NYC Health Care Coalition (NYCHCC) Leadership Council Meeting

NYC DOHMH OFFICE OF EMERGENCY PREPAREDNESS AND RESPONSE

BUREAU OF HEALTHCARE SYSTEM READINESS

Thursday, September 26, 2019

Agenda - AM

AM	
8:30 – 9:00	Registration
9:00 – 9:30	Welcome / Opening Remarks
9:30 – 10:00	Healthcare Sector Update: • Ambulatory Care • Long Term Care
10:00 – 10:15	Planning / Response Partner Update: Greater NY Hospital Association (GNYHA)
10:15 – 10:30	Report – out on BP1 SUPP Deliverables
10:30 – 10:45	Networking Break
10:45 - 11:15	Infectious Diseases: What's on the Radar
11:15 – 12:15	Strategizing for BP2 - Growing the NYCHCC into an operational response coalition

Agenda - PM

PM	
12:15 – 12:45	Networking Lunch
12:45 – 1:15	Facilitated Discussion • Topic 1: Role of Governance Board and connection to the Leadership Council
1:15 – 1:45	Facilitated Discussion • Topic 2: Sub-coalition Activities
1:45 – 2:30	Break • (Regroup, Report-outs, Group Discussion)
2:30 – 3:00	Facilitated Discussion • Topic 3: Possible Joint HCC Activities
3:00 – 3:15	Topic 3 Report-out
3:15 – 3:30	Member Announcements and Updates
3:30 – 3:45	Final Remarks and Adjournment

Coalition Updates – Medically Vulnerable Populations

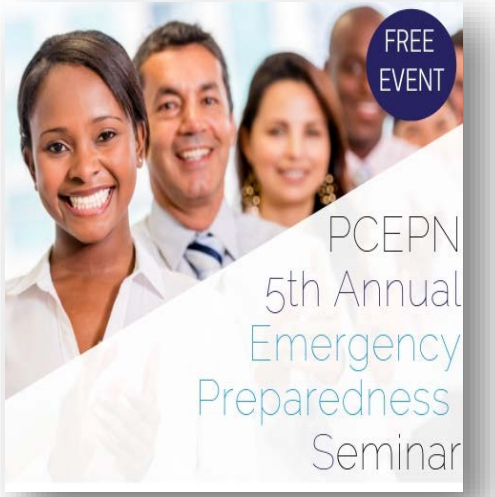
Outline

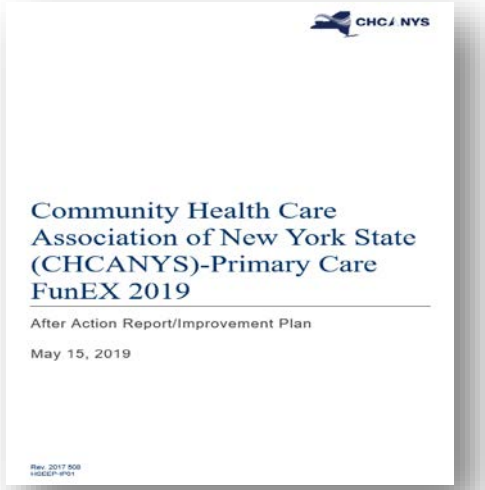
- **Updates on the following sub-coalitions of the NYC HCC:**
  - Primary Care
  - Long Term Care
  - Pediatrics
  - Medically Vulnerable
    - Dialysis Centers
    - Opioid Treatment Programs

Primary Care
Emergency Management Accomplishments
BP1 SUPP 2018 -2019

Primary Care EM Preparedness

- Primary Care EM Technical Assistance Program – learning sessions and TTX
- EM Seminar
- Healthcare Coalitions
- Pediatric Planning with Outpatient Care Sites / Federally Qualified Health Centers
- Functional Exercise





Primary Care
Emergency Management Programs
BP1 2019 -2020

Looking Forward – 2019-2020

- Participate in New York City Health Care Coalition activities;
- Convene FQHC Leadership Advisory Council (LAC) for primary care preparedness;
- Assess preparedness capabilities of NYC-based FQHC Networks;
- Conduct call-down drills with NYC-based FQHCs;
- Functional exercise (FE);
- 6th Annual Emergency Management Seminar;
- Collaboration with the Pediatric Disaster Coalition (PDC).

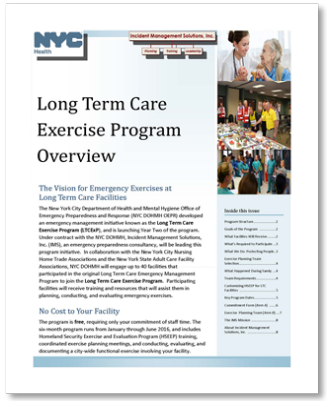
Long Term Care
Emergency Management Accomplishments
BP1 SUPP 2018 -2019

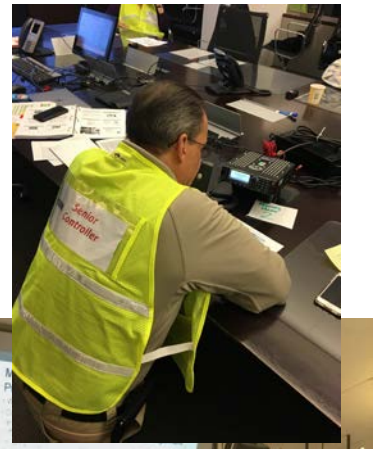
Nursing Home Associations

- **DOHMH contracted with the 3 NYC Nursing Home Associations to assist in the facilitation of deliverables offered to the LTC sector**
  - Participation in the Emergency Preparedness Symposia and NYC Health Care Coalition Meetings
  - 4 Webinars
  - 5 LTC Disaster Preparedness Council Meetings
  - Annual Emergency Preparedness Conference: Cybersecurity
  - eFINDS Training
  - Surge Capacity Coalition Surge Test

Long Term Care Exercise Program

Program Phase	Program Breakdown
Pre-Planning Phase	• Recruit NYC LTC Facilities • Re-establish Emergency Management Team (EMT)
Intervention Phase	• Learning Sessions • Series of Planning Meetings • Functional Exercise
Evaluation Phase	• Site Specific and Overall AAR/IP • Evaluation of the Program

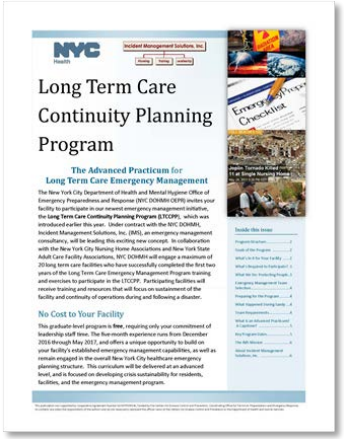




- Total of 37 nursing homes participated in this year's citywide functional exercise testing a scenario of extreme heat weather emergency with a regional power outage
- Had global and individualized facility objectives
- Implemented eFINDS with SDOH monitoring
- Employed Emergency Radio Communications Program with NYCEM: 700 mhz radios

Long Term Care Continuity Planning Program

Program Phase	Program Breakdown
Pre-Planning Phase	• Recruit NYC LTC Facilities • Re-establish Emergency Management Team (EMT) • Surveys (2)
Intervention Phase	• Advanced Practicum Learning and Mentoring Sessions • Functional Exercise Shadowing
Evaluation Phase	• Capstone Project • Program Evaluation



- Total of 39 nursing homes participated in this year's LTCCPP program **which focused on four areas:**
  - Continuity of operations (COOP) for the facility
  - Continuity of care for residents during a disaster
  - Continuity/sustainability of the long term care emergency management program at the facility level
  - Knowledge transfer
- Over 150 onsite facility level coaching sessions
- Each facility developed their own COOP plan and tested that plan via TTX

Long Term Care
Emergency Management Programs
BP1 2019 -2020

Looking Forward

- Participate in New York City Health Care Coalition activities;
- Emergency preparedness webinars;
- Annual LTC Emergency Preparedness Conference with Table-Top Exercise (TTX);
- Participation in the 2020 Coalition Surge Test;
- Redesigned Exercise Program with Functional exercise (FE);
- Newly designed program offered to LTC and Primary Care - Hazard Specific Training

Medically Vulnerable Populations Unit – Team Members

- **Primary Care - Community Health Centers (> 400 + sites)**

  Marsha Williams, MPH, CBCP, Senior Director

  Email: mradclif@health.nyc.gov

  Phone: 347-396-2719

- **Pediatrics (~2 million children) / Dialysis (~ 129 sites)**

  Wanda I. Medina, Senior Program Manager

  Email: wmedina2@health.nyc.gov

  Office: 347-396-2749

- **Long Term Care Sector – Nursing Homes / Adult Care Facilities (247 sites)**

  Danielle M. L. Sollecito, LMSW

  Senior Program Manager

  Email: dlucas@health.nyc.gov

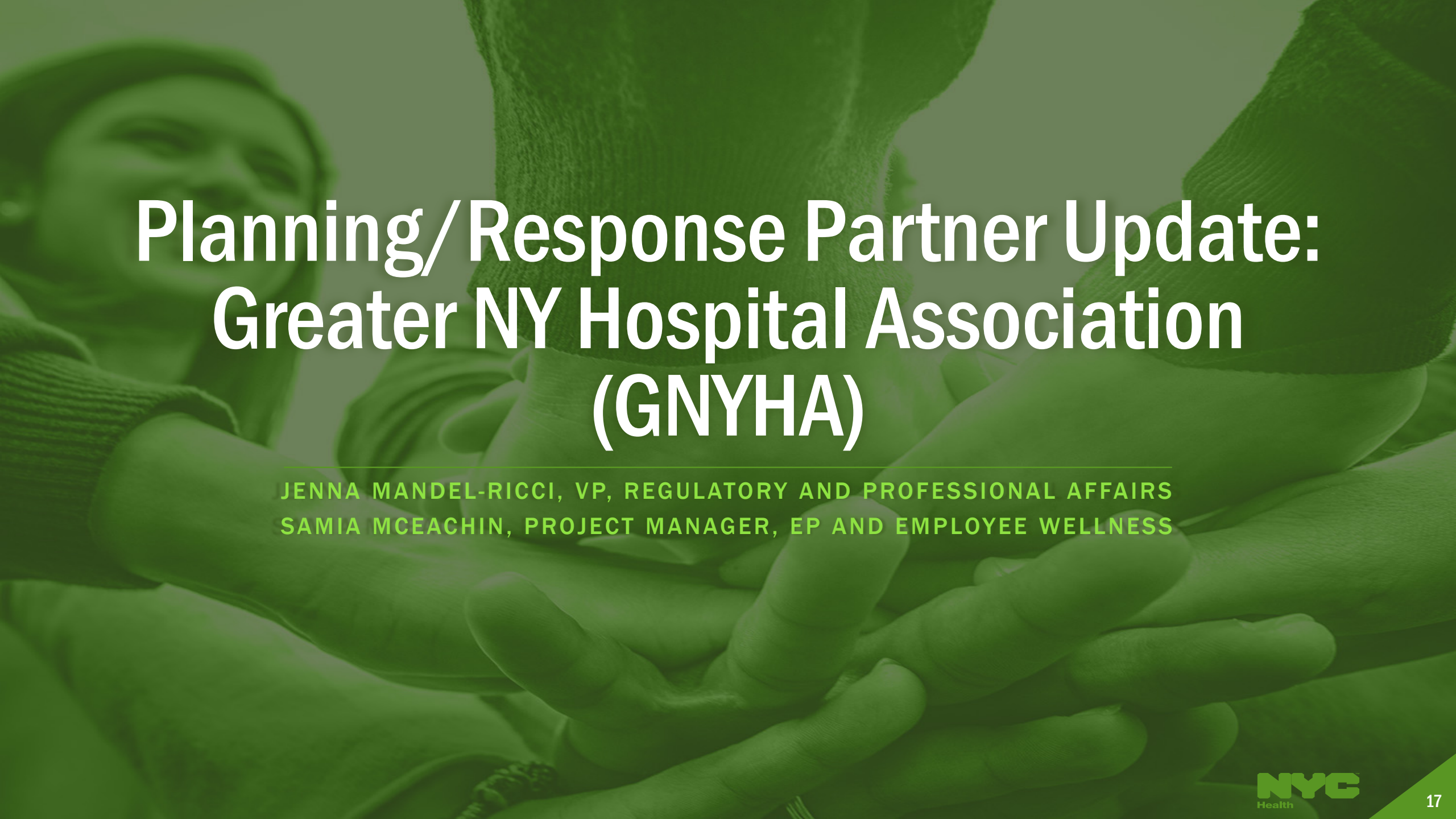
  p: 347.396.2782 | c: 646.300.3472

  Jimmy Dumancela, MPA

  Emergency Preparedness Coordinator

  Email: jdumancela@health.nyc.gov

  p: 347.396.7850 c: 646.588.8102



Planning/Response Partner Update: Greater NY Hospital Association (GNYHA)

JENNA MANDEL-RICCI, VP, REGULATORY AND PROFESSIONAL AFFAIRS
SAMIA MCEACHIN, PROJECT MANAGER, EP AND EMPLOYEE WELLNESS

Sit Stat 2.0 Update & FDNY Hospital MCI Notification Process

September 26, 2019

GREATER NEW YORK HOSPITAL ASSOCIATION

Over 100 years of helping hospitals deliver the finest patient care in the most cost-effective way.

Sit Stat 2.0 Project Status

Sit Stat 2.0 Initiative

EMResource

Currently 101 NYS hospitals are participating

eICS

Have completed deployment for 41 hospitals.

* Regional Situational Awareness & Resource Management

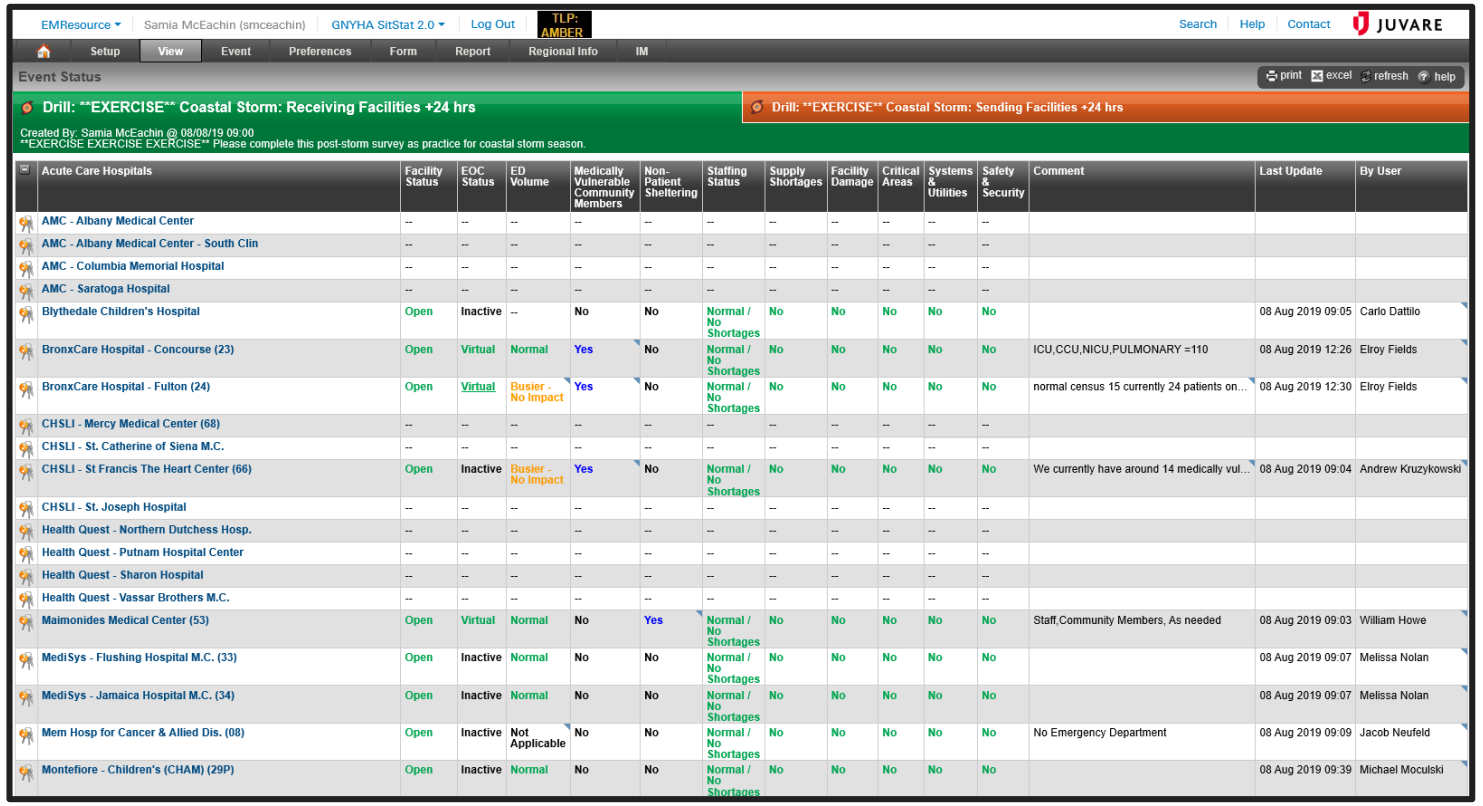
*** Core Sit Stat functionality replacement**

Internal incident management, incident documentation, AAR/IP functions, HVA Management, plan/policy/procedure management

Both EMResource and eICS are products of Juvare.

