



# The New York City Health Care Coalition Emergency Management Program

NYC Department of Health and Mental Hygiene  
Office of Emergency Preparedness and Response  
Bureau of Healthcare System readiness

**Independent Hospitals**

**Budget Period 1 Supplemental (BP1 SUPP)**

**July 1, 2018 – June 30, 2019**



# Agenda

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- ▶ Introduction and Goal
- ▶ Assistant Secretary for Preparedness and Response (ASPR) Program Requirements
- ▶ Measuring Impact, Supporting DOHMH's Mission
  - Evaluation
  - Support for Vendors
  - Recommendations for Vendors
- ▶ BP1 SUPP Scope of Service
- ▶ BP1 SUPP Deliverables
- ▶ Deliverable Points of Contact
- ▶ Business Process for Vouchering
- ▶ Updating New EPC/Alternate EPC Process



# Goal

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The Department of Health and Mental Hygiene (DOHMH), Office of Emergency Preparedness and Response (OEPR) will assist the New York City healthcare system to meet its preparedness, response and recovery needs through funded activities (contracts) and direct interaction with facilities in the system's acute, ambulatory and long term care sectors and with representatives from NYC agency members of the Emergency Support Function 8, Health and Medical.





# ASPR Program Requirements

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## ▶ Required every year:

- Planning for at-risk populations, community and healthcare system engagement in emergency planning, promotion of NYC Health Care Coalition's (NYCHCC) value, engagement of healthcare executives and clinicians, NIMS compliance for all members of the NYCHCC, a common operating picture for infectious disease information sharing among all NYCHCC members, 2 call down notification drills,

## ▶ Budget Period 1 Supplemental (BP1 SUPP) requirements:

- Healthcare Coalition Response Plan
- Review/revise Healthcare Coalition HVA
- Review/revise Healthcare Coalition Preparedness Plan and Charter
- Repeat surge exercise involving the entire coalition



# Measuring Impact, Supporting DOHMH's Mission

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- ▶ Mission
  - To support the NYC healthcare system to respond safely and effectively in emergencies.
- ▶ More specific objectives come from
  - ▶ sector (acute, long term, ambulatory) strategic planning
  - Healthcare System Playbook: 11 healthcare system objectives, 14 resource elements, multiple dependencies
- Overarching/complementary objectives come from
  - Health and Medical Executive Advisory Committee annual priorities
  - Office of Emergency Preparedness and Response annual goals



## ▶ Evaluation types:

- Process (completion or barriers to completion of activities)
- Outcomes/Output (new products supporting DOHMH's mission for the sector represented by the vendor)
- Impact (change in capacity for a sector(s))

## ▶ How do we know we've had impact?

- Strategic planning for the sector
- Goal setting in scopes of work
- Review of goals/outputs throughout and at the end of the budget period

## ▶ Dependencies

- Data gathering processes throughout the budget period
- Quality output from vendors on behalf of their sectors





# Support for Vendors

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- ▶ Through project managers, BHSR supports vendors by
  - Providing review of data gathering tools (pre and post-tests, session evaluation surveys, ExPlans and exercise evaluation guides)
  - Providing a guide to data gathering and evaluation (in draft)
  - Quality review of vendor work
    - Suitability for intended audience, intended use, publication readiness
    - BP1S: piloting a tool for reviewing vendor work. Aim is to provide consistent evaluation method across all vendors



# Recommendations for Vendors

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- ▶ Consult the evaluation and data gathering guide prior to starting work.
- ▶ For each deliverable, ask your DOHMH point of contact (project manager):
  - Who is the intended audience for this work?
  - What is the intended use for this work?
  - What length and tone match the intended audience and use?
- ▶ Consult grammar and syntax guides on the internet. Some publication style manuals are also available online.



