



Emergency Preparedness Symposium (EPS)

The New York City Health Care Coalition (NYCHCC)

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

Tuesday, April 09, 2019



Welcome!

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

Agenda

AM

- | | |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8:30 – 9:00 | Registration |
| 9:00 – 9:10 | Welcome / Introduction |
| 9:10 – 10:10 | Borough Coalition Report – Staten Island Community Organizations Active in Disaster (SI COAD) <ul style="list-style-type: none">○ How We Got Here & Where Are We Going?○ SI COAD and the MES (Medical Ecosystem)○ Mental Health & Disaster Response |
| 10:10 – 10:25 | SurgeEx Facilitated Discussion Overview |
| 10:25 – 10:35 | Transportation Resources Summary |
| 10:35 – 10:50 | Networking Break |
| 10:50 – 11:55 | SurgeEx Facilitated Discussion (4 Breakout Groups) |
| 11:55 – 12:00 | Breakout Groups Return to Auditorium |

PM

- | | |
|---------------|-------------------------------------------|
| 12:00 – 12:20 | SurgeEx Facilitated Discussion Report Out |
| 12:20 – 12:25 | Closing Remarks |
| 12:25 – 1:15 | Networking Lunch |
| 1:15 | Meeting Adjourned |

Borough Coalition Report – Staten Island Community Organizations Active in Disaster (SI COAD)

- How We Got Here & Where Are We Going?
- SI COAD and the MES (Medical Ecosystem)
- Mental Health & Disaster Response



Staten Island Community Organizations Active in Disaster (SI COAD) Borough Coalition Report

Tuesday, April 9, 2019

NYCHCC / DOH MH OEPR

Emergency Preparedness Symposium

Today's Agenda

- Introductions / Brief Overview of Staten Island & COAD
- Richmond County Emergency Preparedness Healthcare Coalition
- SI COAD Inception/History
- Role of Medical Community
- Medical Ecosystem (MES) Formation & Priorities
- Mental Health in Disaster Response
- Next Steps
- Q&A

Introductions

Sharmila Rao Thakkar, MPH, MPA

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Trientina Campbell – MES Co-chair

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Fern Aaron Zagor, LCSW, ACSW – SINFPA Board Member

Executive Director, Staten Island Mental Health Society

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SI COAD *Administered by* Staten Island Not For Profit Association