Sit Stat 2.0: Major Areas of Focus

- Resource Detail View
- Support of Drills & Exercises
- Use of system to collect/share information during real-world events
- Hospital MCI Notifications for NYC 911-receiving hospitals

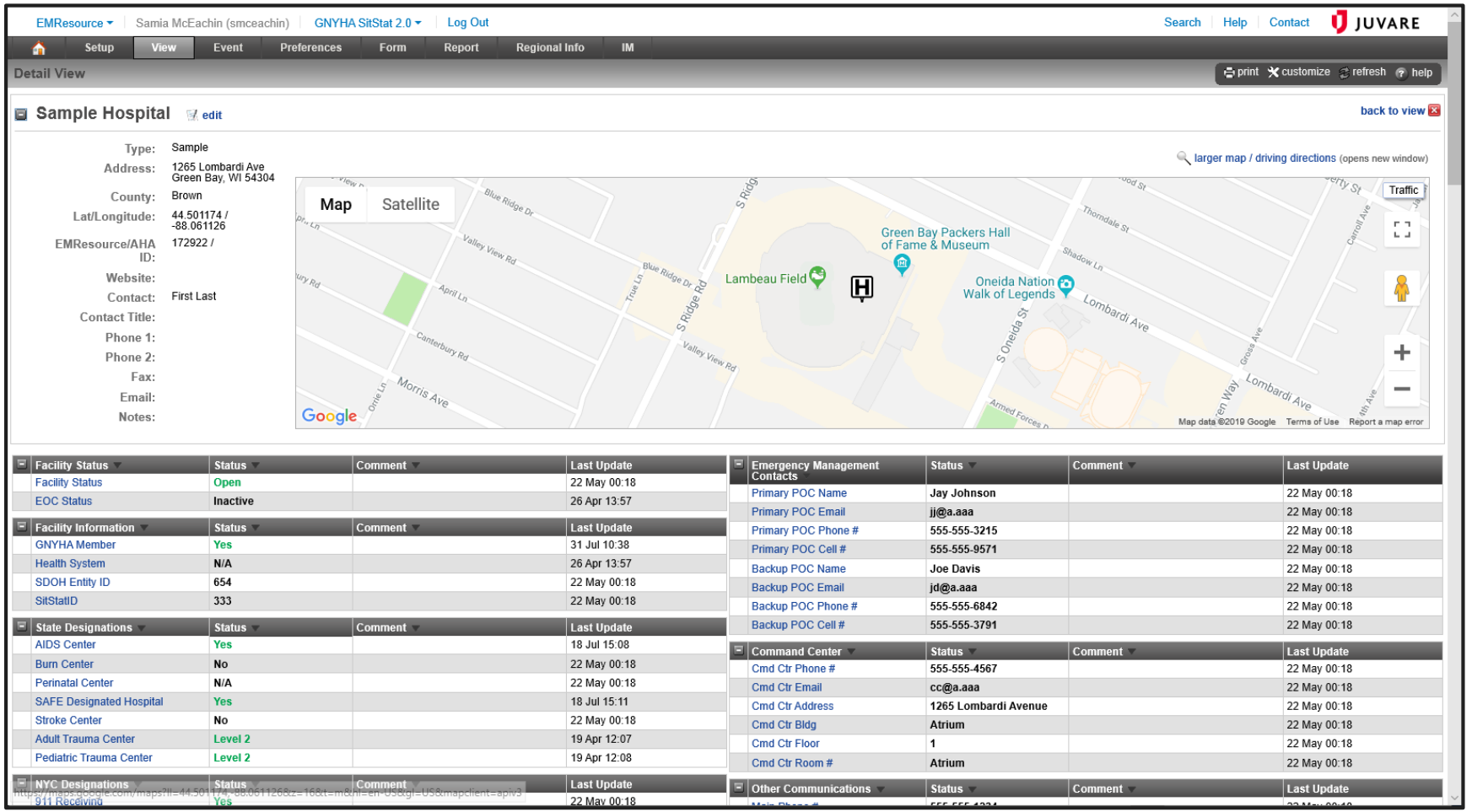


Acute Care Hospitals	Facility Status	EOC Status	ED Volume	Medically Vulnerable Community Members	Non-Patient Sheltering	Staffing Status	Supply Shortages	Facility Damage	Critical Areas	Systems & Utilities	Safety & Security	Comment	Last Update	By User
AMC - Albany Medical Center	--	--	--	--	--	--	--	--	--	--	--			
AMC - Albany Medical Center - South Clin	--	--	--	--	--	--	--	--	--	--	--			
AMC - Columbia Memorial Hospital	--	--	--	--	--	--	--	--	--	--	--			
AMC - Saratoga Hospital	--	--	--	--	--	--	--	--	--	--	--			
Blythedale Children's Hospital	Open	Inactive	--	No	No	Normal / No Shortages	No	No	No	No	No		08 Aug 2019 09:05	Carlo Dattilo
BronxCare Hospital - Concourse (23)	Open	Virtual	Normal	Yes	No	Normal / No Shortages	No	No	No	No	No	ICU,CCU,NICU,PULMONARY =110	08 Aug 2019 12:26	Elroy Fields
BronxCare Hospital - Fulton (24)	Open	Virtual	Busier - No Impact	Yes	No	Normal / No Shortages	No	No	No	No	No	normal census 15 currently 24 patients on...	08 Aug 2019 12:30	Elroy Fields
CHSLI - Mercy Medical Center (68)	--	--	--	--	--	--	--	--	--	--	--			
CHSLI - St. Catherine of Siena M.C.	--	--	--	--	--	--	--	--	--	--	--			
CHSLI - St Francis The Heart Center (66)	Open	Inactive	Busier - No Impact	Yes	No	Normal / No Shortages	No	No	No	No	No	We currently have around 14 medically vul...	08 Aug 2019 09:04	Andrew Kruzykowski
CHSLI - St. Joseph Hospital	--	--	--	--	--	--	--	--	--	--	--			
Health Quest - Northern Dutchess Hosp.	--	--	--	--	--	--	--	--	--	--	--			
Health Quest - Putnam Hospital Center	--	--	--	--	--	--	--	--	--	--	--			
Health Quest - Sharon Hospital	--	--	--	--	--	--	--	--	--	--	--			
Health Quest - Vassar Brothers M.C.	--	--	--	--	--	--	--	--	--	--	--			
Maimonides Medical Center (53)	Open	Virtual	Normal	No	Yes	Normal / No Shortages	No	No	No	No	No	Staff,Community Members, As needed	08 Aug 2019 09:03	William Howe
MediSys - Flushing Hospital M.C. (33)	Open	Inactive	Normal	No	No	Normal / No Shortages	No	No	No	No	No		08 Aug 2019 09:07	Melissa Nolan
MediSys - Jamaica Hospital M.C. (34)	Open	Inactive	Normal	No	No	Normal / No Shortages	No	No	No	No	No		08 Aug 2019 09:07	Melissa Nolan
Mem Hosp for Cancer & Allied Dis. (08)	Open	Inactive	Not Applicable	No	No	Normal / No Shortages	No	No	No	No	No	No Emergency Department	08 Aug 2019 09:09	Jacob Neufeld
Montefiore - Children's (CHAM) (29P)	Open	Inactive	Normal	No	No	Normal / No Shortages	No	No	No	No	No		08 Aug 2019 09:39	Michael Moculski

August 8th Coastal Storm drill

Resource Detail View & Other Views

- A crucial resource for preparedness and communication
- July/August Update
  - 26 out of 101 complete
- Other Views
  - EM Contacts
  - Hospital Designations
  - UNGA (USSS, USDoS)



Event Templates

Finalized

- Winter Weather
- Prolonged Heat
- Seasonal Flu
- MCI Level C/D
- Coastal Storm

Under Development

- Special Pathogen
- Planned Event Views
  - UN General Assembly
  - NYC Marathon
  - New Years Eve

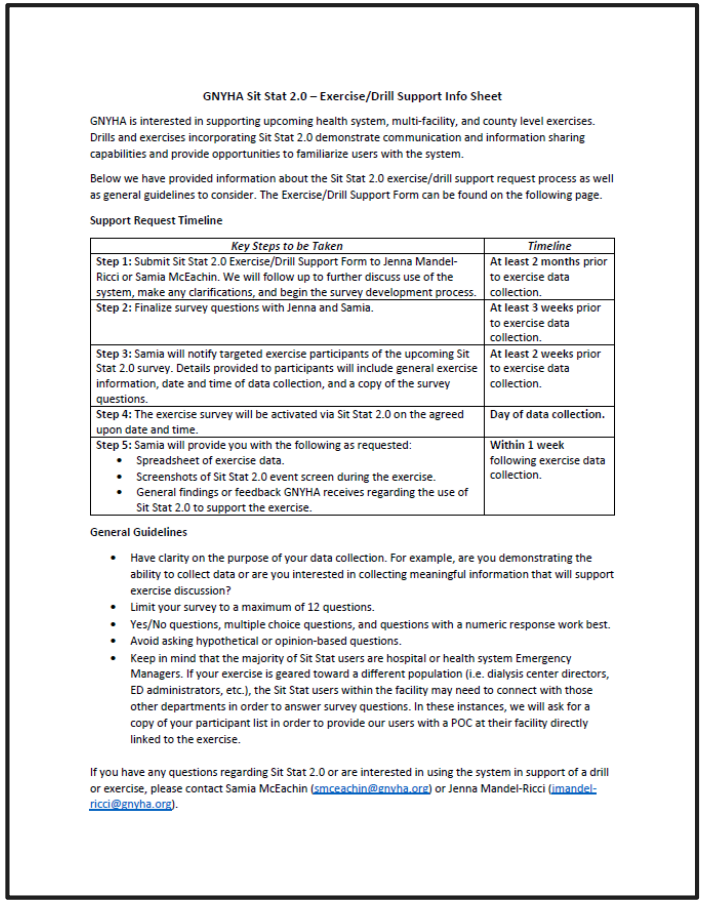
Using Sit Stat 2.0 to Support Drills & Exercises

- **Previous**
  - March 06 – DOHMH Surge Ex (NYC CST)
  - March 29 – DOHMH Special Pathogen Exercise
  - May 07 – Greater Hudson Valley CST
  - May 30 – Brooklyn Coalition Burn Surge Tabletop
  - June 03 – North HELP Tabletop
  - June 06 – EPCOM RRAP Supply Chain Exercise
  - August 07/08 – Coastal Storm Drills
- **Planned / Under Discussion**
  - Potential for hospital parallel play with upcoming NYCEM EOC Exercises
  - DOHMH Coalition Surge Test 2020 – support for interfacility bed matching using standardized bed types

Any new surveys developed in support of external drills or exercises will be brought to the Advisory Council for review and, potentially, further development.

Using Sit Stat 2.0 to Support Drills & Exercises

- Sit Stat 2.0 Exercise/Drill Support Form
  - Support request timeline
  - General survey development guidelines
  - Exercise information
    - Exercise date
    - POC information
    - Scenario and objectives
    - Purpose of data collection
    - Exercise participants



GNYHA Sit Stat 2.0 – Exercise/Drill Support Info Sheet

GNYHA is interested in supporting upcoming health system, multi-facility, and county level exercises. Drills and exercises incorporating Sit Stat 2.0 demonstrate communication and information sharing capabilities and provide opportunities to familiarize users with the system.

Below we have provided information about the Sit Stat 2.0 exercise/drill support request process as well as general guidelines to consider. The Exercise/Drill Support Form can be found on the following page.

Support Request Timeline

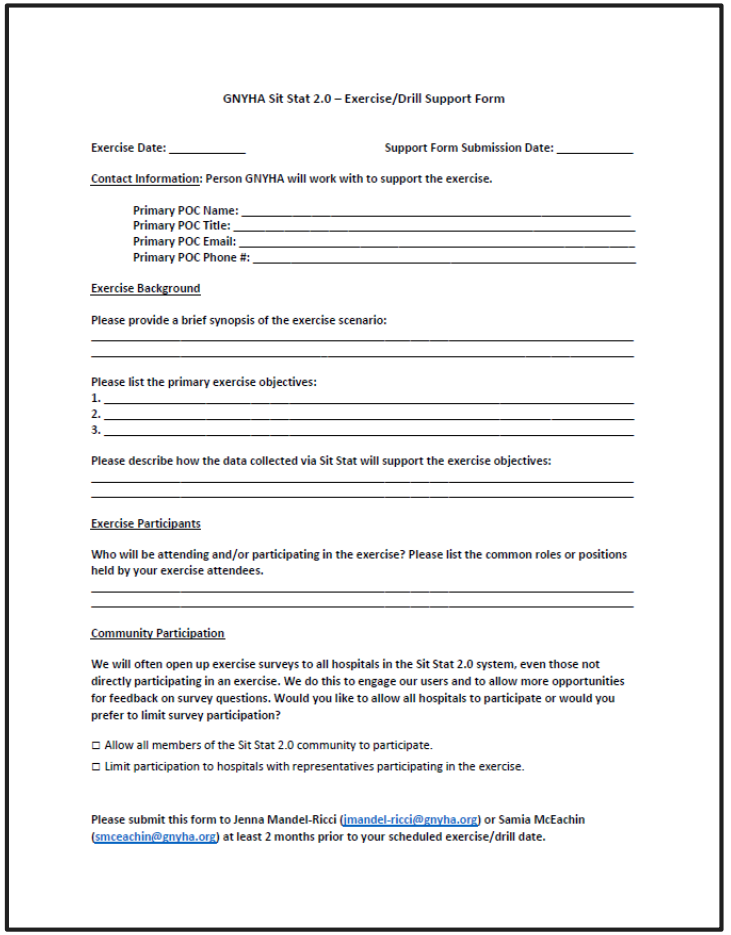
Key Steps to be Taken	*Timeline*
Step 1: Submit Sit Stat 2.0 Exercise/Drill Support Form to Jenna Mandel-Ricci or Samia McEachin. We will follow up to further discuss use of the system, make any clarifications, and begin the survey development process.	At least 2 months prior to exercise data collection.
Step 2: Finalize survey questions with Jenna and Samia.	At least 3 weeks prior to exercise data collection.
Step 3: Samia will notify targeted exercise participants of the upcoming Sit Stat 2.0 survey. Details provided to participants will include general exercise information, date and time of data collection, and a copy of the survey questions.	At least 2 weeks prior to exercise data collection.
Step 4: The exercise survey will be activated via Sit Stat 2.0 on the agreed upon date and time.	Day of data collection.
Step 5: Samia will provide you with the following as requested: • Spreadsheet of exercise data. • Screenshots of Sit Stat 2.0 event screen during the exercise. • General findings or feedback GNYHA receives regarding the use of Sit Stat 2.0 to support the exercise.	Within 1 week following exercise data collection.

General Guidelines

- Have clarity on the purpose of your data collection. For example, are you demonstrating the ability to collect data or are you interested in collecting meaningful information that will support exercise discussion?
- Limit your survey to a maximum of 12 questions.
- Yes/No questions, multiple choice questions, and questions with a numeric response work best.
- Avoid asking hypothetical or opinion-based questions.
- Keep in mind that the majority of Sit Stat users are hospital or health system Emergency Managers. If your exercise is geared toward a different population (i.e. dialysis center directors, ED administrators, etc.), the Sit Stat users within the facility may need to connect with those other departments in order to answer survey questions. In these instances, we will ask for a copy of your participant list in order to provide our users with a POC at their facility directly linked to the exercise.

