

# Bronx Emergency Preparedness Coalition-Department of Health and Mental Hygiene

## Creating the Appropriate ICS Structure for Your Healthcare Coalition



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### Introduction

Incident Management is the capability to effectively direct and manage incident activities by using the Incident Command System (ICS) consistent with the National Incident Management System (NIMS).

This case study introduced a real-world methodology developed for the Bronx Emergency Preparedness Coalition (BEPC) Table Top Exercise; to systematically develop an Incident Command System for their healthcare coalition to guide their future practice.

### Problem Statement

There is little theoretical research on how to systematically develop an Incident Command System for a healthcare coalition.

### Purpose of the Study

The purpose of this study is to identify how to systematically develop an Incident Command System for a healthcare coalition to guide their future practice.

### Research Questions

<sup>1</sup> What are the required constructs of an Incident Command System for a healthcare coalition?

<sup>2</sup> How are Healthcare Coalitions Incident Command Systems Developed?

### Conclusion

1. The Lead Facility will be the coordinating facility for the BEPC.
2. It was determined by the BEPC Chartered members that the BEPC is not expected to provide financial assistance.
3. The BEPC members identified as the primary role of the BEPC was to provide logistical (Human & Materiel) support.
4. The BEPC were not able to come to an agreement on the role of the BEPC as a collective unit serving "operations and planning".
5. To be further discussed. The BEPC TTX successfully provided participants with an opportunity to explore their current plans, roles and responsibilities in the event the BEPC was needed within their community.
6. While several areas for improvement were identified, the overall play demonstrated that the basic plan is viable and the BEPC is prepared to support one another as needed.

### Study Population

The potential participants for this study are (N-492) healthcare coalitions registered with the U. S. Department of Health and Human Services.