# BP1 SUPP Scope of Service

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- ▶ In order to ensure contracts are executed in a timely manner and networks/hospitals have adequate time to complete all deliverables in BP1 SUPP, DOHMH will provide reimbursement to networks/hospitals that return a signed contract within 45 calendar days of receipt from Public Health Solutions (PHS). This is considered as a deliverable.
- ▶ Hospitals are required to complete all deliverables.
- ▶ **Maximum Reimbursable Amount = \$56,000.00**



# BP1 SUPP Scope of Service...cont.

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- ▶ In addition to the scheduled deliverables outlined in contract, Hospital must:
  - Provide DOHMH with up-to-date and accurate contact information for the Emergency Preparedness Coordinator (EPC) and Alternate EPC at each coalition member facility
  - Acknowledge 800 MHz radio calls during drills or actual emergency events
  - Maintain compliance with National Incident Management System (NIMS) requirements
  - Inform DOHMH of Hospital's emergency management meetings, trainings and exercises
  - Employ a high standard of grammatically correct professional writing in all developed materials and presentations
  - If Hospital has more than one (1) HPP-funded contract in BP1 SUPP, individual attendees cannot represent more than one (1) HPP-funded entity at required activities or meetings, including NYCHCC Leadership Council meetings and Emergency Preparedness Symposia



# BP1 SUPP Deliverables

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- ▶ Submit Partially Executed Budget Period 1 Supplemental (BP1 SUPP) Contract
- ▶ Participate in NYC Health Care Coalitions (NYCHCC) Leadership Council (LC) Meetings
- ▶ Participate in Emergency Preparedness Symposia (EPS)
- ▶ Update Hospital Contact Information
- ▶ Support Borough Coalition
- ▶ Participate in Citywide Surge Exercise (SurgeEx 2.0)
- ▶ Complete Hospital Training Plan and Staff Training for Emergency Management Capabilities
- ▶ Update Hospital Acute Care Facility EOP to reflect use of EMResource (by Juvare) for Mass Casualty Incident (MCI) Notifications for Improved Pre-Hospital to Hospital Communication
- ▶ Mass Fatality Planning
- ▶ Participate in a Workgroup
- ▶ Design a Deliverable(s)



# Participate in NYCHCC Leadership Council Meetings

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- ▶ Ensure attendance and participation of at least one (1) Hospital EPC or appropriate designee at four (4) NYCHCC Leadership Council meetings. NYCHCC Leadership Council meetings convene the leadership of all funded NYCHCC sectors and may include participation in focus-groups and/or workshops as part of the meeting agenda in order to advance NYCHCC preparedness efforts and meet BP1 SUPP HPP grant requirements, including development of NYCHCC governance documents.

## Required Documentation:

- ▶ Completed evaluation surveys for each of the four (4) NYCHCC Leadership Council meetings - **\$6,000.00 (\$1,500.00 x 4 meetings)**



# Participate in Emergency Preparedness Symposia (EPS)

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- ▶ Ensure attendance and participation of at least one (1) Hospital EPC or appropriate designee at three (3) Emergency Preparedness Symposia (EPS). EPS bring together NYC healthcare and non-healthcare providers to partner in emergency preparedness and response activities, sharing promising/best emergency management practices and knowledge, and mentoring partners and providers. Attendees are expected to actively participate in DOHMH-sponsored workshops offered at EPS.
- ▶ *Individual attendees cannot represent more than one (1) HPP funded entity at EPS.*

## Required Documentation:

- ▶ Evaluation surveys completed by one (1) Hospital EPC/designee for the three (3) EPS meetings - **\$4,500.00 (1,500.00 x 3 EPS)**



# NYCHCC LC Meetings and EPS Tentative Dates

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- ▶ September 20, 2018 – NYCHCC LC Meeting #1; Full Day
- ▶ October 25, 2018 – EPS #1; Half Day
- ▶ December 13 or 20, 2018 – NYCHCC LC Meeting #2; Half Day
- ▶ February 14, 2019 – Combined EPS #2 & NYCHCC LC Meeting #3; Full Day (1/2 day each)
- ▶ April 9, 2019 – EPS #3; Half Day
- ▶ May 16 or 20, 2019 – NYCHCC LC Meeting #4; Full Day
  
- ▶ Additional information will be provided at a later date



# Update Hospital Contact Information

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- ▶ Update and/or confirm Hospital contact information for by updating fields in the Healthcare Facilities Directory (HFD) portal. Advise DOHMH of changes and updates to service contact information provided on an ongoing basis.