If you have any questions regarding Sit Stat 2.0 or are interested in using the system in support of a drill or exercise, please contact Samia McEachin (smceachin@gnyha.org) or Jenna Mandel-Ricci (jmandel-ricci@gnyha.org).

(To be completed 2 months prior to exercise)



GNYHA Sit Stat 2.0 – Exercise/Drill Support Form

Exercise Date: _____ **Support Form Submission Date:** _____

Contact Information: Person GNYHA will work with to support the exercise.

Primary POC Name: _____
Primary POC Title: _____
Primary POC Email: _____
Primary POC Phone #: _____

Exercise Background

Please provide a brief synopsis of the exercise scenario:

_____
_____

Please list the primary exercise objectives:

1. _____
2. _____
3. _____

Please describe how the data collected via Sit Stat will support the exercise objectives:

_____
_____

Exercise Participants

Who will be attending and/or participating in the exercise? Please list the common roles or positions held by your exercise attendees.

_____
_____

Community Participation

We will often open up exercise surveys to all hospitals in the Sit Stat 2.0 system, even those not directly participating in an exercise. We do this to engage our users and to allow more opportunities for feedback on survey questions. Would you like to allow all hospitals to participate or would you prefer to limit survey participation?

☐ Allow all members of the Sit Stat 2.0 community to participate.

☐ Limit participation to hospitals with representatives participating in the exercise.

Please submit this form to Jenna Mandel-Ricci (jmandel-ricci@gnyha.org) or Samia McEachin (smceachin@gnyha.org) at least 2 months prior to your scheduled exercise/drill date.

- ***Goal:*** Targeted, more efficient support

Training & Support – Free to GNYHA members

Online Trainings

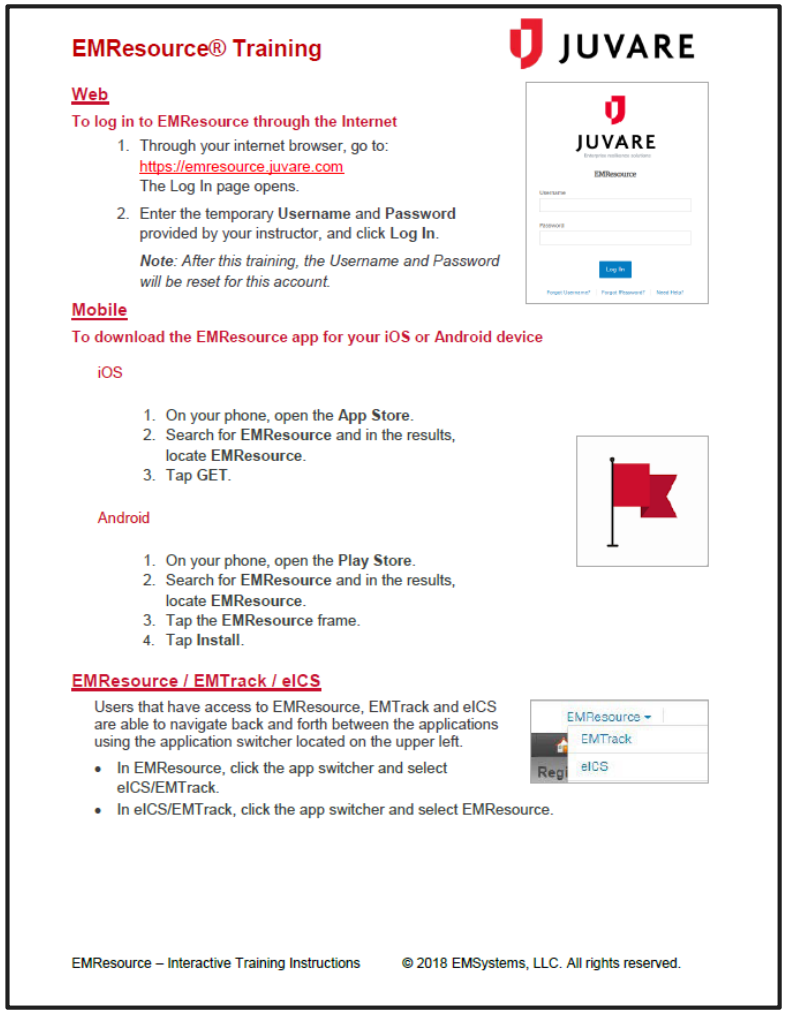
- Basic Sit Stat 2.0 End User Training
- EMResource Administrator Training (access code: gnyha)
- eICS End User Training (access code: gnyha_eics)

Training Documents

- EMResource End User Trainings
- eICS Admin Training

Additional Training Information

- In-person eICS Admin Training
- eICS Learning Community



EMResource® Training

JUVARE

Web

To log in to EMResource through the Internet

1. Through your internet browser, go to: https://emresource.juvare.com
   The Log In page opens.
2. Enter the temporary **Username** and **Password** provided by your instructor, and click **Log In**.

   Note: After this training, the Username and Password will be reset for this account.

Mobile

To download the EMResource app for your iOS or Android device

iOS

1. On your phone, open the **App Store**.
2. Search for **EMResource** and in the results, locate **EMResource**.
3. Tap **GET**.

Android

1. On your phone, open the **Play Store**.
2. Search for **EMResource** and in the results, locate **EMResource**.
3. Tap the **EMResource** frame.
4. Tap **Install**.

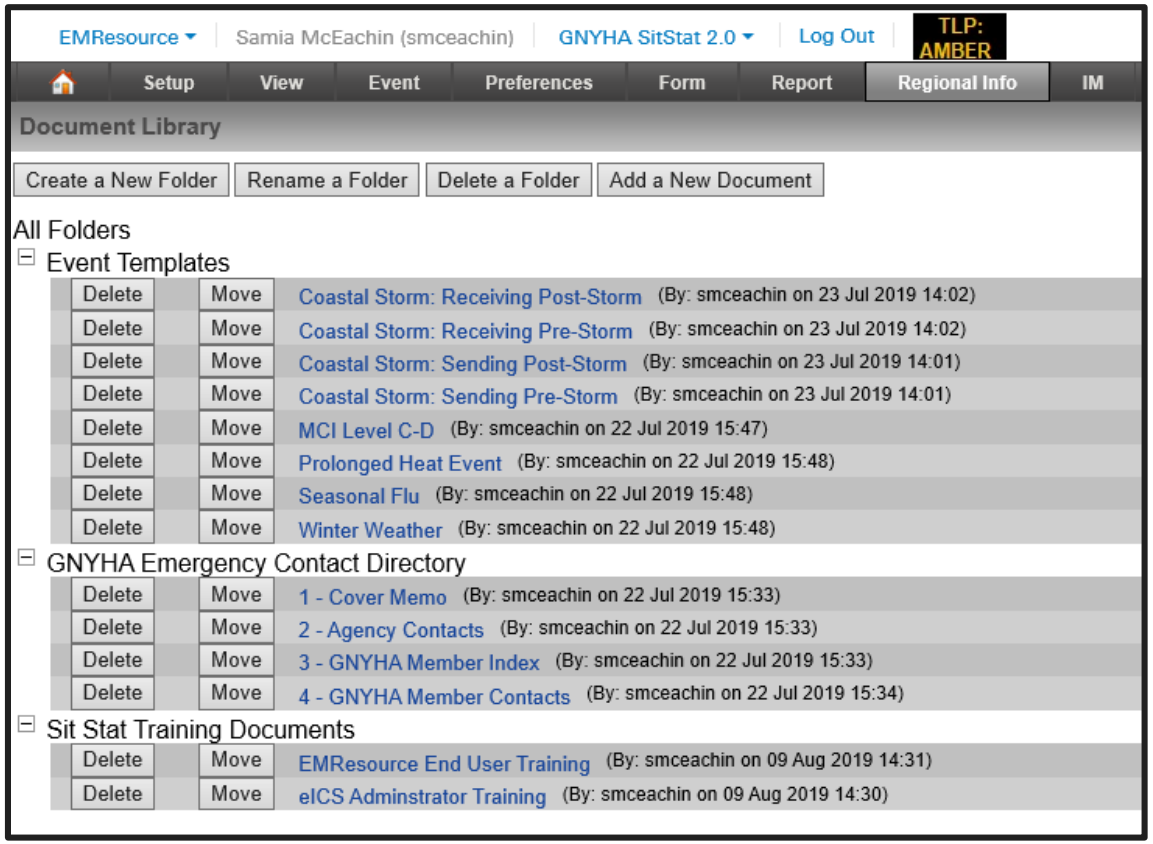
EMResource / EMTrack / eICS

Users that have access to EMResource, EMTrack and eICS are able to navigate back and forth between the applications using the application switcher located on the upper left.

- In EMResource, click the app switcher and select eICS/EMTrack.
- In eICS/EMTrack, click the app switcher and select EMResource.

EMResource – Interactive Training Instructions © 2018 EMSystems, LLC. All rights reserved.

Training & Support: Sit Stat 2.0 Document Library



- *Regional Info → Document Library*
  - Event templates
  - GNYHA Emergency Contact Directory
  - Sit Stat Training Documents

FDNY Hospital MCI Notification Process

GREATER NEW YORK HOSPITAL ASSOCIATION

Transition of FDNY MCI Notifications to the GNYHA Sit Stat 2.0 Platform

Hospital MCI Notifications Expansion Initiative:
Guidance to Support Internal Hospital Planning

Transition of FDNY MCI Notifications to the GNYHA Sit Stat 2.0 Platform

Currently, the New York City Fire Department (FDNY) provides a notification to hospitals via the Emergency Department (ED) red phone when a mass casualty incident (MCI) occurs in the vicinity of the hospital. Notification is provided in accordance with protocols in use since August 2016. Beginning Fall 2019 FDNY will make this notification using GNYHA's Sit Stat 2.0 System. FDNY citywide dispatchers will send a notification through the Sit Stat 2.0 EMResource platform, resulting in notifications to the hospital ED red phone, as well as to a select number of critical roles in the hospital (i.e., Core MCI Notification Group). The purpose of this document is to explain how the new process will work and help hospitals think through internal changes that may need to be considered as a result. This document complements the attached *Hospital MCI Notification Expansion Initiative Planning Worksheet.*

FDNY MCI Hospital Notification Process: Implementation Plan

- **September 12th –** Sit Stat Advisory Council Meeting; incorporating feedback
- **September 27th –** Phase 1 Testing with M3 hospitals (technology)
  - FDNY Dispatch Area M3: Mount Sinai Beth Israel and West, Northwell Lenox Hill Hospital and Lenox Health Greenwich Village, NYC H+H Bellevue and Metropolitan, NYP Weill Cornell, and NYU Langone Tisch Hospital
- **October 4th –** Phase 2 Testing with M3 hospitals (internal workflow)
- **October 21st –** Joint GNYHA/FDNY letter to hospital executives
- **October 29th –** Phase 3 Testing with all 911-receiving facilities (technology)

November 4 – Go Live

Sit Stat 2.0 MCI Notification Process: Logistics

FDNY Dispatcher Side

1. Select event template associated with MCI type (total of 16).
2. Select hospitals to be notified (based on EMS dispatch area).
3. Create the event in Sit Stat, resulting in distribution of hospital notifications.

Hospital Side

1. ED staff person answers Red Phone and acknowledges the notification.
2. Core MCI Group (specific to hospital) receives simultaneous notifications.
3. Activate internal notification and escalation procedures.

Emergency Department Red Phone Notifications

Initial MCI Notification

When an individual answers the ED Red Phone he/she will:

1) Hear a computer-aided reading of the MCI notification message sent by FDNY. For example:

Event Started. ***FDNY MCI: Fire*** *Level A BX1234*

Emergency personnel are responding to a report of a fire in your area. Your facility may receive patients. Anticipated injuries include burns and respiratory impacts.

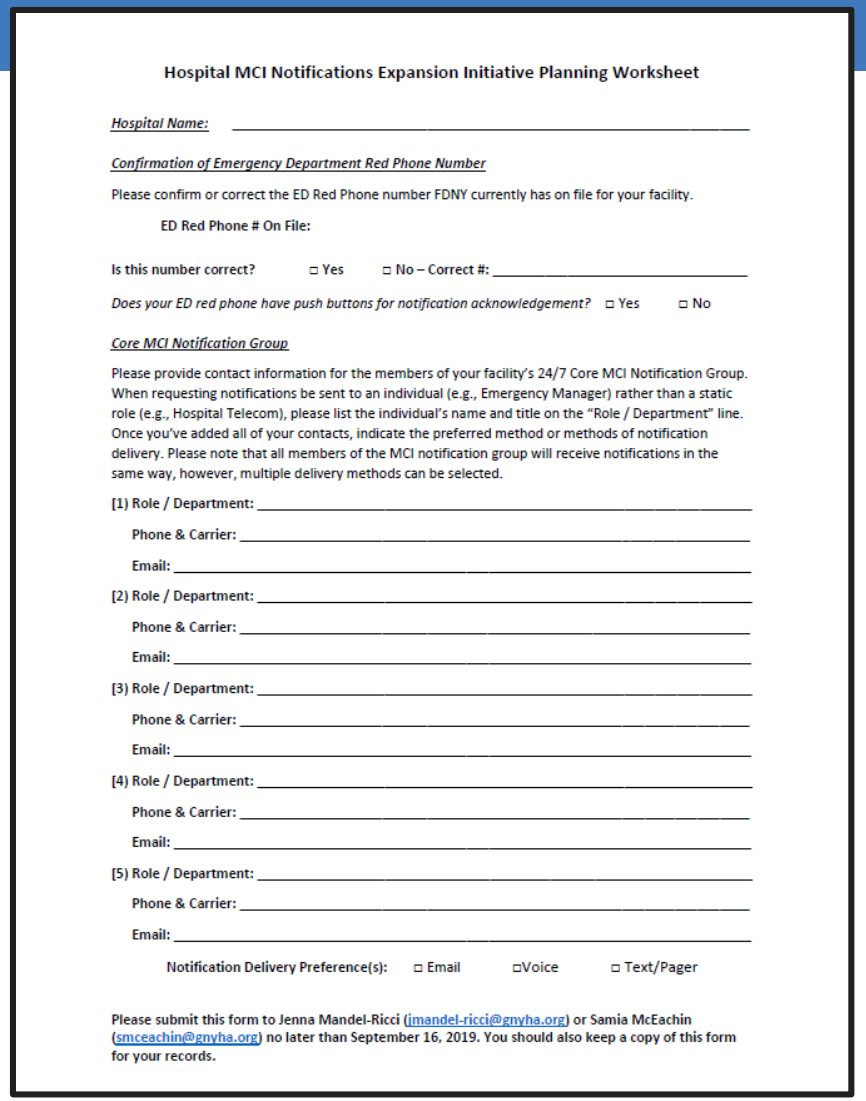
Press 1 to acknowledge receipt of this message.

2) Press #1 to acknowledge the notification and then take internal actions as dictated by the facility's mass casualty response or patient surge plan.

FDNY will have a time-stamped record of the acknowledgement.

Selection of the Core MCI Notification Group

- **This is OPTIONAL and meant to enhance internal activation and expedite response.**
- Simultaneous notification for all FDNY MCI communications via Sit Stat (event start, update, and end/stand-down)
- Recommended departments and 24-hour roles
  - ED Nursing Station, ED Triage Station, Hospital Telcom, Central Security Station, 24/7 EM function, Director or Administrator on Call
- Delivery methods: computer webpage pop-ups, email, text/pager, voice



Hospital MCI Notifications Expansion Initiative Planning Worksheet

Hospital Name: _____

Confirmation of Emergency Department Red Phone Number

Please confirm or correct the ED Red Phone number FDNY currently has on file for your facility.

ED Red Phone # On File:

Is this number correct? □ Yes □ No – Correct #: _____

Does your ED red phone have push buttons for notification acknowledgement? □ Yes □ No

Core MCI Notification Group

Please provide contact information for the members of your facility's 24/7 Core MCI Notification Group. When requesting notifications be sent to an individual (e.g., Emergency Manager) rather than a static role (e.g., Hospital Telecom), please list the individual's name and title on the "Role / Department" line. Once you've added all of your contacts, indicate the preferred method or methods of notification delivery. Please note that all members of the MCI notification group will receive notifications in the same way, however, multiple delivery methods can be selected.