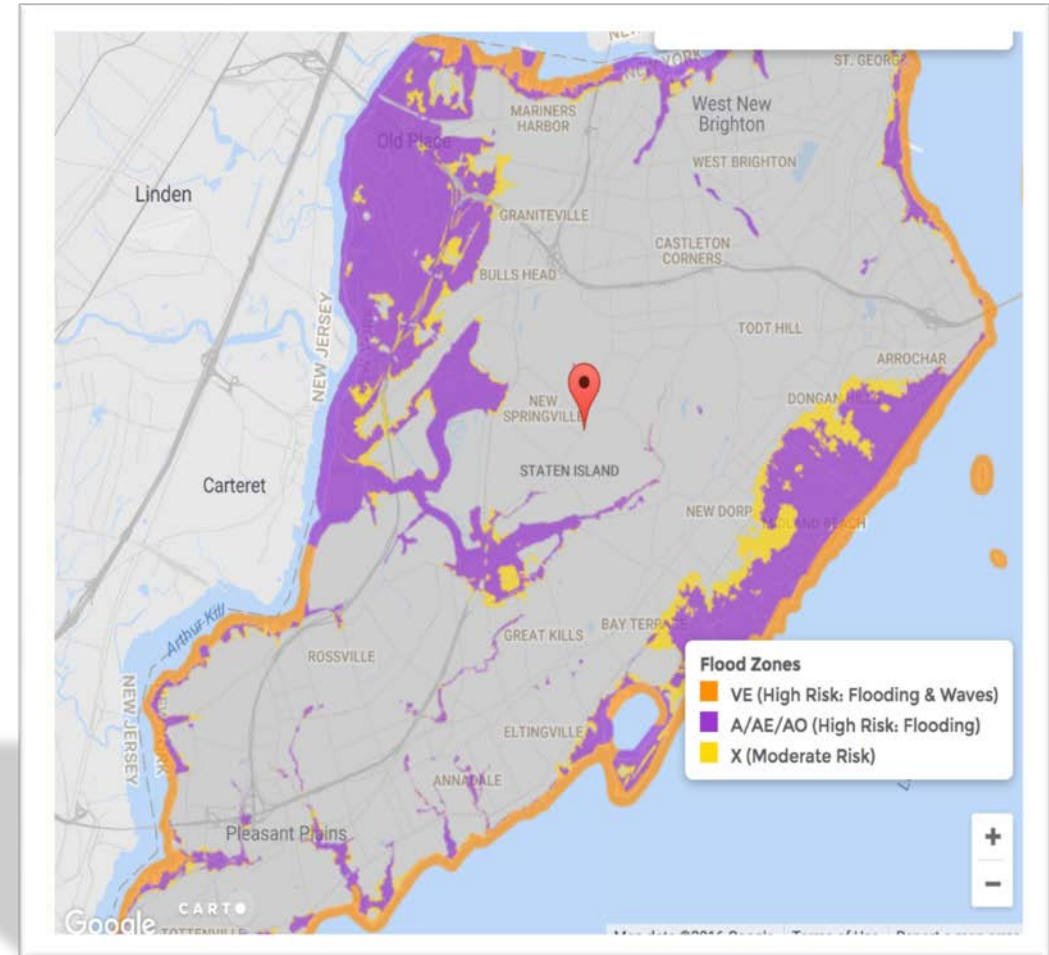
Formed in 2005, the Staten Island NFP Association, Inc (SINFPA):

- Builds capacity and provides education, networking and training as a resource for the borough's not-for-profit sector
- Serves as the single voice for nonprofits across Staten Island
- Has over 100 Staten Island not-for-profit members, ranging in size, budget and mission



About Staten Island

- Population: approx. 480,000 (2017)
- Land area: 59 sq mi
- Accessibility: ferry, 4 bridges
- Two main hospitals: Richmond University Medical Center & Staten Island University Hospital/Northwell
- Flood zones: nearly the entire perimeter



Community Preparedness Prior to Hurricane Sandy

Inception of Richmond County Emergency Preparedness Health Care Coalition (RCEPHC)

- Richmond County Medical Society (RCMS) founded Disaster Committee (2002)
 - Redundancy Communication and Mutual Aid Agreement
- Committee Expansion to include
 - Skilled Nursing Facilities
 - NYCEM
 - First Responders
 - Volunteers
- Grant Awards (2006-2008) funded future activities:
 - SIMCON (Staten Island Medical Community and Operations)
 - Exercises

The Storm Hits...

- Chaos – Where to turn?
 - Miller's Field visit
 - Identifying the need to include the nonprofit sector in planning the response. *We know our community best!*
- Identifying and organizing resources
 - Impromptu meetings
- Creating structure
- Committee gets funding – COAD is born



SI COAD

The Staten Island Community Organizations Active in Disaster (SI COAD), a program of the Staten Island Not for Profit Association (SINFPA), facilitates ongoing collaboration within the Staten Island not-for-profit sector to enhance and strengthen its state of readiness in times of crisis and disaster; interfaces with response organizations on the federal, state and local level; and provides opportunities for learning and sharing resources to promote a culture of preparedness in the borough.