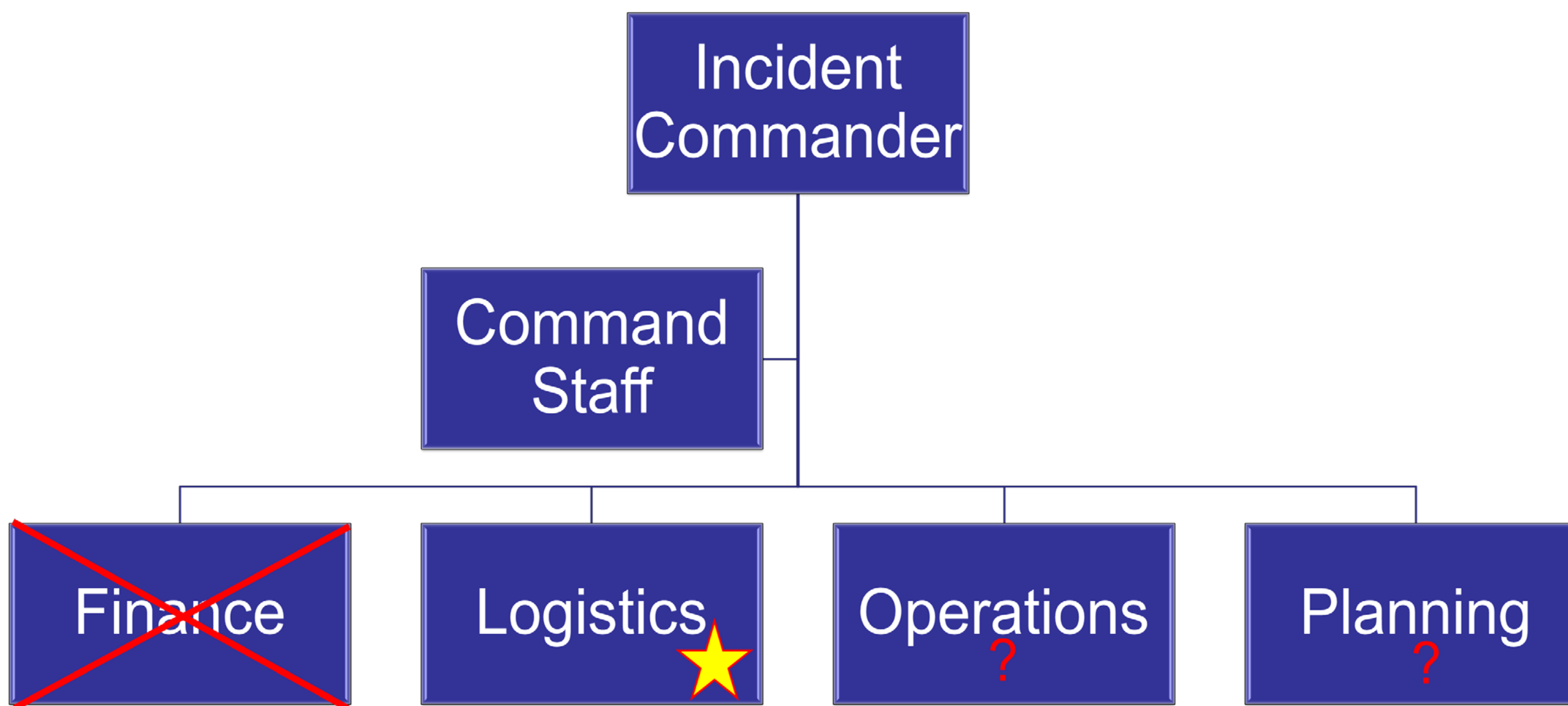
### Sample Population

To narrow the sample from (N-492) healthcare coalitions to a sample population of (n-22) potential participants, convenience sampling will be used.

### Collection Procedure

For this case study a table top exercise was used to explore the perspectives of the Bronx Emergency Preparedness Coalition healthcare coalition to answer the study's research questions

<sup>1</sup> What are the required constructs of an Incident Command System for a healthcare coalition? <sup>2</sup> How are Healthcare Coalitions Incident Command Systems Developed? (a) table top exercise, (b) secondary data such as documents, after action reports, literature provided by the participant and (c) field notes to obtain rich research data.



### Data Analysis

The initial steps for this qualitative case study consisted of the researcher developing a list of codes from the literature review. Once data from the (a) semi structured interviews, (b) secondary data, such as documents, after action reports, and literature provided by the participant (c) self-developed interview questionnaire, and (d) field notes are collected, the initial codes were compared and revised against the actual data (Corbin & Strauss, 2008).

### Method

A Case Study was the overarching methodology selected to identify a process for the Bronx Emergency Preparedness Coalition to develop their Incident Command System. The goal of the exercise was not to determine [if] the BEPC needed an Incident Command System; but to identify and examine the process required to systematically develop their Incident Command System to guide their future practice.

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# Lessons Learned from 28 Hospitals and City Agencies: Pediatric Disaster Exercise