## Required Documentation:

- ▶ HFD or DOHMH email generated email acknowledging updates completed **\$1,500.00**

**Due Date: November 9, 2018**



# Support Borough Coalition

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- ▶ Building on BP1's "Support Borough Coalition" deliverable, continue to engage and collaborate with NYCHCC Borough Coalition activities by attending and participating in a minimum of two (2) Borough Coalition meetings and/or activities. Hospital is encouraged to include its affiliated non-acute care emergency preparedness partners in these meetings/activities.
- ▶ Develop a summary report of Hospital engagement in Borough Coalition activities that includes:
  - Name(s) and title(s) of hospital representative(s) that have participated in Borough Coalition activities;
  - Borough Coalition activities attended;
  - Support provided by hospital;
  - Impact statement;
  - Next steps for continued engagement in Borough Coalition activities.
- ▶ **Required Documentation / Due Dates:** Final summary report of Hospital's engagement in Borough Coalition activities. **\$2,500.00; Due May 13, 2019**



# Participate in Citywide Surge Exercise (SurgeEx 2.0)

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- ▶ Participate in the planning, conduct, data collection, and evaluation for a Citywide SurgeEx 2.0, coordinated by DOHMH, that will focus on planning and response operations for medical surge resulting from an event requiring evacuation of certain facilities and decompression of those receiving evacuated patients. This includes:
  - Hospital staff attending up to four (4) planning meetings;
  - Hospital participating in conduct of the exercise;
  - Completing template provided by DOHMH to collect observations and evaluation details during the exercise from Hospital;
  - Providing the name of one (1) staff to function as Trusted Insider (exercise evaluator/ controller) on the day of the Surge exercise.



# Participate in Citywide Surge Exercise (SurgeEx 2.0)...cont.

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- ▶ Collect surge data during the exercise using the Assistant Secretary for Preparedness and Response (ASPR) surge tool template to be provided by DOHMH
- ▶ *Note: The exercise will test the ability of the Hospitals to surge up to 35% of their capacity and communicate with nursing homes and community based healthcare (e.g., Visiting Nurse Service) to accept patients for care during a medical surge. The exercise will also test the ability of facilities to communicate with non-acute care services and locations (if applicable) to see how many staff can be provided for surge in acute care.*

## Required Documentation / Due Dates:

- ▶ Completed templates provided by DOHMH that includes observations and evaluation details from Hospital- **\$10,000.00; Due March, 2019**
- ▶ Surge data collected using ASPR surge tool provided by DOHMH. **\$500.00; Due March, 2019**



# Complete a Hospital Training Plan and Staff Training for Emergency Management Capabilities

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- ▶ Revise proposed training plans from BP1, using template provided by DOHMH. This includes indicating if any training that was proposed will not be completed, and what training, if any, will be substituted.
- ▶ Provide DOHMH data of training completed in a format that allows DOHMH to incorporate into a master data base or spread sheet, using a template provided by DOHMH and sign-in sheet of completed training(s).

## Required Documentation / Due Date:

Revised training plan revision and training data, using DOHMH template, and training sign-in sheets – **\$8,000.00; Due June 3, 2019**



# Update Hospital EOP to reflect use of EMResource (by Juvare) for Mass Casualty Incident (MCI) Notifications for Improved Pre-Hospital to Hospital Communication

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- ▶ Develop workplan for Hospital EOP updates to reflect the use of EMResource to receive and respond to Mass Casualty Incident notifications from the Fire Department of New York City (FDNY).
- ▶ Convene at least two (2) internal planning team meetings to complete the EOP update. The internal planning team must include:
  - Emergency Management staff
  - Emergency Department staff or administration
  - Information Technology staff
  - Other staff as needed



# Update Hospital EOP to reflect use of EMResource (by Juvare) for Mass Casualty Incident (MCI) Notifications for Improved Pre-Hospital to Hospital Communication...cont.

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- ▶ EOP updates should address utilization of the EMResource platform for receiving MCI notifications from FDNY. Elements to consider include:
  - Will the facility continuously monitor EMResource for MCI alerts
  - Will MCI notifications to EMResource automatically trigger alerts?
  - Will or how EMResource be integrated into HICs during a response? Communication status and needs? Within the hospital, with other entities (FDNY, NYCEM, GNYHA, DOHM, etc.)?
  - Identification of staff that will require training on the use of EMResource
- ▶ Document completion of EOP updates by complete one (1) DOHMH EM Resource MCI alert notification planning questionnaire including attestation that the facility EOP update was completed.



# Update Hospital EOP to reflect use of EMResource (by Juvare) for Mass Casualty Incident (MCI) Notifications for Improved Pre-Hospital to Hospital Communication...cont.