(1) Role / Department: _____
Phone & Carrier: _____
Email: _____
(2) Role / Department: _____
Phone & Carrier: _____
Email: _____
(3) Role / Department: _____
Phone & Carrier: _____
Email: _____
(4) Role / Department: _____
Phone & Carrier: _____
Email: _____
(5) Role / Department: _____
Phone & Carrier: _____
Email: _____

Notification Delivery Preference(s): □ Email □Voice □ Text/Pager

Please submit this form to Jenna Mandel-Ricci (jmandel-ricci@gnyha.org) or Samia McEachin (smceachin@gnyha.org) no later than September 16, 2019. You should also keep a copy of this form for your records.

Using Sit Stat to Expedite Current Notification Processes

Example 1:

Current Process	MCI → FDNY	1 ED Charge Nurse answers **ED Red Phone**	2 ED Charge Nurse calls Telecom	3 Telecom sends mass notification to internal staff*	
Sit Stat Process	MCI → FDNY	1 ED Charge Nurse answers **ED Red Phone AND** simultaneous notification made to Telecom		2 Telecom sends mass notification to internal staff*	

* Internal mass notification group may vary based on MCI level

Example 2:

Current Process	MCI → FDNY	1 ED Charge Nurse answers **ED Red Phone**	2 ED Charge Nurse calls Emergency Manager on Call	3 Emergency Manager briefs Admin. on Call and Nursing Administrator	4 Emergency Manager sends mass notification to internal staff*
Sit Stat Process	MCI → FDNY	1 ED Charge Nurse answers **ED Red Phone AND** simultaneous notifications made to Emergency Manager on Call, Administrator on Call, and Nursing Administrator			2 Emergency Manager sends mass notification to internal staff*

Thank You

For questions, please contact:

Jenna Mandel-Ricci
212-258-5314
jmandel-ricci@gnyha.org

Samia McEachin
212-258-5336
smceachin@gnyha.org

Report – out on BP1 SUPP Deliverables

DARRIN PRUITT, DEPUTY DIRECTOR, BUREAU OF HEALTHCARE SYSTEM READINESS, NYC DOHMH

LES WELSH, EMERGENCY RESPONSE COORDINATOR, OEPR, BUREAU OF HEALTHCARE SYSTEM READINESS, NYC DOHMH

TIMOTHY STYLES, MEDICAL DIRECTOR, OEPR, BUREAU OF HEALTHCARE SYSTEM READINESS, NYC DOHMH

Data provided to DOHMH via deliverables in BP1S (July 1, 2018 to June 30, 2019) - NYC hospitals & networks

- Deliverable 4: Contact information
- Deliverable 6: Citywide surge exercise
- Deliverable 7: Training and planning for training
- Deliverable 8: Protocols for EMResource for MCI notifications
- Deliverable 9: Mass fatality planning

Contact information, BP1S (July 1, 2018 to June 30, 2019) - NYC hospitals & networks

- **Hospitals providing updates to their contact info - 53**
- **Focus area, BP1S was infectious disease related data. Hospitals with contacts for…**
  - Infectious disease 47
  - Infection control 55
  - Hospital epidemiologist 50
  - Clinical lab 53
  - Microbiology lab 49

Deliverable 6: Citywide Surge Exercise Data

- **Healthcare facility participants: 55 hospitals & 7 networks**
  - Evacuating hospitals: 22
  - Receiving hospitals: 33
- **Initial patient census**
  - Evacuating hospitals: 5,874 patients
  - Receiving hospitals: 10,254 patients
- **Top 3 most common bed categories**
  - Adult medical / surgical: 9,406
  - Adult critical care: 1,649
  - Adult psych: 1,508

Deliverable 6: Citywide Surge Exercise Data

- **Top 3 hardest bed matches**
  - Perinatal NICU (levels 1 &3)
  - Adult addiction
  - Geriatric psych
- **Top 3 easiest bed matches**
  - Adult rehabilitation:
  - Adult medical / surgical
  - Adult critical care
- **Percent of unmatched transportation requests by TAL**
  - TAL 1: 27%
  - TAL 2: 7%
  - TAL 3: 66%

Data describing training in BP1S (July 1, 2018 to June 30, 2019) – NYC hospitals & networks

- **Response/submitted deliverable: 82%**
- **Staff trained**
  - All: 47,345
  - Networks: 38,028
  - independent hospitals: 9,317
- **Clinical v. non-clinical**
  - Clinical: 22,607
  - Non-clinical: 24,738

- **Topics ranked by numbers trained**
  1. Emergency Management & Workplace Safety (28,593)
  2. Active shooter (7,678)
  3. Infection Prevention & Control (3,930)
  4. HICS (3,831)

Deliverable 8: Develop protocols to reflect use of EMResource for MCI Notifications

Independent Hospitals

- **Participating hospitals**
  - 911-receiving 9 of 12
  - Non 911-receiving 3 of 3

	Hospital text, email, or app notification	Red phone only
911-receiving	7	2
non 911	3	N/A

Network Hospitals

- **Participating hospitals**
  - 911-receiving 37 of 37
  - Non 911-receiving 2 of 2

	Hospital text, email, or app notification	Central Monitoring by EM staff	Red phone only
911-receiving	23	9	5
non 911	2	N/A	N/A

Deliverable 9: Mass Fatality Planning

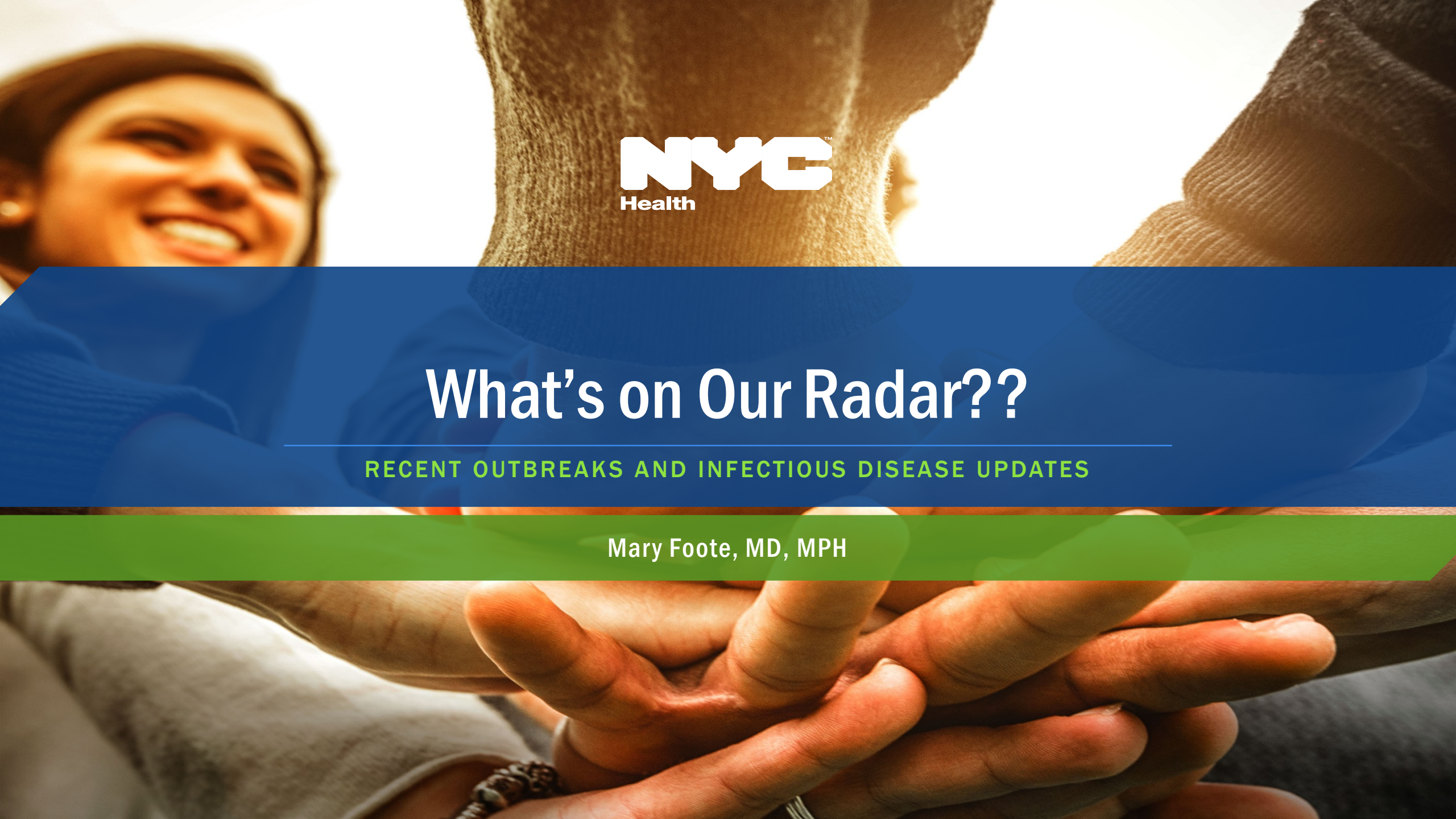
Independent Hospitals (12 of 15 participated)	
Average Onsite Capacity:	11.5833
Number expecting to request BCPs:	12
Number that submitted Long/Lat for BCP location:	12
Number Indicating BCP location is:	
Adjacent to Loading Dock:	7
Has Public View Concerns:	6
Has Security Cameras:	12
Close Proximity to HVAC:	3
Access to Grid Power:	7
Facilities have identified staff for BCP or developed JIT training?	12

Network Hospitals (39 of 39) participated)	
Average Onsite Capacity:	15.15
Number expecting to request BCPs:	26
Number that submitted Long/Lat for BCP location:	*37
Number indicating BCP location is (of 26):	
Adjacent to Loading Dock:	19
Has Public View Concerns:	10
Has Security Cameras:	22
Close Proximity to HVAC:	9
Access to Grid Power:	15
Facilities have identified staff for BCP or developed JIT training (of 26)?	11

Networking Break

Infectious Diseases: What's on the Radar

MARY FOOTE, SENIOR MEDICAL COORDINATOR FOR COMMUNICABLE DISEASE PREPAREDNESS, BUREAU OF HEALTHCARE SYSTEM READINESS, NYC DOHMH



What's on Our Radar??

RECENT OUTBREAKS AND INFECTIOUS DISEASE UPDATES

Mary Foote, MD, MPH

Candida auris

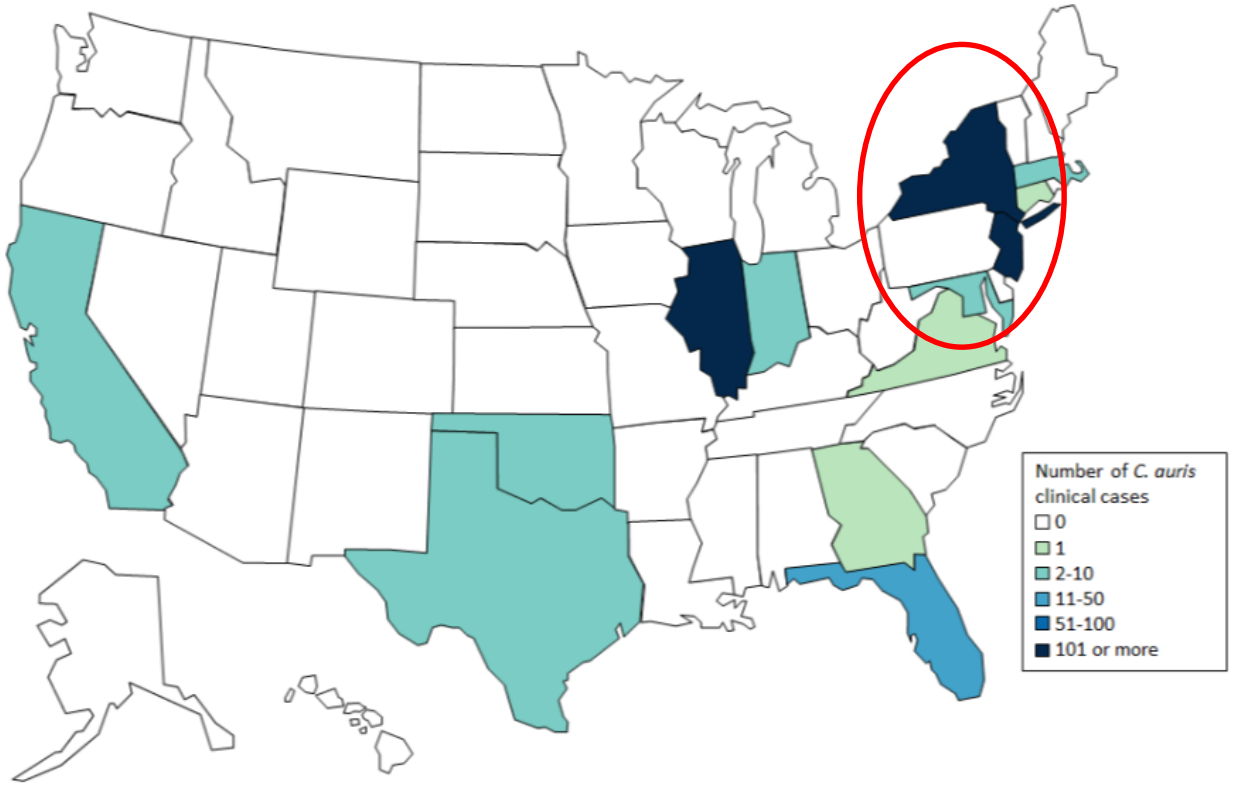
Candida auris

- Emerging fungus that presents a serious global health threat for 3 main reasons:
  1. Often multidrug-resistant, including those commonly used to treat *Candida*
  2. Difficult to identify with standard laboratory methods
  3. Causes outbreaks in healthcare settings → REALLY hard to get rid of
- Invasive infections are associated with high morbidity and mortality
- Assessment and messaging are complicated due to many unknowns and distinction between active infection and colonization

Candida auris in NYS

- NYS has the highest burden in the US
- As of August 16, 2019, **378** clinical cases and **514** screening cases in NYS
- As of September 11, 2019, **799** clinical cases in the US
- Primarily concentrated among interconnected hospital and nursing home in NYC

U.S. Map: Clinical cases of *Candida auris* reported by U.S. states, as of July 31, 2019



Cases are categorized by the state where the specimen was collected. Most probable cases were identified when laboratories with current cases of *C. auris* reviewed past microbiology records for *C. auris*. Isolates were not available for confirmation. Early detection of *C. auris* is essential for containing its spread in healthcare facilities.