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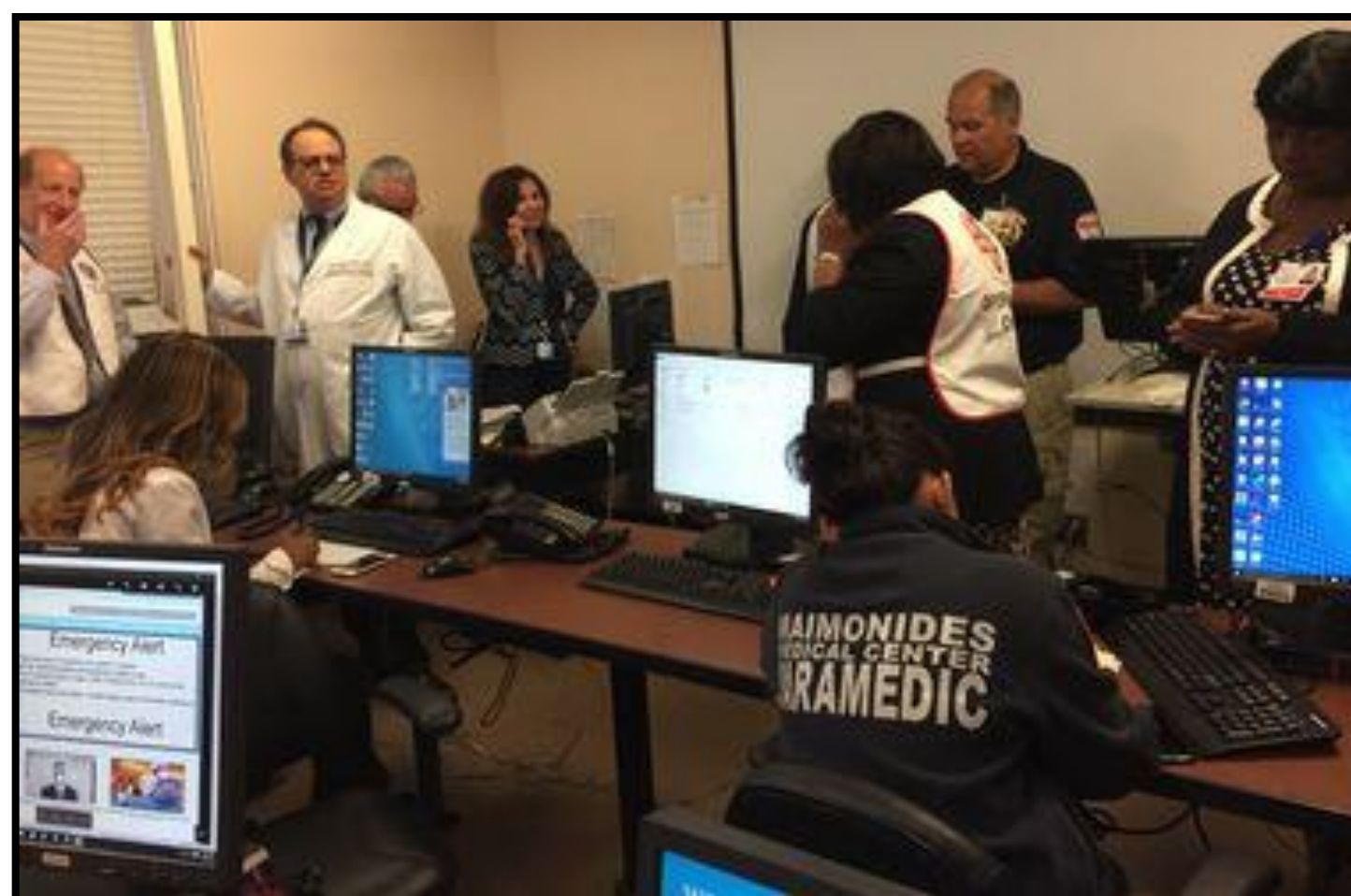
## BACKGROUND

Children are frequently victims of disasters. However, gaps remain in pediatric disaster preparedness. The New York City Pediatric Disaster Coalition (NYCPDC) is funded by the NYC Department of Health and Mental Hygiene (DOHMH) to prepare NYC for mass casualty events that involve large numbers of children. On May 25, 2017, the NYCPDC conducted a large citywide exercise testing surge, communications, and secondary transport. Participants included 28 NYC hospitals with pediatric departments, the NYC Fire Department – Emergency Medical Services (FDNY-EMS), NYC Emergency Management, NYCDOHMH and the NYC Medical Reserve Corps.