Members include: hospitals, nursing homes, human service agencies, community-based organizations, service providers, educational organizations, such as JCC, Meals on Wheels, Community Health Action of SI, Eden II, Salvation Army, Visiting Nurse Service of NY, College of Staten Island, American Red Cross, Richmond University Medical Center, Staten Island University Hospital

Role of Hospitals in Building COAD

- Community-wide Hazard Vulnerability Analysis (HVA)
- COAD members' participation in hospitals' exercises -> understanding of mitigation & planning efforts that evolve into response & recovery
- Knowledge of hospitals' role in the community and the support city provides via NYCEM, NYCDOH, NYSDOH, FDNY, NYPD etc.
- Redundant Communication
 - Ham Radio License
 - Port Richmond Cert
 - ARES
- Training and Education
 - Stop the Bleed
 - Narcan
 - NYCEM/ESF Functionality

Medical Ecosystem (MES)

- Post-Sandy, due to lack of a community-driven, organized approach, community physicians were unable to be mobilized in a coordinated effort to volunteer their services. Many deployed to other boroughs through Medical Reserve Core.
- MES began by a joint effort through RCMS (previously oversaw RCEPHE) and the Office of the Staten Island Borough President in 2015 to streamline this effort locally.
- In parallel, unbeknownst to the MES, COAD was being formed through SINFPA .
- In early 2016, the 2 efforts intersected by chance, through a conversation of lead partners.
- Since then, the MES functions as a sub-committee of the COAD, funded through DOHMH.
- Also partners with SI Performing Provider System; to share information (if needed) with 75+ SI healthcare providers via their Healthix Platform.

Staten Island COAD Medical Ecosystem Sub-Committee Two-Year Strategic Planning Framework

Through our strategic planning process, we have defined five priorities and associated outcomes that we will focus on over the next two years:

- **Strategic Priority 1:** Improve Information Sharing and Situational Awareness across Healthcare Sectors
- **Strategic Priority 2:** Increase Healthcare Sector representation within the Staten Island Borough Coalition
- **Strategic Priority 3:** Increase the number of Behavioral, Medical and Public Health Professionals able to support local Health and Safety efforts
- **Strategic Priority 4:** Strengthen Healthcare Provider Resilience

Strategy Priority	Key Outcomes	2017-18 Accomplishments	2018-2019 Accomplishments
P1: Improve Information Sharing and Situational Awareness across Healthcare Sectors	1) Acquire HAM radio equipment and training. 2) Complete MES member surveys for inclusion in SI COAD Resource Book.	In progress – along COAD timeline	Not accomplished Surveys done with some organizations and resource book/flash drive given to all MES members that participated at 11-18 meeting Partnership with SI PPS
P2: Increase Healthcare Sector representation within the Staten Island Borough Coalition	1) Pharmacies (list from DOHMH) 2) Dialysis 3) Addiction treatment centers 4) Federally Qualified Health Centers	In progress – Met with nursing homes and 2 hospital EMS Directors Next phase to set up meeting with dialysis centers and pharmacies. Invited FQHC’s to participate and Cerebral Palsy Association of NYS	Participation increased at last meeting with representation from FQHC’s Cerebral Palsy Association on NY State and few pharmacies
P3: Increase the number of Behavioral, Medical and Public Health Professionals able to support local Health and Safety efforts	Approach the following organizations for MES membership: A) Camelot B) South Beach Psychiatric Center C) VNA/VNS D) SI PPS	In progress – To meet with SI PPS. SIMHS included in MES Project Hospitality and Meals on wheels included in MES	Participation from South Beach Psych, VNA, VNS at last meeting Partnership with SI PPS
P4: Strengthen Healthcare Provider Resilience	Complete MES member surveys to identify strengths and gaps.	Not accomplished – asset mapping and gap analysis using COAD questionnaire.	Member surveys completed with 6 MES organizations

MES Members

- Office of Staten Island Borough President
- Hospitals – RUMC, SIUH/Northwell
- Richmond County Medical Society
- NYC DOHMH
- State DOH
- Health & Hospitals
- NYCEM – ESF 8
- Regional EMS Council of NYC
- Private Ambulances
- Nursing homes and Rehabilitation Centers
- Mental Health agencies
- Addiction Centers
- Pharmacies
- FQHCs
- Social service agencies (including housing, food pantries, etc.)