C. Auris - What's the Risk?

Risk factors:

- **Time in hospitals/post-acute care with lines or tubes**
- **Others: recent surgery, diabetes, broad-spectrum antibiotic and antifungal use**
- **Aim of control is to protect vulnerable patients**
  - Infection control
  - antimicrobial stewardship

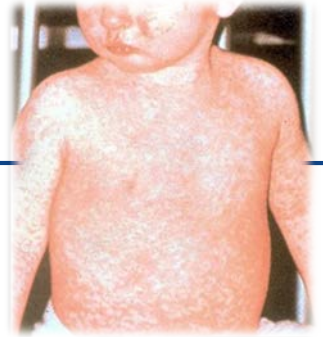
Accessible version: https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html

Implementation of Personal Protective Equipment in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs)

Updated: July 26, 2019

Measles

New York City, 2018-2019



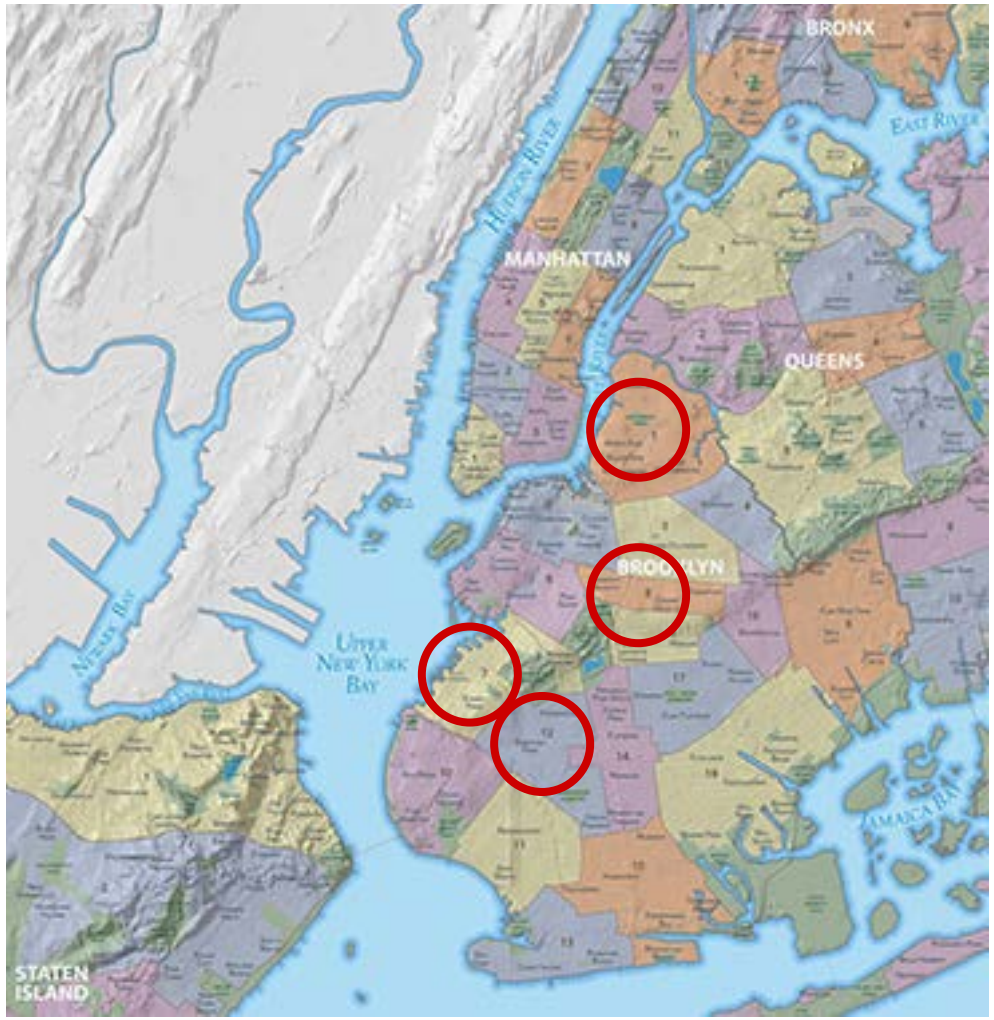
CNN Health » Food | Fitness | Wellness | Parenting | Live Longer Live TV U.S. Edition +

New York City declares a public health emergency amid Brooklyn measles outbreak

Background: 2018-2019 Measles Outbreak

- **Large measles outbreaks in Israel**
  - >4,100 cases from March 2018 through April 2019
  - Orthodox Jewish community
- **Outbreak in NYC**
  - **654** cases, as of August 2019
  - Began in October 2018 with an unvaccinated child from Brooklyn who acquired measles in Israel
  - Multiple importations from Israel, UK, Ukraine, Rockland County, NY and NJ
  - Largest U.S. outbreak since 1992*

*CDC. Measles—United States, 1992. MMWR 1993



Focus in Orthodox Jewish neighborhoods **Williamsburg and Borough Park,** Brooklyn

Previous community transmission in Sunset Park (mostly non-Orthodox Jewish)

Demographics of Cases

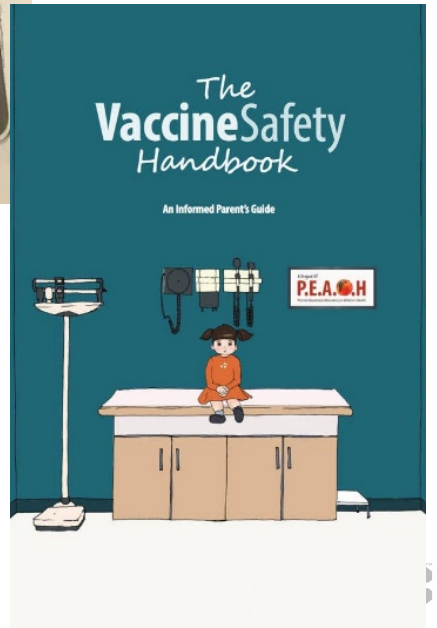
- **Gender**
  - Overall: 61% male, 39% female
- **Orthodox Jewish religion***
  - Overall: 93% Orthodox Jewish
- **Hispanic***
  - Overall: 6% Hispanic

*Assumed based on name, language spoken; not necessarily by self-report
As of July 29, 2019

Why Did This Outbreak Occur?

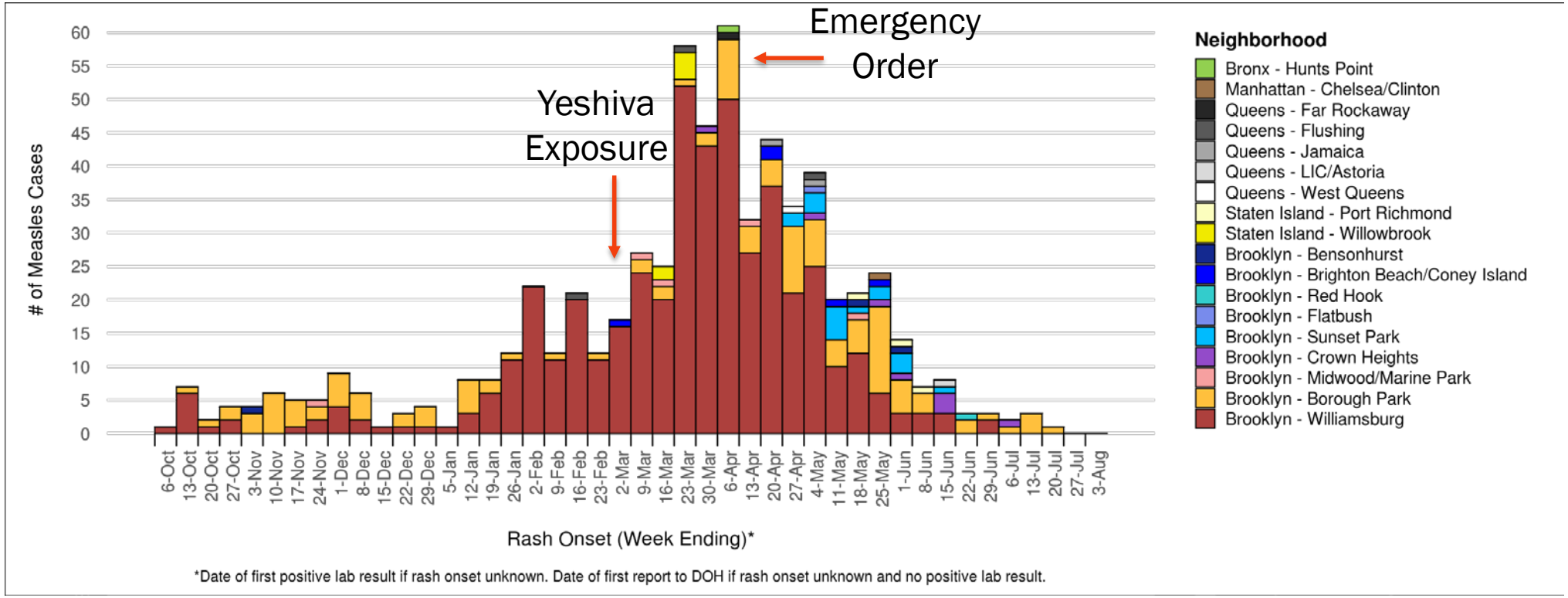
- Multiple importations
- Vaccine delays and hesitancy
- Spreading of misinformation and anti-vaccination propaganda
- Multiple exposures
- Large household size, congregate gatherings
- Parents not seeking medical care for infected children
- Retrospective cases identified through serology
  - No opportunity to implement control measures

Antivaxx propaganda materials



Measles Cases By Date of Rash & Neighborhood

N=642



*As of July 29, 2019

Why Didn't the Outbreak Spread?

- **Largely limited to Orthodox Jewish communities in Williamsburg and Borough Park, Brooklyn**
  - Insular communities
- **High overall vaccination rates in NYC**
- **Public/charter schools: 98.7% compliance with school immunization requirements***
- **Private schools: compliance and complete vaccination with school immunization requirements**
  - All private schools: 98%, 94% (all antigens)
  - Orthodox Jewish schools: 97% MMR, 92% (all antigens)

Complications

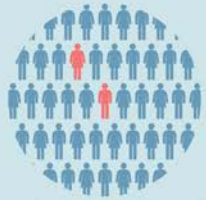
*As of July 29, 2019

- Hospitalizations: 52
  - ICU admissions: 19
- Pneumonia: 34
- Otitis media: 62
- Diarrhea: 94
- No deaths occurred in NYC

Measles Can Be Serious

About 1 out of 4 people who get measles will be hospitalized.

1 out of every 1,000 people with measles will develop brain swelling due to infection (encephalitis), which may lead to brain damage.



1 or 2 out of 1,000 people with measles will die, even with the best care.

Post Measles Complications

- **Subacute sclerosing panencephalitis (SSPE)**
  - Rare but fatal complication
  - Develops 7-10 years after measles infection
- **Impact on immune response**
- **Immune-amnesia theory**
  - Knocks out cells that produce antibodies
  - Your immune system can't recognize and fight off infections it's already been exposed to (or vaccinated against)
  - Effect can last up to 2-3 years

Exposures

- **>21,000 exposed persons***
  - Mainly in medical facilities
  - Highlights importance of screening
- **Factors associated with these exposures**
  - Lack of negative pressure rooms
  - Exposures before rash onset
  - Inadequate isolation and delays in case reporting
- **21 cases acquired in healthcare facilities**

*As of June 10, 2019

Healthcare System Support

- Cadre of healthcare facility liaisons (MDs and nurses)
- Deployed DOH staff at a high volume facility at the epicenter of the outbreak to assist with potential exposures
- Healthcare guidance developed
  - Clinic and hospital screening protocols
  - Infection control
  - Healthcare worker immunity
- MRC staff to support entry screening at 2 outpatient clinics
- On-site infection control assessments and technical assistance

NYC Health

Preventing Measles in Health Care Settings During an Outbreak

CONTENTS

Background 1
Clinical Presentation 1
Transmission and Infection Control 1
Healthcare Exposure 2
Reporting 2
Helpful Hints for Preventing Measles Transmission During an Outbreak 2
- Display Signage .....
- Implement Screening .....
- Additional Control Measures for Outpatient Facilities in Affected Neighborhoods .....
- Increase Staff Awareness .....
- Implement Systems to Enhance Identification of High-Risk Patients .....
- Patient Movement Considerations .....
- Ensure Employee Health and Safety .....

Additional Resources .....

BACKGROUND

Since October 2018, there has been a measles outbreak in specific neighborhoods of Brooklyn and Rockland and Ora Counties in New York State. Nearly 90% of cases have been in unvaccinated children. For up to date information on outbreak in NYC, go to https://www1.nyc.gov/site/doh/health/health-topics/measles.page

Infection Control Guidance

MEASLES IN NYC

Jennifer Rosen, MD

Director of Epidemiology and Surveillance

Bureau of Immunization

New York City Department of Health & Mental Hygiene

June 12, 2019

Provider Webinar and Calls

Outpatient Measles Readiness Assessment

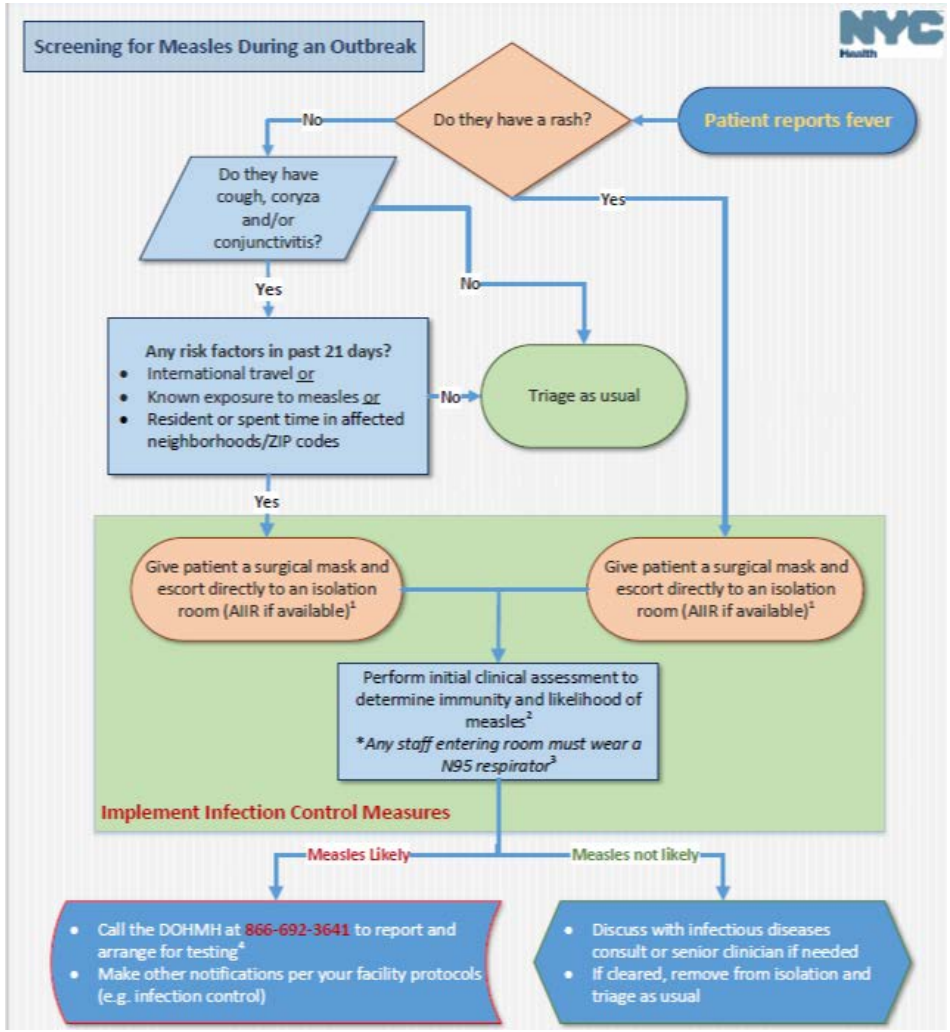
NYC Health — NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Oxiris Barbot, MD
Commissioner

Outpatient Infection Control Checklist for Measles

Facility name: _____ ***Date:*** _____

Domains	
1. Identification and screening ☐ Signage at entry and in common areas ☐ Automated message on your main call line ☐ Signage in physician areas (rash and triage posters) ☐ Flags on charts of exposed patient ☐ There are written measles screening protocols which include i. Who, what, when, where ii. Pre-screening of scheduled patients	**2. Staff training and expectations** ☐ Staff are trained on facility protocols i. Who is trained? ii. Who delivers training? iii. Method for maintaining situational awareness and sharing updates ☐ How to recognize measles ☐ Notification and reporting to DOHMH ☐ Testing for measles
3. Infection control and isolation protocols ☐ There are written measles infection control and isolation protocols ☐ There is a designated isolation room(s) ☐ Scheduled patients are pre-screened for measles symptoms ☐ Suspect patients scheduled at end of day ☐ Flag patients due for MMR ☐ All clinic staff immunity has been verified and documented	**4. Supplies and infrastructure** ☐ Masks and hand hygiene supplies readily available throughout clinic ☐ Measles Protocols are posted and/or accessible at registration desk and other staff areas ☐ Adequate stock of MMR available ☐ Supplies for measles testing available ☐ Separate entrance identified for suspect patient entry and exit ☐ Isolation room placement minimizes exposure risk to other patients and staff

Inpatient and Outpatient Triage algorithms



SAMPLE OUTPATIENT MEASLES SCREENING PROTOCOL

The following is a sample protocol to be used for assessing **patients and family members** before entering the building.

Ideally, the presence of fever would be assessed by both history (fever over past 24 hours) and by manual check (Temp > 100°F).

