion of Pre-Hire Module and Day 2
  Site Orientation)
  16,171 NYC employees x 1.5 hours to complete
  x $25.00 per hour = $606,413

Cost for Compliance

- Our estimate would be a total cost of $982,438 for all new and current NYC employees that have completed the mandatory training for 2017/2018.

- These figures do not reflect 100% of the total NYC employees, as all facilities have a small percentage of employees that have yet to complete the training.

- While not fully calculated due to ever-fluctuating numbers, we estimate a total cost of close to $4,000,000 system-wide to train all of our 66,000+ employees at these two lower levels alone.

Next Steps

- Finalize & review Level 2 & 3 training modules for fall 2018 rollout
- Finalize Level 4 & 5 training curriculum and schedule classes as necessary
- Work with facilities to track and monitor compliance for training and education pieces
  - EPCs, Nursing Education, HR, Finance

Thank You

Questions?

AMAZING
THINGS
ARE
HAPPENING
HERE

NYP Active Shooter Program

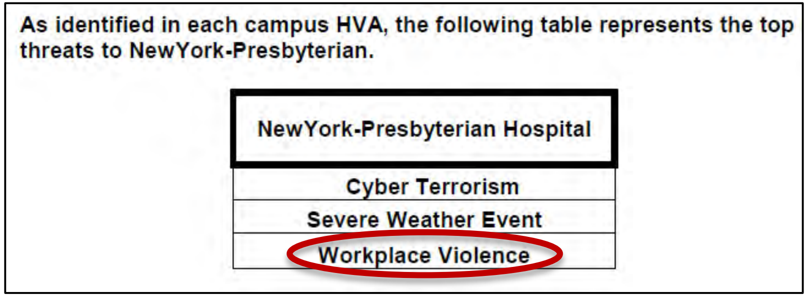
March 2018

NYP BeReady

NewYork-Presbyterian

Emergency Management

- **Who Do We Plan For?**
  - Patient, Visitor, and Staff Safety
  - Community Safety
  - Regulatory requirements – CMS, TJC, etc.
- **How Do We Plan?**
  - All Hazards Planning
  - Emergency Operations Plans, Evacuation Plans, HVAs, etc.
    - Workplace Violence/Active Shooter has been a top vulnerability for the past couple years



As identified in each campus HVA, the following table represents the top threats to NewYork-Presbyterian.

NewYork-Presbyterian Hospital
Cyber Terrorism
Severe Weather Event
Workplace Violence

De-escalation

- Security Officers: MOAB Management of Aggressive Behavior training yearly
- Nursing staff: CPI Crisis Prevention Intervention training yearly
- Physicians: a detailed/specific training from Security Management
- All other staff: a general de-escalation training video created by Emergency Management on the learning center

De-Escalating Tense Situations

Training

- Minimum 3 in-patient unit drills a year
  - Additional upon request
- In-services on every unit
- Active Shooter Workshops
- Annual Hospital Training – required by all staff

SECURITY DEPARTMENT
NewYork-Presbyterian

EMERGENCY MANAGEMENT
NewYork-Presbyterian

NYP Active Shooter Workshop

- The workshops are facilitated by members of Security management and assisted by Emergency Management
- Educates and Empowers staff on how to handle an incident

2014

NYP EM & NYP Security partner with FEMA Region 2 (NY, NJ, PR & USVI) and provide general healthcare active shooter training at the 6 main campuses

2015

NYP EM re-writes the program to make it NYP specific and rolled the program out to the entire Hospital Enterprise (10 campuses), leadership only

Note: Worked with legal to develop a warning that would be issued at the beginning of the workshop

2016 – present

Program evolved to capture all staff, on all shifts, Enterprise wide. These workshops are offered 2x a year

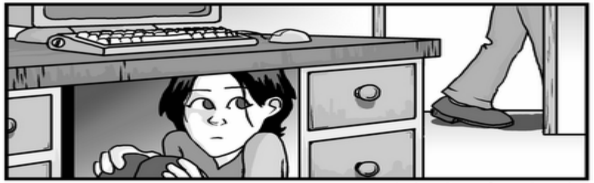
NYP Active Shooter Workshop

- Review the ABCs of Active Shooter Defense
- Learn how to shelter in place using everyday office supplies
- Role play potential Active Shooter situations
- Ask experts questions regarding Active Shooter protocol
- Schedule unit-specific Active Shooter in-services