## DESIGN/METHODS

The exercise was prospectively designed with specific goals: to test and improve communications with staff and city agencies, test and improve hospitals' pediatric surge plans and response, identify space, staffing, equipment needs for pediatric disaster and to identify and triage patients who require secondary transport to another facility. In collaboration with the DOHMH and FDNY-EMS we designed a Master Scenario Events List (MSEL) along with tools to measure strengths and weaknesses to be identified at the hospital and system level. Qualitative reporting and an exercise evaluation guide with a rating scale from 1-4 were utilized. This information was used to develop lessons learned based on site specific and group hot washes, an after-action meeting and report.



## RESULTS

### Strengths

|   |                  |
|---|------------------|
| Baseline Pediatric Critical Care Beds               | 254 (Doubled)    |
| Pediatric Inpatient Unit Beds                       | 1105 (Doubled)   |
| Adult Medical and Surgical Intensive Care Unit Beds | 268 (Additional) |

**Challenges included:** gaps in communication/patient tracking, lack of sufficient sub-specialty support, the need for “caretakers” and inadequate supplies of blood products/ventilators.

### Performance Ratings Scale 1-4 (4 best)

|                            |          |
|----------------------------|----------|
| Total Average Score        | 3.57/4.0 |
| Communications             | 3.65/4.0 |
| Emergency Operations Plans | 3.67/4.0 |
| Surge                      | 3.58/4.0 |
| Staffing                   | 3.62/4.0 |
| Tracking                   | 3.50/4.0 |
| Supplies                   | 3.42/4.0 |
| Transfer                   | 3.38/4.0 |

## CONCLUSIONS

Conducting a multi-hospital and agency pediatric exercise produced lessons learned to address exercise gaps that can improve citywide capabilities during future full-scale exercises and real time events.