Mental Health in Disaster Response

- Not only bricks and mortar - PTSD
- Immediate attention to the psycho/social/ emotional/behavioral responses to the Superstorm
- Flexible response required flexible funding

Innovative Responses

- Mobile Integrated Health Team – NYS
- Mobile Child Specialist – NYC
- Day Care and Community Resiliency Training – NYS, NYC, Save the Children
- School- Based MH Services,
 Summer Therapeutic Program – NYS, Robin Hood Foundation,
 Tiger Foundation
- South Shore Safety.net – SI Foundation, ARC

Staten Island Mental Health Society
Hurricane Sandy Response
(a short video clip)

<https://www.youtube.com/watch?v=ntN5-Sx2bM0>

SI COAD Key Projects / Initiatives

- Education/Training:
 - Peer Exchange on Best Practices
 - Emergency Response & Planning sessions at Nonprofit Conference
 - Performing Arts Readiness Project
 - Webinars and Educational Training Opportunities
 - Call-down Drills & Tabletop exercises
- Outreach: Resource Guide, Self-Care, Family Ready Day
- Communications: Listserv, Facebook page, SINFP Newsletter
- Future Planning: Member Survey to inform future priorities and programs



Moving Forward

- Continue education/learning – support CBOs emergency planning
- Upgrade Resource Book – dynamic online version / self-update
- Exercises/Scenario Planning
- Develop local Emergency Operations Center (EOC)



Join us in Staten Island Next Year!



The Community Connection:

Working together to build a local healthcare emergency preparedness coalition

Sharmila Rao Thakkar, MPH, MPA, Program Director / Sharmila@sinfpa.org
Staten Island Community Organizations Active in Disaster (COAD)

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:



American Red Cross



FEMA



MEALS on WHEELS of STATEN ISLAND, INC.

Richmond University Medical Center



NYC Emergency Management

Staten Island University Hospital Northwell Health

NYC Health

Questions / Discussion



Contact Information

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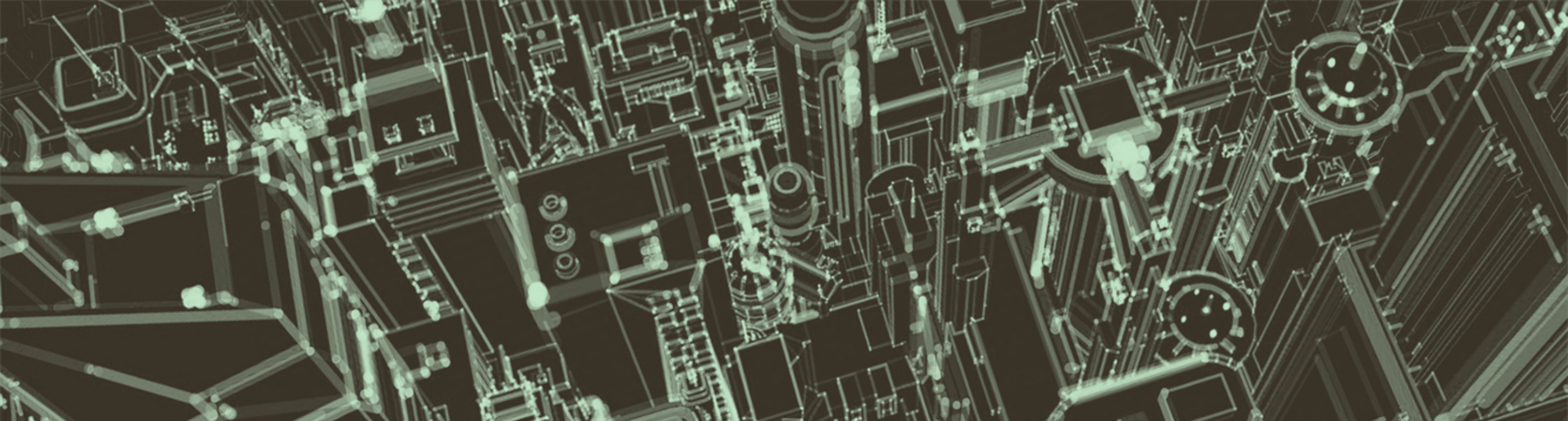
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SurgeEx Facilitated Discussion Overview