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- ▶ Provide one (1) executive summary summarizing the approach to utilizing EMResource, key findings and a prioritized list of actions that the hospital can complete to utilize EMResource as a situational awareness in mass casualty response.
- ▶ *Note: Non-911 hospital must coordinate an alternative deliverable with DOHMH involving integration of EM Resource into hospital EOP*
- ▶ *References: <https://www.gnyha.org/news/gnyha-to-provide-critical-emergency-management-tools-to-members-launch-enhanced-incident-management-and-situational-awareness-platform/>*



# Update Hospital EOP to reflect use of EMResource (by Juvare) for Mass Casualty Incident (MCI) Notifications for Improved Pre-Hospital to Hospital Communication...cont.

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## Required Documentation / Due Dates:

- ▶ Workplan for update of Hospital EOP that addresses:
  - Planning team composition
  - Timeline for review and dissemination to the planning team the deliverable guidance document and related materials; timeline for required planning meetings, plan review, and plan finalization - **\$100.00; Due November 16, 2018**
- ▶ Proof of attendance at least two (2) planning meetings that includes sign in sheets with position titles and agendas - **\$900.00; Due January 31, 2019**
- ▶ One (1) completed DOHMH EM Resource MCI alert notification planning questionnaire and one (1) executive summary document (maximum 2 pages) - **\$3,000.00; Due March 15, 2019**



# Mass Fatality Planning

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- ▶ Develop workplan for Hospital mass fatality plans, to reflect updates to the NYC Office of the Chief Medical Examiner (OCME) Planning Tool for Health Care Facilities for Biological Incident Surge Plan for Managing In-Hospital Deaths.
- ▶ Convene at least two (2) planning meetings with internal workgroup to discuss/ update hospital mass fatality plan based on OCME planning tool
  - Discuss information necessary for OCME city-wide planning and coordination (see DOHMH guidance document with OCME facility-based planning questionnaire) and;
  - Ensure the appropriate required members are represented in workgroup (e.g. EPC, morgue manager, facilities manager, security, etc.)
- ▶ Complete one (1) OCME facility-based planning questionnaire with attestation that hospital's mass fatality plan update is complete. Provide executive summary describing findings and next steps.



# Mass Fatality Planning...cont.

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## Required Documentation / Due Dates:

- ▶ Workplan for hospital mass fatality plans that addresses:
  - Planning team composition
  - Timeline for review and dissemination to planning team the OCME Planning Tool and related materials; timeline for required planning meetings, plan review, and plan finalization

**\$100.00; Due November 19, 2018**

- ▶ Proof of attendance at least two (2) planning meetings that includes sign in sheets with position titles and agendas - **\$900.00; Due February 28, 2019**
- ▶ One (1) completed OCME facility-based planning questionnaire with attestation that mass fatality plan is complete and one (1) executive summary document describing findings and next steps (maximum 2 pages- **\$3,000.00; Due April 25, 2019**



# Participate in a Workgroup

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- ▶ Participate in at least one (1) workgroup or NYC Health Care Coalition (NYCHCC) subcommittee convened by DOHMH, GNYHA, or other planning partner focusing on challenges to preparedness / response.
- ▶ Develop and submit deliverable proposal summarizing planned participation in a workgroup for DOHMH approval that includes the following:
  - Rationale for choosing to participate in workgroup;
  - Name and description of workgroup(s), name and role of acute care facility staff participating in workgroup(s), goals, objectives, timeline, and key action steps.
- ▶ Develop and submit final summary report describing workgroup participation within the date range July 1, 2018 through January 31, 2019.

## Proposed Workgroups:

- ▶ Hospital Receiving Capacity
- ▶ FDNY-GNYHA Bed Availability
- ▶ SurgeEx Planning and Steering Committee
- ▶ Cyber Security Learning Series
- ▶ NYCHCC Subcommittees
- ▶ FDNY-GNYHA MCI
- ▶ Improvised Nuclear Device (IND) Planning



# Participate in a Workgroup...cont.

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## Required Documentation / Due Dates:

- ▶ Proposal (maximum 1 page) summarizing planned participation in a workgroup that includes:
  - Rationale for choosing to participate workgroup;
  - Name and description of workgroup(s), name and role of hospital staff participating in workgroup(s), goals, objectives, timeline, and key action steps.