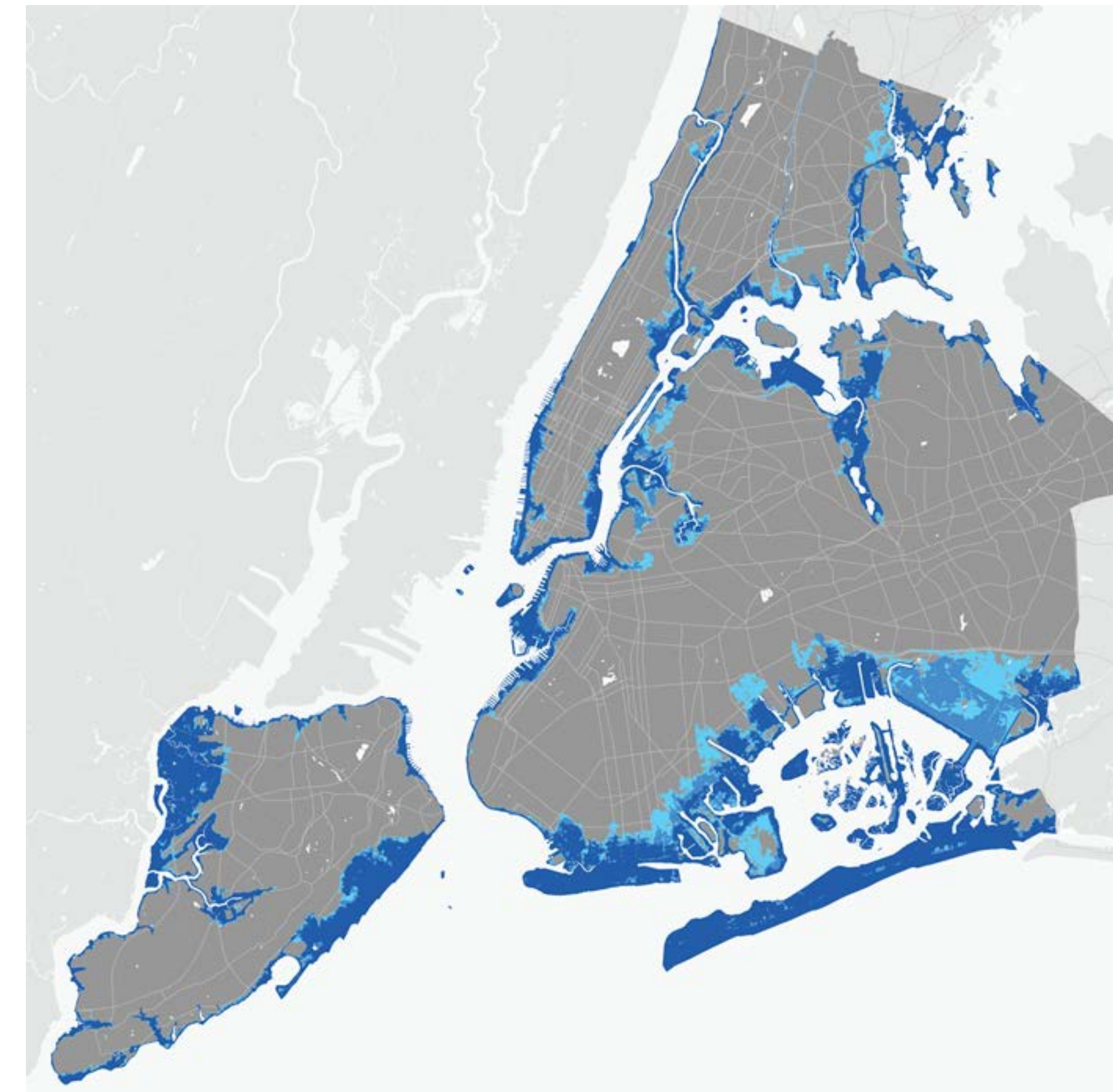


# The Community Connection: Working together to build a local healthcare emergency preparedness coalition

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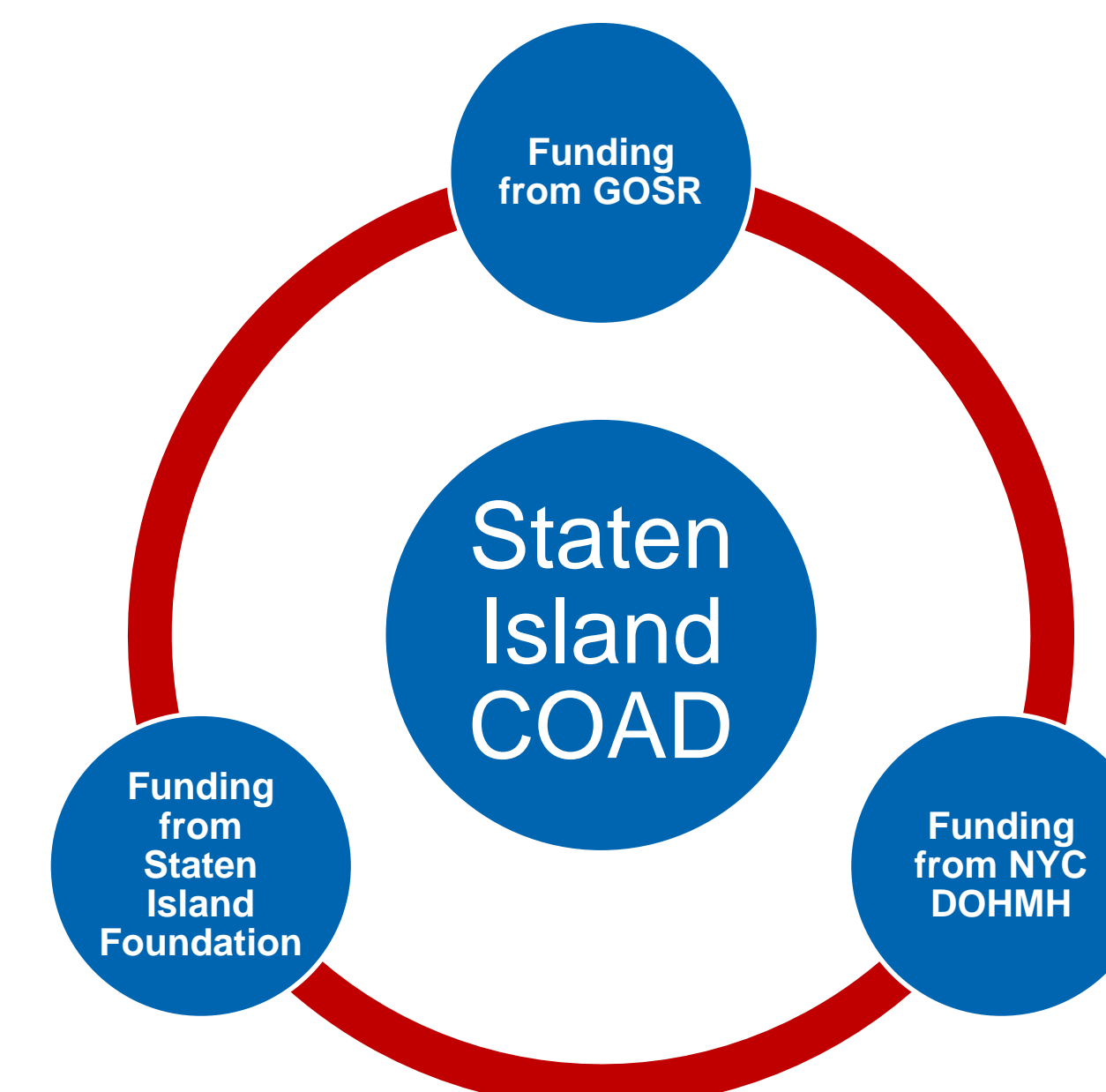
## ORIGIN STORY