Les Welsh, Emergency Response Coordinator, OEPR, Bureau of Healthcare System Readiness, DOHMH



NYC DOHMH CST 2019 Facilitated Discussion

April 9, 2019



Agenda

- Ground Rules
- Discussion Format
- REMSCO Presentation
- Group Report Out
- Next Steps

Ground Rules

- Data has been provided in advance using InfoGraph
- Parking Lot Items:
 - Healthcare Evacuation Center
 - Exercise Design
 - Contact Information (GNYHA Directory)

Goal

- Identify root causes and solutions for improvement activities and provide the NYC Health Care Coalition planning priorities for surge and evacuation capability and capacity building

Discussion Format

4 Breakout groups with representatives from

- Evacuating Facilities
- Receiving Facilities
- Transportation Providers
- Greater New York Hospital Association
- Regional Emergency Medical Service Council
- Network Leads

Breakout Locations

Group 1 Red: Auditorium

Facilitator: Les Welsh

Group 2 Yellow: Room 2/119

Facilitator: Darrin Pruitt

Group 3 Blue: Room 3/301 A

Facilitator: Tim Styles

Group 4 Green: Room 3/301 B

Facilitator: Celia Quinn

- Rapid patient discharge
- Sit Stat
- e-Finds

By the end of the exercise, participating hospitals will have assessed their ability to **conduct initial patient census** within 60 minutes of exercise notification. (15 min)

Objective 1

- Bed categories
- Rules of engagement between evacuating and receiving
- Patient Transfer Centers

By the end of the exercise, participating networks and facilities will have assessed their ability **to conduct bed-matching of evacuating patients** within 90 and 180 minutes of STARTEX. (30 min)

Objective 2

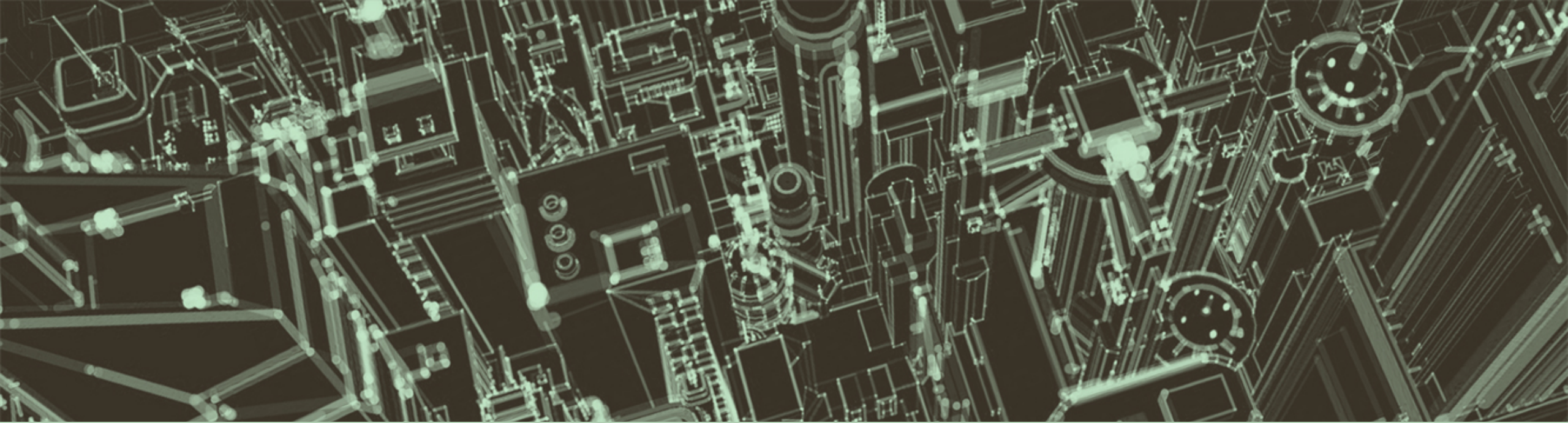
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- Understanding Transportation Assistance Levels (TALs)
 - Requested transport asset matching the need

By the end of the exercise, participating evacuating hospitals will have assessed their ability to **identify appropriate transportation assets** within 90 and 180 minutes of STARTEX.
(10 min)

Objective 3

Reconvene

- Groups will reconvene in auditorium for Report Out and Next Steps.



Transportation Resources Summary – REMSCO



Issues considered in assessing Non-FDNY transport resource limitations:

- 1) Unfilled Transportation Requests
- 2) Logged Resource Requests
- 3) Coalition Level Transportation Issues

Objective 4:

By the end of the exercise, DOHMH will assess limits of Non-FDNY EMS transportation resources in responding to exercise transportation requests.

906

of Evacuating Patients without Transportation

TAL Levels with most unfilled requests were:

- TAL 3 66% (n = 601)
- TAL 1 BLS 14% (n = 128)
- TAL 1 ALS (non vent) 8% (n = 75)

Topic #1:
Unfilled Transportation
Requests

How many patients
could not be evacuated
using contracted or
internal hospital
transportation assets?

- Hospitals began requesting transportation resources before completing bed matching

First call was received at 9:05 am

- Consistent procedure needed for submitting requests logging, and acknowledging requests.

Issue #2: Logging Transportation Requests

Were agencies able to accurately log transportation requests utilizing patient TAL levels?

- Additional TAL Training Needed

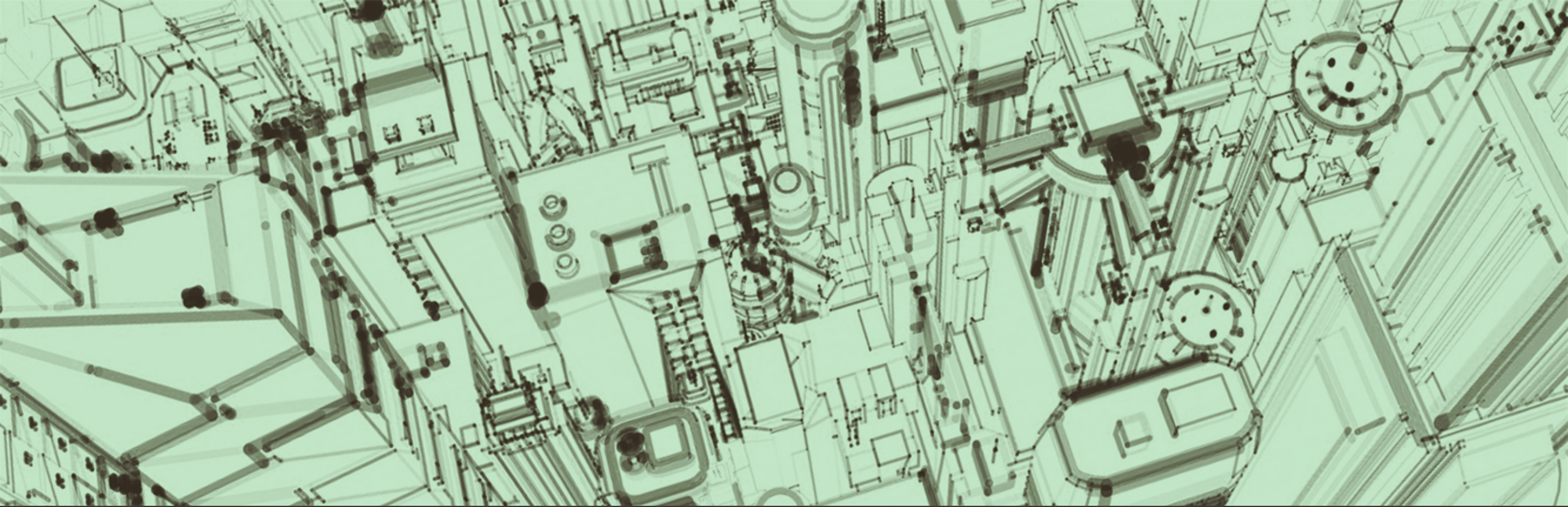
Data revealed some hospitals need more training on TALS

- Not Many TAL 2 or TAL 3 Requests Received

What explains this?

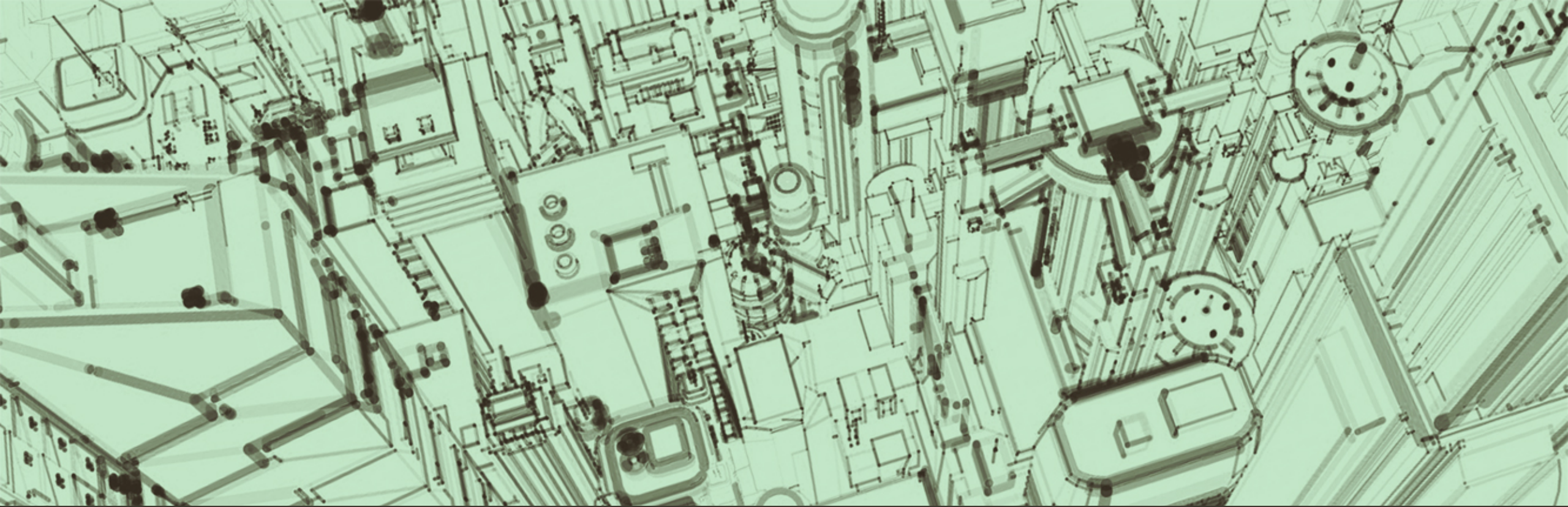
Issue #3:
Coalition Level
Transportation Issues

Were transportation agencies able to assign appropriate resources to transport requests based on patient TALs?



Networking Break





Report Out



- Develop after action report
- Finalize improvement plan
- Begin planning for CST 3
 - Reminder all exercise design suggestions should be provided to the SurgeEx Steering Committee Members. A membership list is included on your handout.

Next Steps:



Closing Remarks



Networking Lunch



Meeting Adjourned