If	Then
Patients and family • Born before 1957	Cleared for entry
Patients and family • NO FEVER • NO RASH	Cleared for entry
Patients and family UNDER 18 • With 2 documented MMRs or Titer • Regardless of symptoms	Cleared for entry
Patients or family 18 OR OVER • With Fever • With Rash	Give patient a mask and call nurse; redirect to designated alternative rooms with exposure precautions
Patients or family UNDER 18 • With Fever • With Rash • Incomplete MMRs or no proof	Give patient a mask and call nurse; redirect to designated alternative rooms with exposure precautions

*For more detailed information on preventing measles exposures at your facility please refer to our guidance: *Preventing Measles in Healthcare Settings During an Outbreak*.

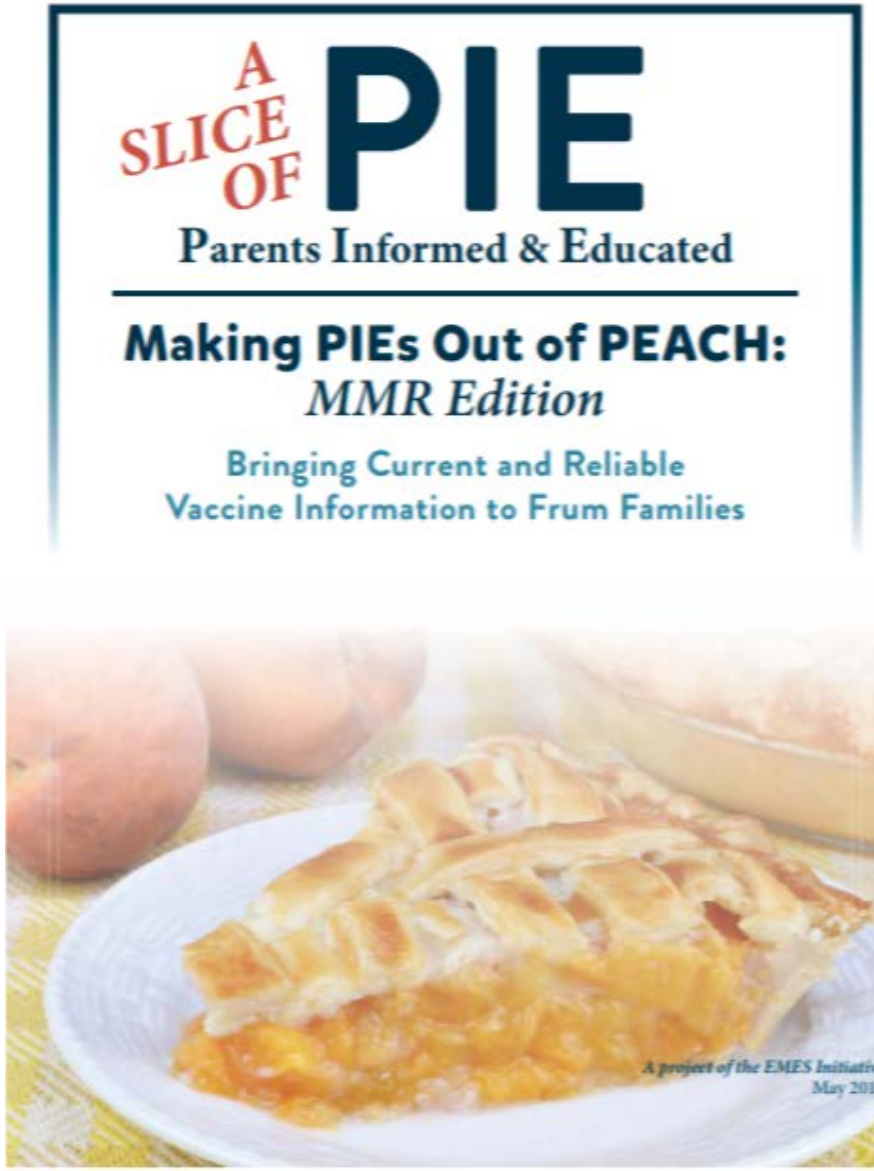
Provider Outreach

- Multiple health alerts and presentations to clinicians
- Multiple guidance documents
- Reminders to recall unvaccinated patients
- Clinical and infection control consultation
- Distribute posters and pamphlets in English and Yiddish to medical facilities
- Ensure providers have enough MMR vaccine on hand
- Assist with post-exposure prophylaxis for exposed persons

Community Outreach and Engagement

- Print ads and social media specific to Orthodox community
- Press release, media interviews/articles
- Met with rabbinical and community leaders, elected officials
- Partner with Jewish Orthodox Women's Medical Association and Vaccine Task Force on educational outreach
- Distribute 29,000 copies of pro-vaccination booklets geared to Orthodox community

Credit: The Vaccine Task Force of the EMES Initiative (Engaging in Medical Education with Sensitivity)



nyc.gov/health/measles

Increases in Vaccination in Children*

- **NYC, Citywide**
  - 88,412 MMR doses administered
  - Represents an additional 22,522 doses vs. the same period last year (34% increase)
- **Williamsburg, Brooklyn**
  - 5,513 MMR doses administered
  - Represents an additional 2,307 doses vs. the same period last year (72% increase)

*April 9, 2019 (emergency order issued) to July 29, 2019;
Ages 6 months to 18 years

Lessons Learned

- **Identify population and communities at risk**
  - Sources: school immunization compliance, NYC Citywide Immunization Registry
  - Geography, religion, or ethnicity
- **Cultural sensitivity, translations**
- **Establish relationships before an outbreak**
  - Providers
  - DOH Liaison
  - Community engagement
    - Including organizations and leaders

Lessons Learned

- **Risk communication**
  - Don’t underestimate the power of misinformation
  - Provide swift and culturally appropriate counter messaging
  - Meet affected communities where they are
  - Be mindful of stigma risks
- **Integrate social sciences into preparedness and response**
  - Provide providers with tools to discuss vaccines
  - Counter vaccine hesitancy
- **Infection control, infection control, infection control!!!**

The New York Times

Measles Outbreak: N.Y. Eliminates Religious Exemptions for Vaccinations

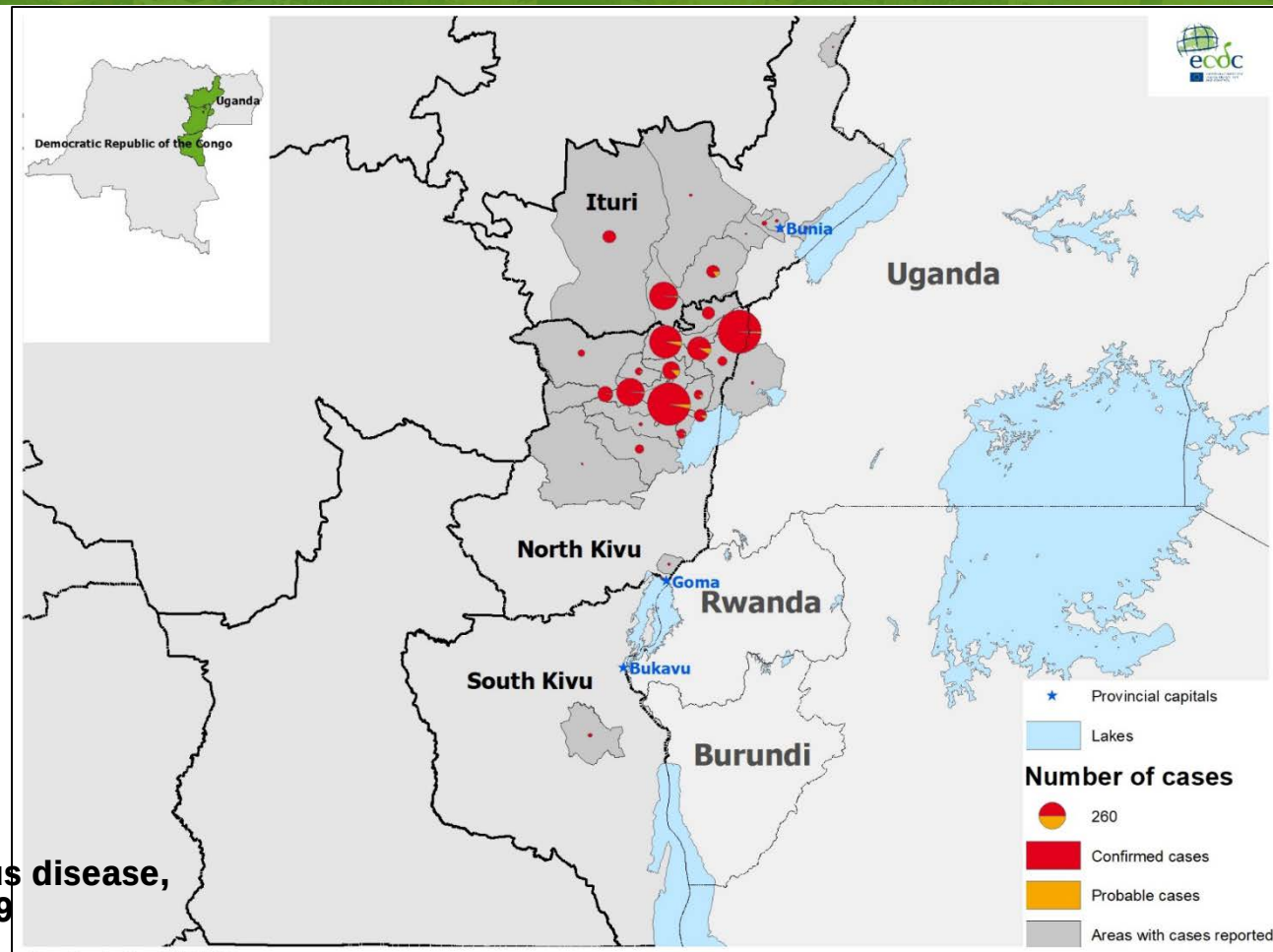
New York, where measles has spread in ultra-Orthodox Jewish communities, joins California and a handful of other states in revoking religious exemptions.

June 13, 2019

What's on Our Radar?

Ebola in the Democratic Republic of the Congo (DRC)

- August 2018 → outbreak declared
- Outbreak near **international borders**
- July 2019 → Declared Public Health Emergency of International Concern
- Not considered as global threat
- Total cases = **3,168**, Deaths = **2,115**, CRF = **67%**



Geographical distribution of confirmed and probable cases of Ebola virus disease, Democratic Republic of the Congo and Uganda as of 18 September 2019

Ebola in DRC: Challenges

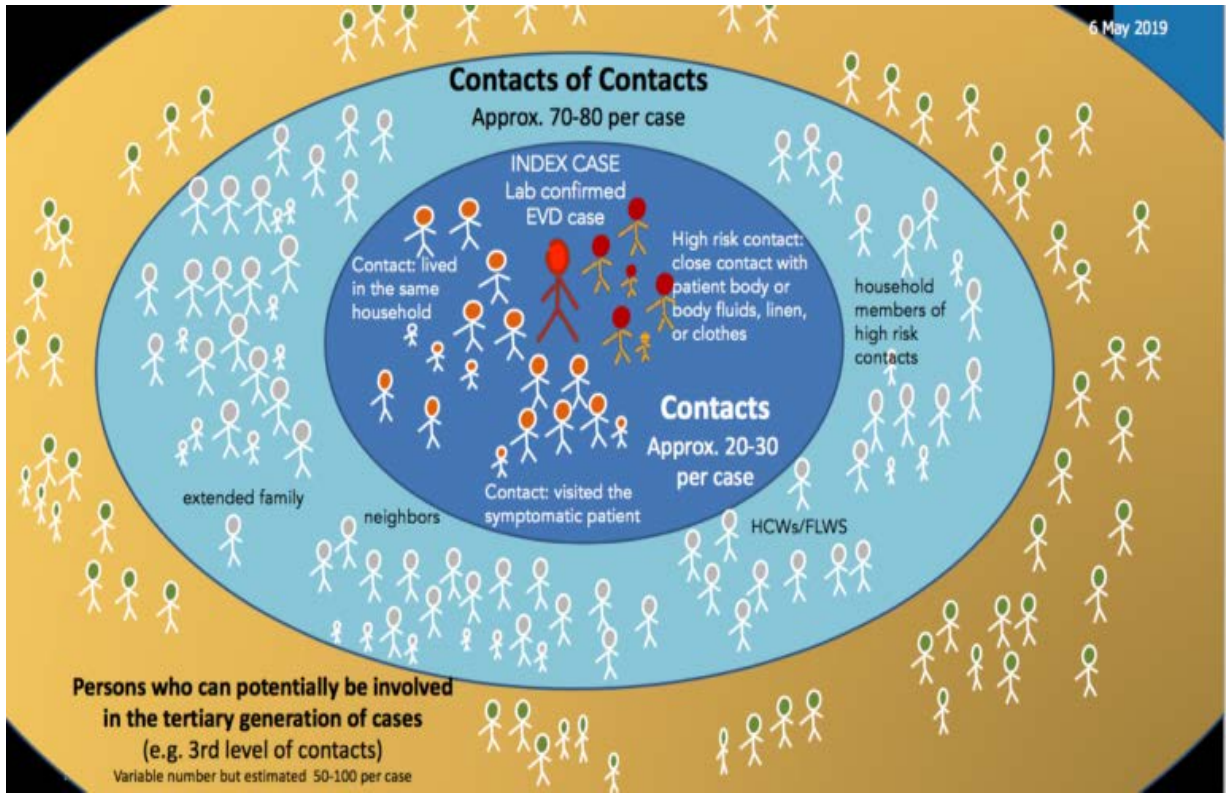
- **Insecurity +++**
  - Community distrust of authorities
  - Violence against health workers, resistance to vaccination and treatment, Infection of health care workers
  - Healthcare transmissions, unregulated/informal care
- **Unknown chains of transmission**
  - 30-40% of cases are known contacts
  - Community deaths
- **Women and children disproportionately affected**
  - 62% female (caregivers, funeral attendance)
  - Children accounting for 40% of deaths

Measles in DRC

- **Significant breakdown in public health systems**
  - Measles immunization rate of 57% in 2018
- **Now the worlds largest outbreak of measles**
- **Has caused >3,500 deaths → more than Ebola**
  - All in children
- **Symptoms can be confused with Ebola**
- **Possible increase in susceptibility to Ebola??**

Credit: WHO Africa

Ebola Vaccines



- Merck's V920 vaccine being used for ring vaccination (aka: rVSV-ZEBOV-GP)
- Protection in ~10 days
- Has been >97% effective
- Merck applied for FDA approval
  - could come as early as March, 2020
- Johnson & Johnson vaccine to be deployed for "at-risk" populations

https://www.who.int/csr/resources/publications/ebola/ebola-ring-vaccination-results-12-april-2019.pdf

Promising Ebola Therapeutics

PALM Trial (November 2018)

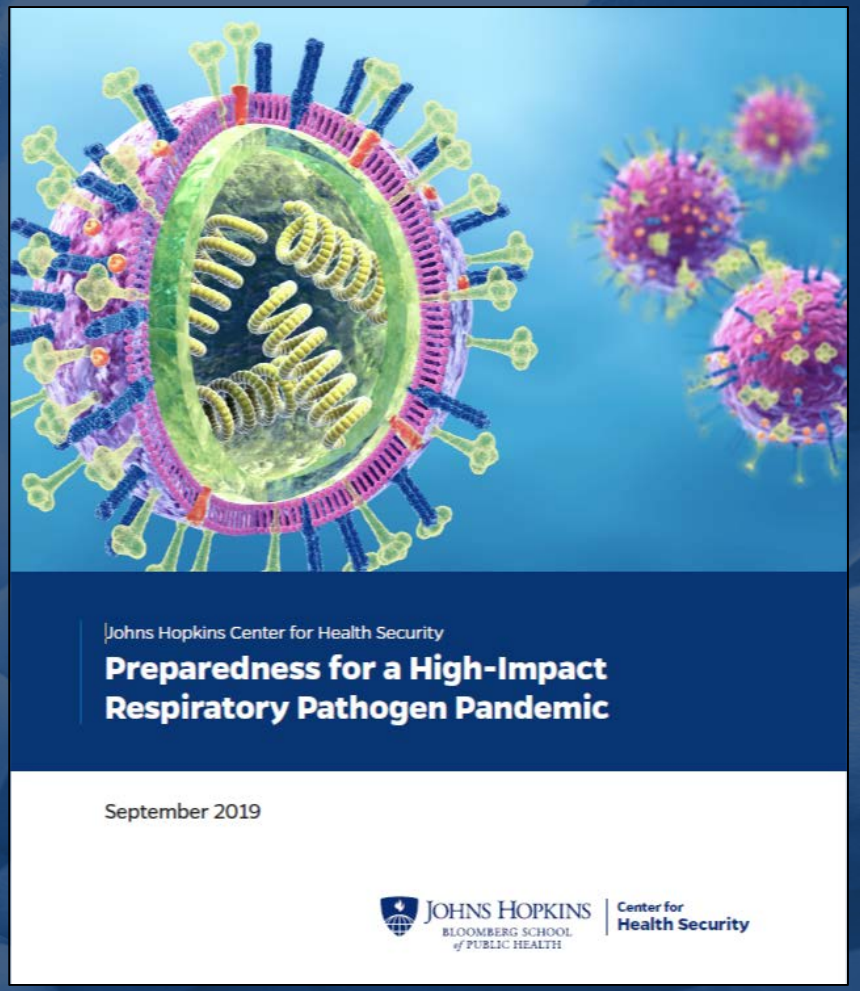
- Randomized control trial at 4 Ebola treatment centers (ETCs)
- 4 experimental treatments
  - 3 Ebola antibodies + 1 antiviral medication
- August 2019 → study halted
  - Two treatments will continue in expanded trial at all ETCs

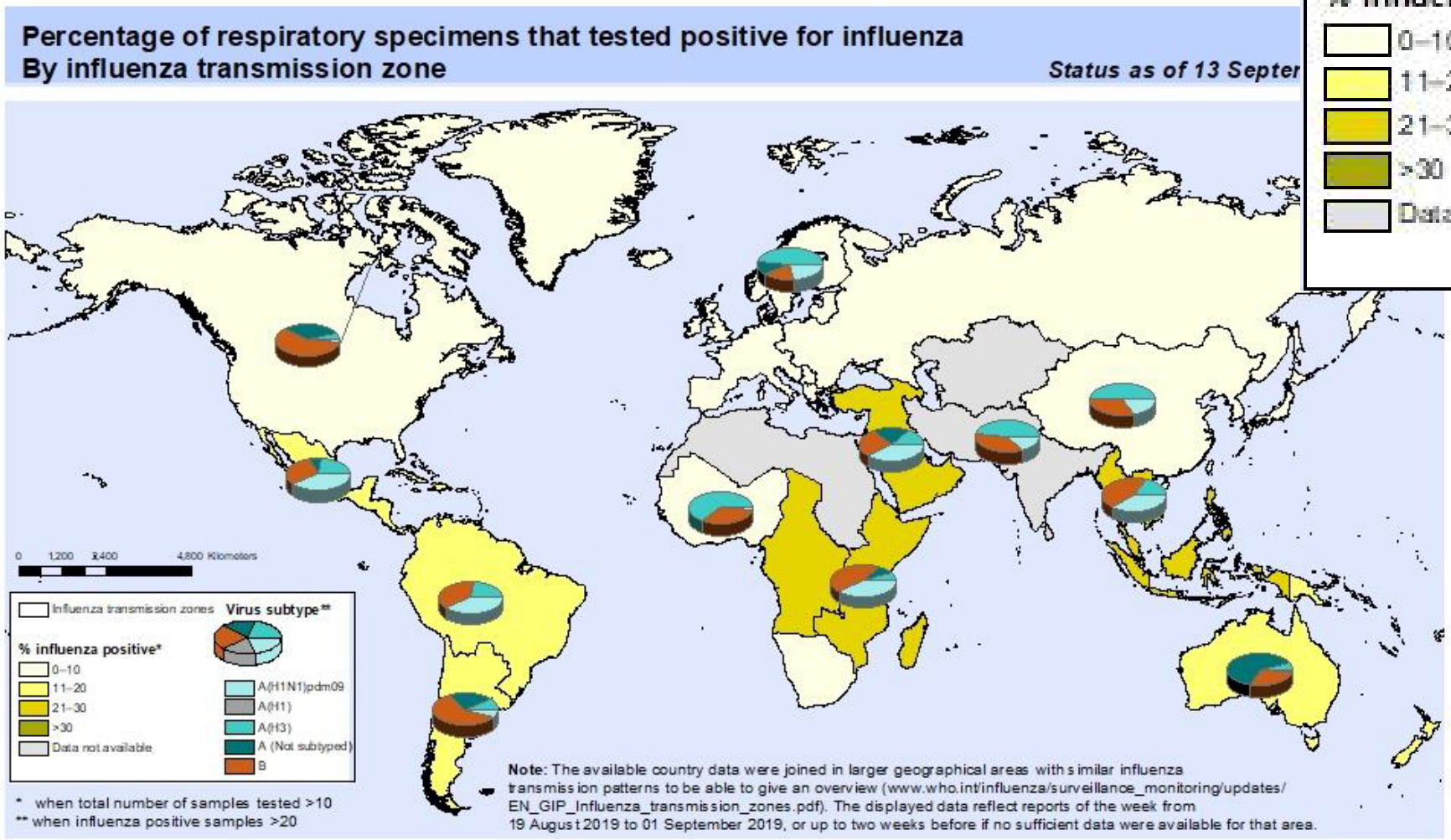
Mortality rates from 499 patients

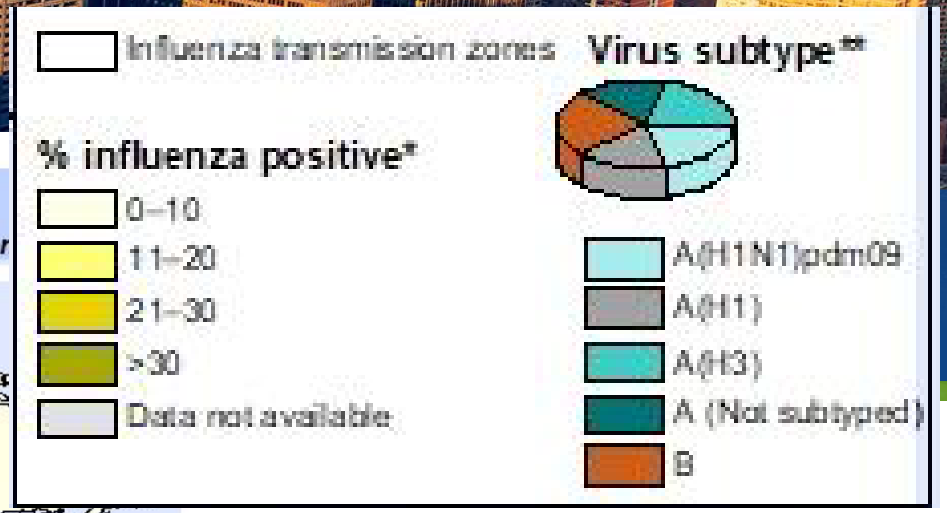
- REGN-EB3 = 29%*
- mAb114 = 34%
- Zmapp = 49%
- Remdesivir = 53%

**Mortality 6% with early initiation*

Influenza and Pandemic Preparedness







The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source:
Global Influenza Surveillance and Response System (GISRS),
FluNet (www.who.int/flunet)

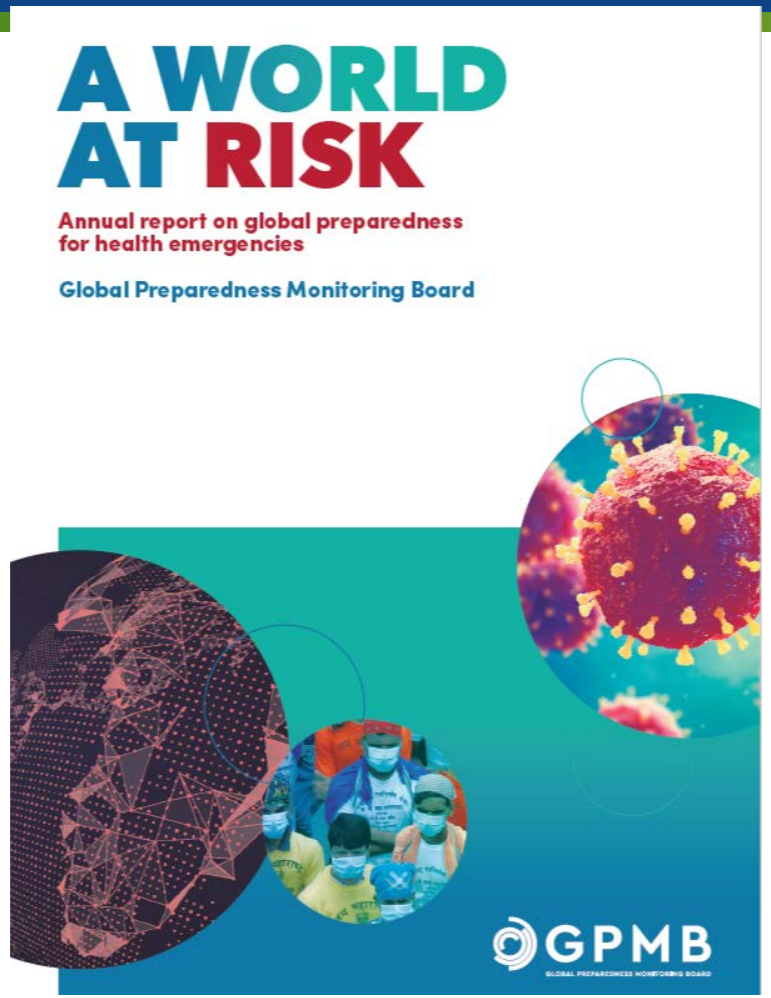
World Health Organization

Flu 2019-2020

- Bad season in Southern hemisphere
- What does that say about North American season?

Pandemic Preparedness

- **Chances of global pandemic increasing**
  - Not just influenza
- **2019 analysis of global systems**
  - Found weakness in political, financial and logistical state of pandemic preparedness
- **Impact of pandemic similar to 1918**
  - 80 million deaths
  - Cost 4.8% of global GDP ($3 trillion)
- **Global call to action**



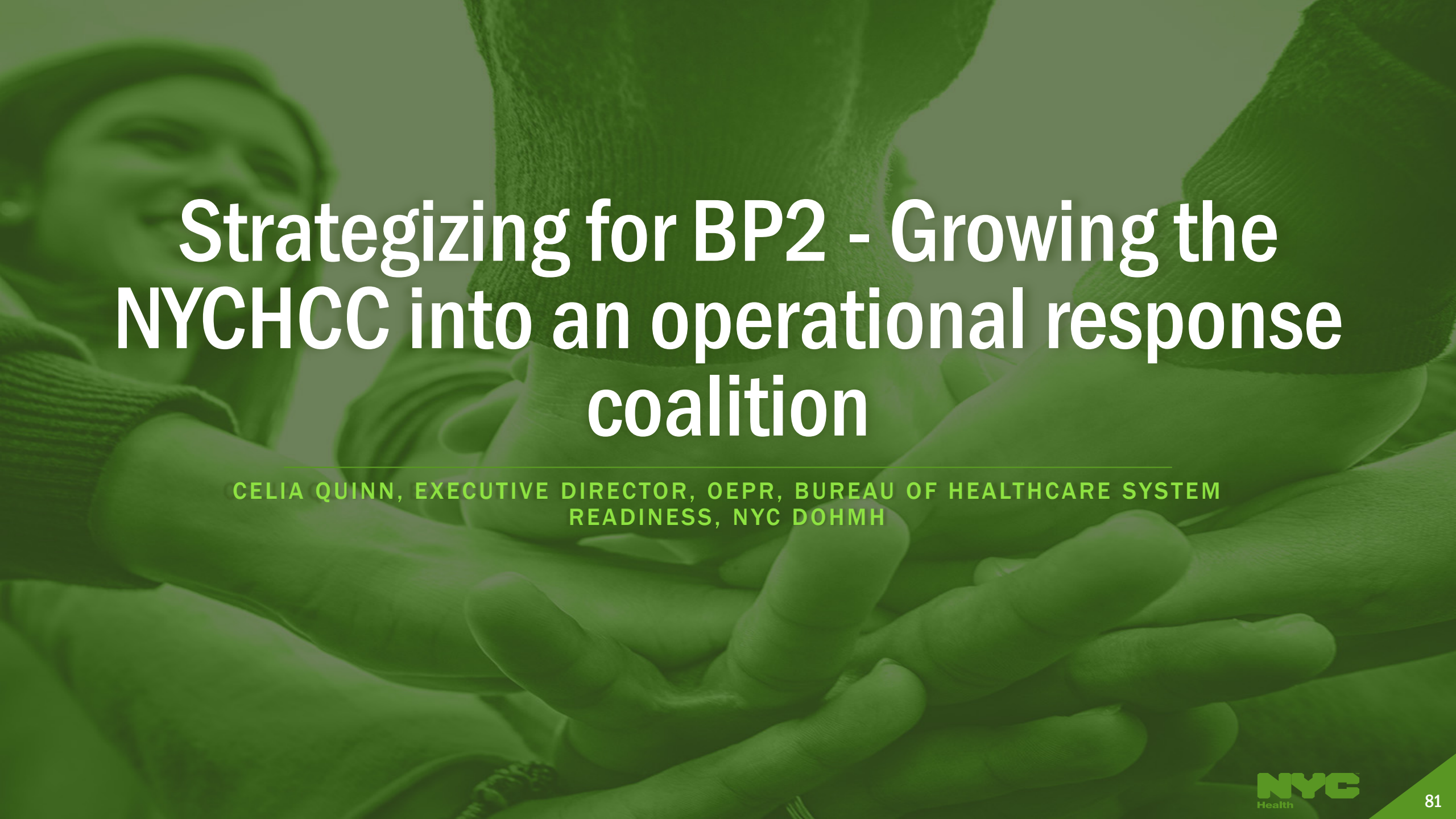
https://apps.who.int/gpmb/annual_report.html

Resources for outbreaks and travel-related illnesses

- DOHMH *Current New York City, U.S., and International Infectious Disease Outbreaks*: https://www1.nyc.gov/site/doh/providers/reporting-and-services-main.page
- Travel Clinical Assistant (TCA): dph.georgia.gov/TravelClinicalAssistant
- CDC Travel Health Notices: www.cdc.gov/travel/notices
- HealthMap (search for outbreaks by region, state or country): healthmap.org
- ProMED: promedmail.org

Questions?

- Mfootemd@health.nyc.gov
  - 347.396.2686



Strategizing for BP2 - Growing the NYCHCC into an operational response coalition

CELIA QUINN, EXECUTIVE DIRECTOR, OEPR, BUREAU OF HEALTHCARE SYSTEM READINESS, NYC DOHMH

NYC Health Care Coalition Update

Vision

- **Move the NYCHCC toward a more functional, operational model that can better support members in preparedness and response**
- **All NYCHCC members are able to contribute to the development of annual workplan and budget that supports our shared goal of a prepared and resilient healthcare system in New York City**
- **Working collaboratively, the NYCHCC identifies the highest impact projects to fund with increasingly limited federal funds**
- **What can we achieve if we are able to do this?**
  - Fund joint projects that serve the collective: situational awareness function, improved medical coordination, joint purchasing, standardized training, etc
  - Make meaningful progress toward a robust healthcare response to emergencies

Background and Purpose

- **DOHMH is seeking to increase the involvement of NYC Health Care Coalition (HCC) members in the development of the annual application for HPP funds**
  - Provide input to the budget proposal
  - Assist in developing grant application workplans and activities for funded projects
- **Activities, projects, and budget proposals are constrained by National HPP and must:**
  - Meet all program requirements at Recipient and HCC level
  - Follow federal regulations for use of grant funds
- **Today we will take a step in that direction by reflecting on recent projects and activities, and discussing a few possibilities for NYCHCC priority projects for BP2**

Where we are and how we got here....

Previous Approaches

- **Broad stakeholder engagement at strategic level**
  - Healthcare Coalition development process (2012)
  - Healthcare Readiness Project (2014)
  - NYC HPP Program restructuring (2015-2016)
  - Healthcare System Playbook (2017)
  - Strategic Planning for Facilities and Medically Vulnerable Populations unit (2018-2019)
- **DOHMH takes responsibility for ensuring that program activities meet Federal requirements and align with local priorities set through strategic planning processes**
  - Building in flexibility for sub-recipients to address unique needs
  - Involving sub-recipients in annual planning

Why change approach now?