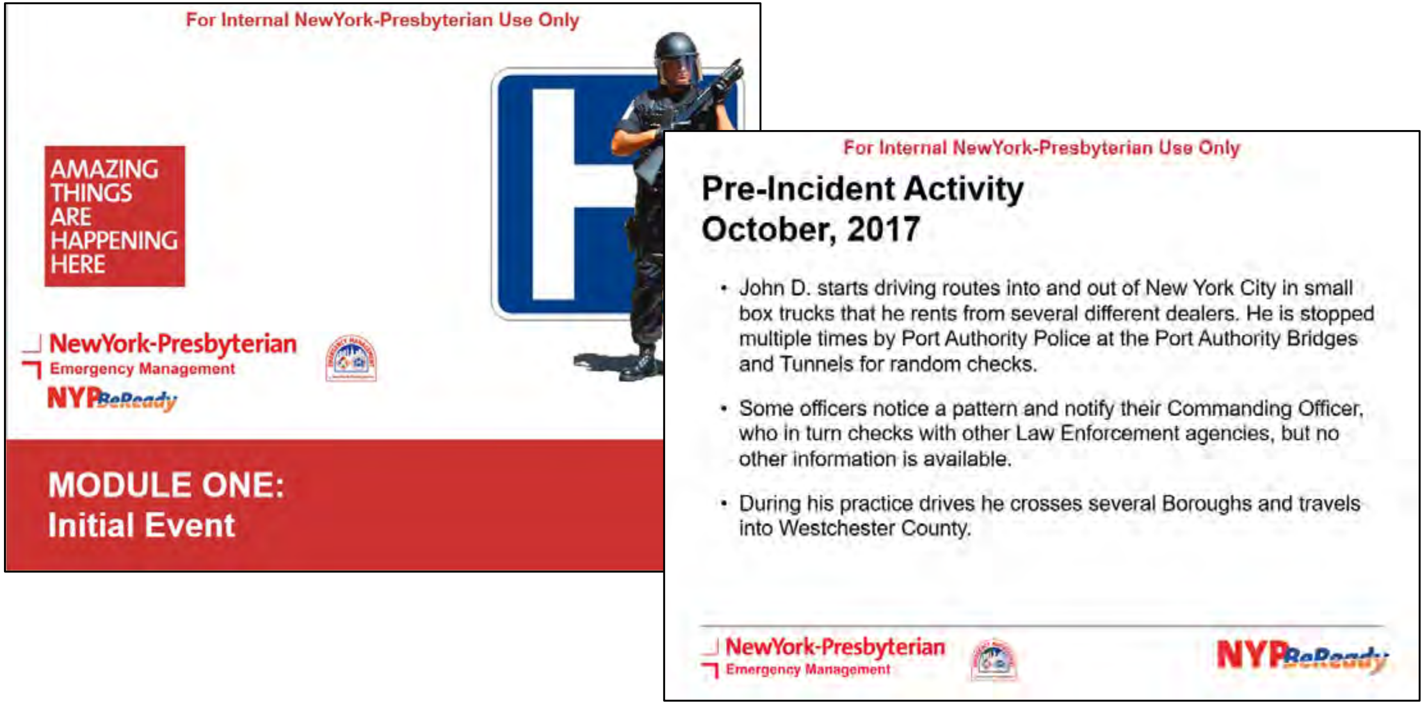
A AVOID

B BARRICADE

C CONFRONT



NYP Active Shooter Workshop



For Internal NewYork-Presbyterian Use Only

AMAZING THINGS ARE HAPPENING HERE

NewYork-Presbyterian
Emergency Management

NYP BeReady

MODULE ONE:
Initial Event

For Internal NewYork-Presbyterian Use Only

Pre-Incident Activity
October, 2017

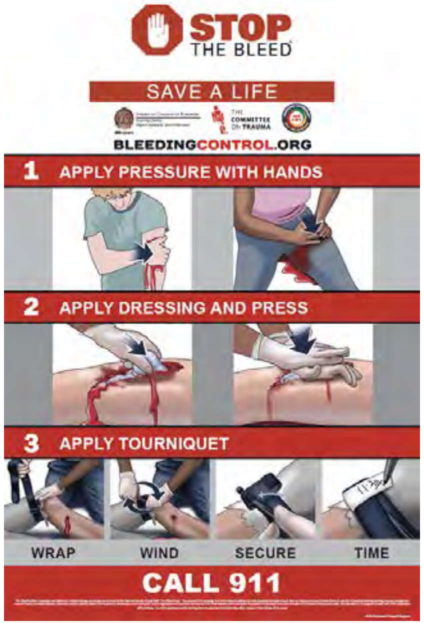
- John D. starts driving routes into and out of New York City in small box trucks that he rents from several different dealers. He is stopped multiple times by Port Authority Police at the Port Authority Bridges and Tunnels for random checks.
- Some officers notice a pattern and notify their Commanding Officer, who in turn checks with other Law Enforcement agencies, but no other information is available.
- During his practice drives he crosses several Boroughs and travels into Westchester County.

NewYork-Presbyterian
Emergency Management

NYP BeReady

Stop The Bleed

- In 2017 we added Stop The Bleed training for our Security Departments at the main campuses and have continued to roll the program out to the Regional Hospital's Security Departments.
- During this same time period NYP/WC's Trauma Services has been training hundreds of Hospital employees to Stop The Bleed and save a life.


STOP THE BLEED
SAVE A LIFE
THE COMMITTEE ON TRAUMA
BLEEDINGCONTROL.ORG
1 APPLY PRESSURE WITH HANDS
2 APPLY DRESSING AND PRESS
3 APPLY TOURNIQUET
WRAP
WIND
SECURE
TIME
CALL 911

Deterrents

- Constantly looking at new ways to deter people from causing harm to our patients, visitors and staff
  - Security at every access post
  - Security patrols
  - Special attention rounding based off threats

INSPIRED TO CARE

Thank You!