- The Staten Island Community Organizations Active in Disaster (SI COAD) unites not-for-profits & agencies that can provide assistance in disasters, coordinates services from SI COAD members, and interfaces with response organizations on the federal, state and local level.
- After Sandy, 3 COAD Executive Directors contacted the Staten Island Borough Hall's Emergency Operations Center to offer their members' services and skills for the recovery. During this time, COAD's community engagement with local nonprofits serving Sandy survivors resulted in a membership increase of almost 700%.
- Initial funding for the SI COAD was provided by the Staten Island Foundation (SI Foundation), a local Not For Profit.
- In 2014, the only local medical coalition became defunct, and SI COAD volunteered to anchor DOHMH's Borough Coalition in Staten Island, resulting in increased funding.
- In 2015, SI COAD formalized its role as the Staten Island Borough Coalition



## BUILDING CAPACITY

- Through contracts with NYC DOHMH and funding from other sources, the SI COAD has established a Medical Ecosystem, developed a charter, conducted a risk assessment, outlined a strategic plan, ran drills and exercises, compiled a directory of member resources, and worked closely with the Borough President's Office.



## RESEARCH FINDINGS

- In connecting health care to our community organizations, we quickly realized that we needed to establish and maintain a razor sharp focus on the people in our community in need.
- Training and organizing our members and their resources helped us to hone our core mission of serving the Staten Island community in need.
- Taking inventory and assessing each member's vulnerabilities and strengths became a priority. Utilizing our Asset Assessment Survey, with its numerous classifications of services and resources, enables us to constantly update the SI COAD Resource Book. In turn, this allows users ongoing access to a pool of inventory to best service our community during a time of crisis.
- Developing the Medical Eco-System (MES) attracted many medical personnel to our coalition. These individuals wanted to help in the aftermath of Sandy but often found themselves deployed far from home during a gas shortage. The MES was therefore developed with the aim of keep medical services and staff local during disasters. It also allowed those in the medical field to create connections in their community and get needed medical care directly to those who need it the most.

## SUPERSTORM SANDY

- SuperStorm Sandy was the catalyst for the development and organization of the Staten Island Borough Coalition.

Some of our members include:

