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

Network Coalitions

Budget Period 1 Supplemental (BP1 SUPP)

July 1, 2018 – June 30, 2019

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Agenda

▶ Introduction and Goal

▶ Assistant Secretary for Preparedness and Response (ASPR) Program Requirements

▶ Measuring Impact, Supporting DOHMH's Mission

- Evaluation

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▶ Updating New EPC/Alternate EPC Process

Goal

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

▶ <u>Required every year:</u>

- o 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,

▶ <u>Budget Period 1 Supplemental (BP1 SUPP) requirements:</u>

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

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Measuring Impact, Supporting DOHMH's Mission

- 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

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Evaluation

- 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

- 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

- ▶ Consult the evaluation and data gathering guide prior to staring work.

- ▶ For each deliverable, ask your DOHMH point of contact (project manager):
  - o Who is the intended audience for this work?
  - o What is the intended use for this work?
  - o 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.

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BP1 SUPP Scope of Service

▶ 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 <u>45 calendar days of receipt</u> from Public Health Solutions (PHS). This is considered as a deliverable.

▶ Network Coalitions and their member hospitals are required to complete all deliverables.

▶ **Maximum Reimbursable Amount = $95,000.00 per Network Coalition + $54,000.00 per member hospital.**

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► In addition to the scheduled deliverables outlined in contract, Network System must:

- o Provide DOHMH with up-to-date and accurate contact information for the Emergency Preparedness Coordinator (EPC) and Alternate EPC at each coalition member facility

- o Acknowledge 800 MHz radio calls during drills or actual emergency events

- o Maintain compliance with National Incident Management System (NIMS) requirements

- o Inform DOHMH of Network's emergency management meetings, system-wide trainings and exercises

- o Employ a high standard of grammatically correct professional writing in all developed materials and presentations

- o If Network 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

- 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 Network Contact Information

- Support Borough Coalition(s)

- Participate in Citywide Surge Exercise (SurgeEx 2.0)

- Complete Network Training Plan and Staff Training for Emergency Management Capabilities

- Update Network 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

▶ Ensure attendance and participation of at least one (1) Network 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.

▶ Present an overview of Network's emergency management work (can include successes and challenges from previous grant years) at one (1) NYCHCC Leadership Council meeting <u>OR</u> at one (1) Emergency Preparedness Symposia (EPS).

<u>Required Documentation:</u>

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

▶ Copy of Presentation - **$2,000.00 Network**

Participate in Emergency Preparedness Symposia (EPS)

▶ Ensure attendance and participation of at least one (1) EPC or appropriate designee from each Network acute care facility 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. Networks are also strongly encouraged to invite non-acute care staff involved in emergency management.

▶ *Individual attendees cannot represent more than one (1) HPP funded entity at EPS.*

Required Documentation:

▶ Evaluation surveys completed by one (1) EPC/designee from each Network acute care facility for the three (3) EPS meetings - **$1,500.00 per member hospital x 3 EPS**

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NYCHCC LC Meetings and EPS Tentative Dates

▶ 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 30, 2019 – NYCHCC LC Meeting #4; Full Day

▶ Additional information will be provided at a later date

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Update Network Contact Information

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

Required Documentation:

▶ HFD or DOHMH email generated email acknowledging updates completed for all Network facilities- **$1,500.00 per member hospital**

Due Date: November 9, 2018

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Support Borough Coalition(s)

▶ Building on BP1's "Support Borough Coalition(s)" deliverable, submit for approval a proposal detailing plans to have representatives from each Network acute care facility engage and collaborate with NYCHCC Borough Coalition(s) activities. Network should also include affiliated non-acute care facility emergency preparedness partners in its planning.

▶ **At a minimum**, one (1) representative from each Network acute care facility must attend a minimum of two (2) Borough Coalition(s) meetings and/or activities (e.g., trainings, exercises) individual designees cannot attend on behalf of more than one (1) acute care facility.

- Develop a final summary report of Network engagement in Borough Coalition(s) activities that includes:
  - Names and titles of Network designee(s) for each acute care facility that have participated in Borough Coalition(s) activities;
  - Borough Coalition(s) activities attended;
  - Impact statement;
  - Next steps for continued participation in Borough Coalition(s) activities.

Required Documentation / Due Dates: Proposal detailing plans for designees from each Network acute care facility to attend at least two (2) Borough Coalition meetings/ activities in the Boroughs in which their facility is situated– **Due November 16, 2018**; $4,000.00 Network

Final summary report of Network engagement in Borough Coalition(s) activities – **Due May 13, 2019** ; $6,000.00 per member hospital

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Participate in Citywide Surge Exercise (SurgeEx 2.0)

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

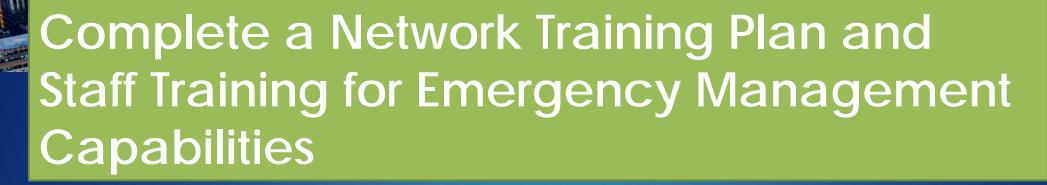# Participate in Citywide Surge Exercise (SurgeEx 2.0)…cont.

▶ Collect surge data for all Network acute care facilities during the exercise using the Assistant Secretary for Preparedness and Response (ASPR) surge tool template to be provided by DOHMH

▶ *Note: The exercise will test the ability of the Network to surge up to 35% of their capacity and communicate with nursing homes and community based healthcare (e.g., Visiting Nurse Service) to accept patients for care during a medical surge. The exercise will also test the ability of acute care facilities to communicate with non-acute care services and locations 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 each facility; key strengths and weaknesses experienced by the Network - **$10,000.00 per member hospital**; **Due March, 2019**

▶ Surge data collected using ASPR surge tool provided by DOHMH. **$8,000 Network**; **Due March, 2019**

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Complete a Network Training Plan and Staff Training for Emergency Management Capabilities

▶ 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 – **$42,000 Network**; Due June 3, 2019

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

▶ Develop workplan for Network-wide 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 for each Network acute care facility to complete the EOP update. The internal planning team must include:

- o Emergency Management staff
- o Emergency Department staff or administration
- o Information Technology staff
- o Other staff as needed

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

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

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

▶ Provide one (1) executive summary summarizing Network's approach to utilizing EMResource, key findings and a prioritized list of actions that Network can complete to utilize EMResource as a situational awareness in mass casualty response.

▶ *Note: Non-911 acute care facilities must coordinate an alternative deliverable with Network leads and 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/*

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

Required Documentation / Due Dates:

- Workplan for update of each Network acute care facility EOP that addresses:
  - Planning team composition for each acute care hospital in the network
  - Timeline for review and dissemination to affiliated acute care facilities the deliverable guidance document and related materials; timeline for required planning meetings, plan review, and plan finalization - $1,000 Network; Due November 16, 2018

- Proof of attendance at least two (2) planning meetings that includes sign in sheets with position titles and agendas from each Network acute care facility - $9,000 Network; Due January 31, 2019

- One (1) completed DOHMH EM Resource MCI alert notification planning questionnaire from each Network acute care facility and one (1) executive summary document (maximum 2 pages) - $8,000 per member hospital; Due March 15, 2019

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Mass Fatality Planning

▶ Develop workplan for Network-wide updates of acute care facility 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.

▶ Establish internal workgroup for each Network acute care facility and convene at least two (2) planning meetings to discuss/ update acute care facility mass fatality plans based on OCME planning tool

  o Discuss information necessary for OCME city-wide planning and coordination (see DOMHM guidance document with OCME facility-based planning questionnaire) and;

  o 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 for each Network acute care facility with attestation that facility's mass fatality plan update is complete and submitted to Network. Network must review individual acute care facility responses to DOHMH questionnaire. Provide executive summary describing findings and next steps.

Required Documentation / Due Dates:

▶ Workplan for Network-wide updates of facility mass fatality plans that addresses:

  o Planning team composition for each acute care hospital in the network

  o Timeline for review and dissemination to affiliated acute care facilities the OCME Planning Tool and related materials; timeline for required planning meetings, plan review, and plan finalization

  $1,000 Network; Due November 19, 2018

Required Documentation / Due Dates:

▶ Proof of attendance at least two (2) planning meetings that includes sign in sheets with position titles and agendas from each Network acute care facility - **$9,000 Network**; **Due February 28, 2019**

▶ One (1) completed OCME facility-based planning questionnaire with attestation that mass fatality plans have been updated from each of their Network acute care facilities and one (1) executive summary document (maximum 2 pages) describing key findings and a prioritized list of actions necessary by Network to ensure a coordinated mass fatality response during a severe biologic event - **$8,000 per member hospital**; **Due April 25, 2019**

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- Each Network acute care facility will 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 each Network acute care facility's 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

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Required Documentation / Due Dates:

▶ Proposal (maximum 1 page) summarizing each Network acute care facility planned participation in a workgroup that includes:

- o Rationale for choosing to participate workgroup;

- o 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.

$2,000 per member hospital; Due October 1, 2018

▶ Final Summary Report of each Network acute care facility participation in a workgroup that includes:

- o List of workgroup stakeholders

- o Goals and objectives achieved

- o Impact of workgroup participation

- o Supporting documentation (e.g., workgroup documents, meeting agendas, sign-in sheets)

$2,000 per member hospital; Due February 15, 2019

Design a Deliverable

▶ Using Network 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 or conducting an exercise.

▶ Deliverable(s) should result in system-wide (i.e., multi-facility acute, non-acute and community-based organizations) activity(ies) that will implement a project or address a gap.

Exercises or projects proposed must be separate from any activities or exercises listed previously as deliverables. Network may not use Deliverable 6's Citywide Surge Exercise to satisfy this deliverable.

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Design a Deliverable…cont.

▶ Develop and submit deliverable proposal for DOHMH approval that includes the following:

  ○ Rationale for choosing to develop the specific Network-wide project or exercise

  ○ Implementation plan, including:

    ▪ Justification based on recent Network 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 the final summary report, including description of how completion of this deliverable has advanced progress on the Network's strategic plan submitted in BP4.

Design a Deliverable…cont.

▶ If deliverable is a Project, develop and submit final summary report with details of implementation, goals and objectives, findings, impacts, outcomes, stakeholders, and next steps; and other supporting documentation, including (but not limited to) meeting agendas, notes, and sign-in sheets.

▶ If deliverable is an Exercise, develop and submit all HSEEP-compliant exercise documents according to the type of exercise (must be functional or higher) including:

- o Final Exercise Plan (ExPlan)

- o Exercise Evaluation Guide (EEG)

- o Master Scenario Events List (MSEL)

- o After Action Report/Improvement Plan (AAR/IP)

- o Sign-in sheets

- o List of exercise participants

▶ Exercise must be functional or higher and include multiple healthcare facilities. Network cannot conduct a standalone, single-facility exercise.

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Required Documentation / Due Dates:
Network-wide project or exercise proposal – **$8,000 Network**; **Due December 10, 2018**
Final Summary Report, including details of implementation, including how project or exercise has advanced progress on Network's Strategic Plan submitted in BP4.
$12,000 per member hospital; **Due April 22, 2019**

For Projects:

▶ 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)

For Exercises:

▶ Full suite of HSEEP-compliant exercise documents including:

  o Final ExPlan

  o EEG

  o MSEL

  o AAR/IP

  o Sign-in sheets

  o List of exercise participants

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Deliverable Points of Contact

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 Network Contact Information	Darrin Pruitt / Chanukka Smith
Support Borough Coalition(s)	William Lang / Chanukka Smith
Participate in a City Wide Surge Exercise (SurgeEx 2.0)	Darrin Pruitt
Complete a Network Training Plan and Staff Training for Emergency Management Capabilities	Darrin Pruitt
Update Network Acute Care Facility 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

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

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Business Process for Vouchering

- ► Public Health Solutions (PHS) sends contract to EPC / Network Lead for signature.
- ► EPC / Network Lead returns signed contract (+ other required documentation) to PHS.
- ► PHS sends copy of executed contract to EPC / Network Lead.
- ► EPC / Network Lead submits deliverable documentation by specified due date to Project Manager.
- ► Project Manager reviews deliverable, notifies EPC / Network Lead of approval
  - ▪ If deliverable is not approved, Project Manager communicates to EPC / Network Lead on what modifications are needed
  - ▪ EPC / Network Lead resubmits deliverable for approval
- ► EPC / Network Lead 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

▶ 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 or Network Lead 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

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