**\$2,000.00; Due October 1, 2018**

- ▶ Final Summary Report describing participation in a workgroup that includes:
  - List of workgroup stakeholders
  - Goals and objectives achieved
  - Impact of workgroup participation
  - Supporting documentation (e.g., workgroup documents, meeting agendas, sign-in sheets)

**\$2,000.00; Due February 15, 2019**



# Design a Deliverable

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- ▶ Using a strategic plan and/or recent (e.g., from BP1) risk assessment finding(s), hazard vulnerability analysis (HVA) and/or After Action Report/Improvement Plan (AAR/IP), design a deliverable(s) that includes implementing a project.
- ▶ Deliverable(s) should result in activity(ies) that will implement a project or address a gap.

*Proposed project must be separate from any activities previously as deliverables. Contractor also cannot propose an exercise to satisfy this deliverable.*



- ▶ Develop and submit deliverable proposal for DOHMH approval that includes the following:
  - Rationale for choosing to develop the specific hospital project
  - Implementation plan, including:
    - Justification based on recent hospital strategic plan, risk assessment finding(s), HVA and/or AAR/IP;
    - Outline of project Scope of Work (SOW) or HSEEP-compliant exercise documentation, to include goals, objectives, timeline, key action steps and budget.
- ▶ Upon completion of the DOHMH-approved deliverable, develop and submit the final summary report.



## Required Documentation / Due Dates:

Hospital project proposal – **\$3,000.00**; **Due December 10, 2018**

Final Summary Report - **\$5,000.00**; **Due April 22, 2019**

## Final Documents:

### ▶ Summary report including:

- Goals and objectives
- Findings
- Impact and outcomes
- List of stakeholders
- Next steps
- Supporting project documentation (e.g., meeting notes, agendas, sign-in sheets)



# Deliverable Points of Contact

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## BP1 SUPP Deliverables

## Deliverable Project Manager

Submit Partially Executed Contract	Chanukka Smith
Participate in NYCHCC Leadership Council Meetings and EPS	William Lang / Chanukka Smith
Update Healthcare Hospital Contact Information	Darrin Pruitt / Chanukka Smith
Support Borough Coalition	William Lang / Chanukka Smith
Participate in a City Wide Surge Exercise (SurgeEx 2.0)	Darrin Pruitt
Complete a Hospital Training Plan and Staff Training for Emergency Management Capabilities	Darrin Pruitt
Update Hospital EOP to reflect use of EMResource for MCI Notifications for Improved Pre-Hospital-to-Hospital Communication	Timothy Styles
Mass Fatality Planning	Timothy Styles
Participate in a Workgroup	William Lang / Chanukka Smith
Design a Deliverable(s)	William Lang / Chanukka Smith

[dohmhcore@health.nyc.gov](mailto:dohmhcore@health.nyc.gov)

Please "cc" William Lang ([wlang1@health.nyc.gov](mailto:wlang1@health.nyc.gov)) and Chanukka Smith ([csmith29@health.nyc.gov](mailto:csmith29@health.nyc.gov)) on all deliverable emails.



# Business Process for Vouchering

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- ▶ Public Health Solutions (PHS) sends contract to EPC for signature.
- ▶ EPC returns signed contract (+ other required documentation) to PHS.
- ▶ PHS sends copy of executed contract to EPC.
- ▶ EPC / ALT EPC submits deliverable documentation by specified due date to Project Manager.
- ▶ Project Manager reviews deliverable, notifies EPC / ALT EPC of approval
  - If deliverable is not approved, Project Manager communicates to EPC / ALT EPC on what modifications are needed
  - EPC / ALT EPC resubmits deliverable for approval
- ▶ EPC / ALT EPC submits voucher to Chanukka Smith and William Lang
- ▶ Once voucher is reviewed and approved, it is submitted to PHS for payment
- ▶ PHS remits payment



# Updating New EPC/Alternate EPC Process

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- ▶ Hospital notifies Chanukka Smith at DOHMH (csmith29@health.nyc.gov) of new Emergency Preparedness Coordinator (EPC) or Alternate EPC. If hospital is a member hospital of a Network Coalition, the Network Lead notifies DOHMH.
- ▶ New EPC /ALT completes the EPC Contact Form. The form can be requested via email or downloaded from our website (<http://nychealthcareprepares.com>)
- ▶ Completed EPC Contact form is returned to DOHMH
- ▶ New EPC /ALT will receive instructions and login information for the Healthcare Facility Directory (HFD)
- ▶ Once logged in HFD, the New EPC / ALT will verify information is correct for his/her facility



# Thank you!

We look forward to working with you in BP1 SUPP!

“Emergency Preparedness is a team sport”

-Eric Whitaker