- Federal program requirements and local needs are becoming more focused on system-wide or Citywide solutions
- Evolving NYC HCC structures allow for improved member input while retaining focus on system-wide impact
- New 2019 – 2024 project period should allow for longer-term planning than has been possible during recent years

Recent Accomplishments

- Restructured the Governance Board to include permanent seats for agency representatives
- Eliminated “HMExec”
  - HMExec functions are now owned by the Governance Board
- Documented changes in the NYC HCC Charter, approved by Governance Board members
- Completed the NYC HCC Response Plan, approved by Governance Board members

Current NYC HCC Governance Board Members

Permanent Members

- NYC DOHMH
- NYC Health + Hospitals
- GNYHA
- FDNY
- NYS DOH (non-voting)

Agency Partner

- NYC Emergency Management

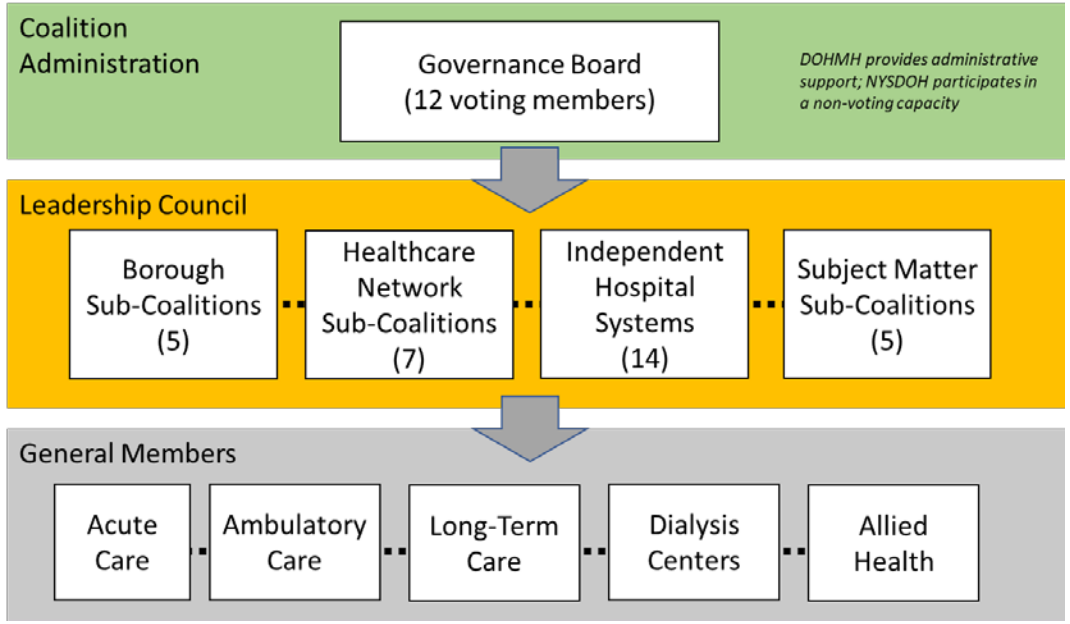
Elected Members (2-year terms)

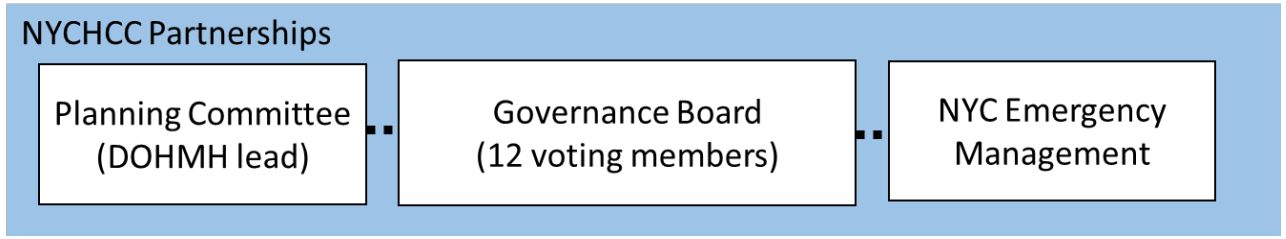
- Networks – Walter Kowalczyk
- Independent Hospitals – Pat Roblin
- Borough Coalitions – Pia Daniel
- Long Term Care – Gabe Oberfeld
- Pediatrics – Mike Frogel
- Primary Care – Alex Lipovstsev

NYC HCC Leadership Council

- Network Leads
- Borough Leads
- Independent Hospital EPCs
- Pediatric Disaster Coalition
- North HELP
- Community Health Care Association of NY State
- Nursing Home Associations

NYCHCC Functional Organization Charts





Current NYCHCC Subcommittees

- Evacuation and Surge Steering Committee
- Coalition Surge Test (SurgeEx2020) Planning Team
- Medical Surge Planning
  - Essential Elements of Information
- Borough lead coordination
- Health System (network) lead coordination
- Coalition Planning Committee

What we are doing now…

Definitions

- Recipient: NYC Department of Health and Mental Hygiene, through Public Health Solutions (fiscal agent)
- Sub-recipient: organization that receives HPP funds from DOHMH with the expectation of meeting certain program requirements
- Healthcare Coalition: In NYC, this refers to the NYC Health Care Coalition (not the sub-coalitions that are members of the NYCHCC Leadership Council)
- Recipient Level Direct Cost Cap: Recipient (DOHMH) may only retain 18% of the total award for personnel, fringe and travel costs, unless a waiver is granted by ASPR with support from HCC members
- Fiscal agent: use of an independent fiscal agent to receive federal funds on behalf of DOHMH substantially reduces the burden of financial processes on the obligation and liquidation of funds

Annual HPP Requirements for New Project Period

- Update and maintain Hazard Vulnerability Analysis
- Update and maintain resource inventory assessment
- Engage health care delivery system clinical leaders; engage community leaders
- Update and maintain Preparedness Plan and Charter, and membership roster
- Submit list of planned training activities
- Update and maintain Coalition Response Plan
- Define procedures for sharing Essential Elements of Information (*Note that this refers to specific EEIs that we will get from ASPR by the end of September, 2019)
- HCC member organizations must have access to information sharing platforms used by the HCC
- Provide a communication and coordination role within jurisdiction; intended to interface with the ESF-8 lead agency
- For any purchases of supplies, document inventory management protocols, policies, etc
- Incorporate surge staffing into HCC and member response plans
- Submit each HCC's full Scope of Work (including all HCC requirements) with the application for the subsequent budget period – early February each year!
- Coalition Surge Test

BP1 HPP Requirements

- Address planning for a Pediatric surge in the HCC Response Plan (or annex)
- Validate Pediatric Care Surge Annex in a standardized tabletop/discussion exercise format and submit results and data sheet to ASPR
- Complete HCC Surge Estimator Tool by January 1, 2020 (and every 2 years after that)

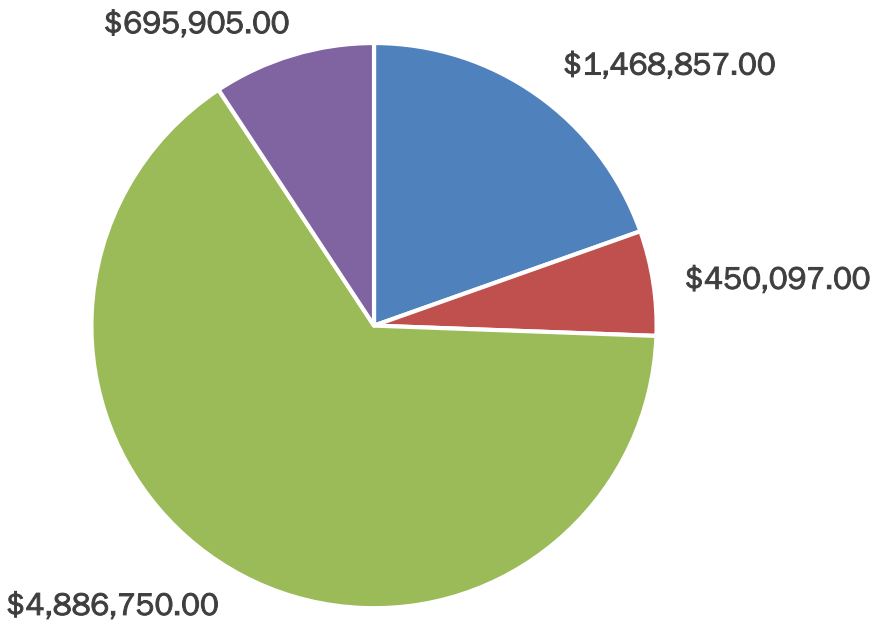
HPP Requirements for BP2-5

- Joint HPP/PHEP exercise (once per project period)
- Develop procedures to rapidly acquire and share clinical knowledge between health care providers and organizations during response (BP2)
- Crisis Standards of Care Concept of Operations (BP2; recipient requirement)
- Integrate jurisdictional Crisis Standards of Care elements into HCC plans (BP3)
- Test Crisis Standards of Care plan in coalition-level exercise (BP3)
- Provide PIO training to HCC members (BP3)
- HCC Continuity of Operation (COOP) plan (BP3)
- Complete a supply chain integrity assessment (BP3)
- Healthcare System Recovery Plan (BP4; recipient requirement)
- Additional Medical Surge Annexes (or incorporate into medical surge response plan), validated by standardized tabletop/discussion exercise:
  - Burn annex (BP2)
  - Infectious Disease annex (BP3)
  - Radiation Annex (BP4)
  - Chemical Annex (BP5)

Current Budget Period 1 Budget

BP1 Award = $7,501,609

- Personnel, Fringe, and Travel (20%)*
- Fiscal Agent Indirect (6%)
- Coalition Members (65%)
- Misc: Supplies, technical assistance programs, trainings for HCC members, exercise support, meeting and website, etc (9%)



*DOHMH indirect, included here, is not counted as part of the Recipient Level Direct Cost Cap

Personnel, Fringe and Travel

- Total budget: $1,468,857 (20% of total award)
- Funds 9.5 DOHMH FTEs dedicated to program development and management

Staff roles	Typical staff responsibilities
Unit Director (3.75) Project manager (4) Coordinator (1.75)	• Develop programming funded on HPP award • Ensure that HPP program requirements are met and support NYC priorities • Oversee contracted work to ensure quality, timeliness, and impact • Coordinate across HCC members to share promising practices • Work with local, state, and federal partners on healthcare system readiness during real emergencies, planned events, and preparedness exercises • Develop and oversee innovative technical assistance programs to support facility-level readiness

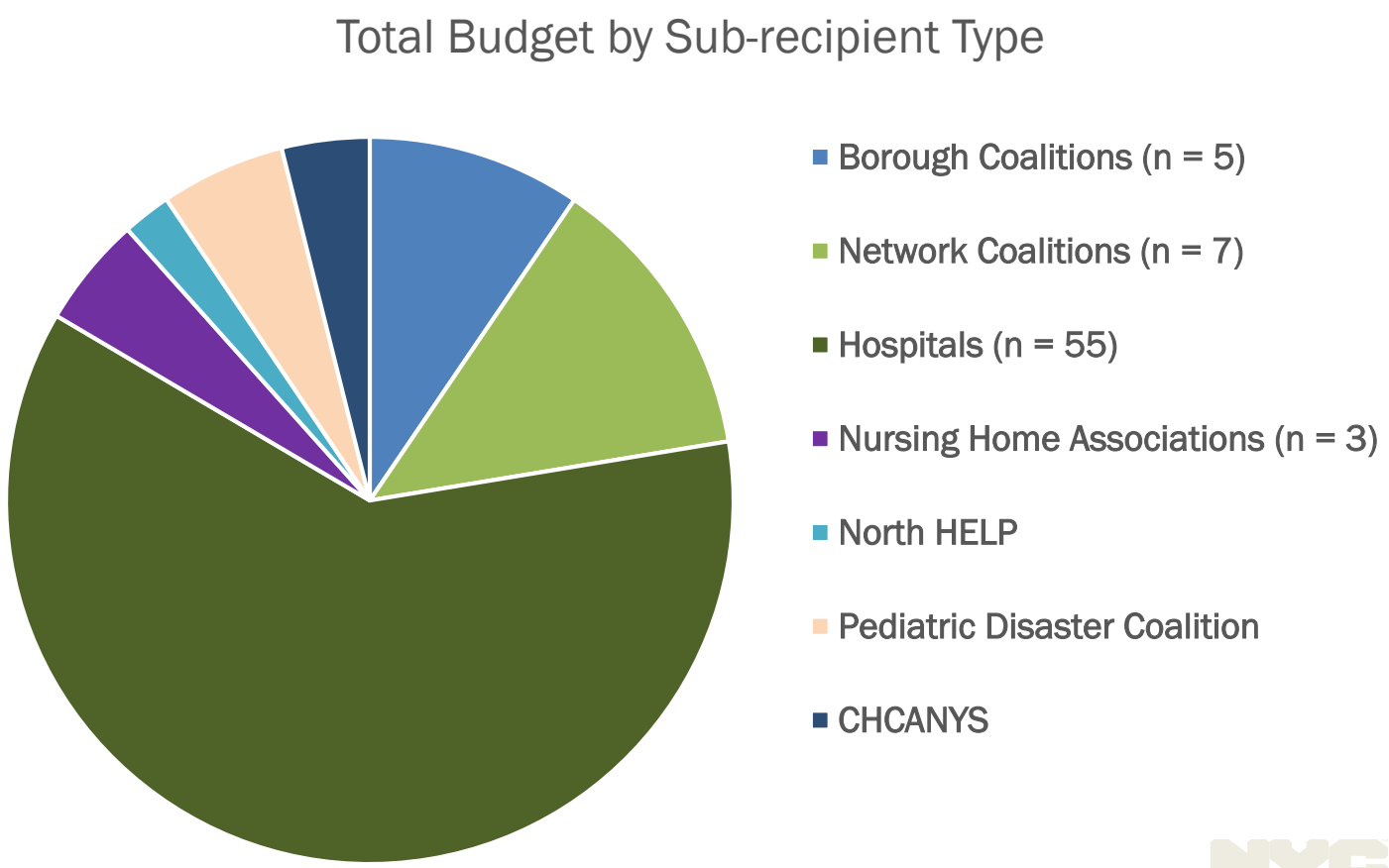
- Funds 1.15 DOHMH FTEs dedicated to program administration (Grant staff and DC)
- Small amount of funds to cover required travel and training for staff
- DOHMH employees on other funding streams also support DOHMH's participation in the NYC Health Care Coalition

Technical Assistance Programs, Supplies, and Training for HCC Members

- **Total Budget: $695,905 (9% of total award)**
- **Includes:**
  - Long Term Care Exercise Program (up to 75 facilities)
  - Long Term Care Hazard-Specific Training Program (available to LTCs and FQHCs; up to 100 participants)
  - Support for coordination of and reporting on Coalition Surge Test
  - Adult Care Facility conference
  - Design and formatting guidance documents for Pediatric and Primary Care sectors
  - Maintenance of website and support for Leadership Council and EPS meetings
  - Emergency response supplies for Long Term Care and Community Health Center participants in programs

Sub-recipients (Coalition Members)
Total Budget = $4,886,750 (65% of Total Award)

Member type	Budget	% of Total Coalition Member Budget
Total Coalition Member Budget	$ 4,886,750.00	100%
Borough Coalitions (n = 5)	$ 464,500.00	10%
Network Coalitions (n = 7)	$ 630,000.00	13%
Hospitals (n = 55)	$ 2,985,000.00	61%
Nursing Home Associations (n = 3)	$ 240,000.00	5%
North HELP	$ 105,500.00	2%
Pediatric Disaster Coalition	$ 271,000.00	6%
CHCANYS	$ 190,750.00	4%



BP1 Activities: Networks and Hospitals

- Participate in Leadership Council Meetings and Emergency Preparedness Symposia
- Participate in Borough Coalitions
- Participate in a workgroup
- Update contact information
- Complete or update charter and strategic plan (including HVA results)
- Training plan and reporting
- Coalition Surge Test participation
- Mystery Patient Drill
- “Design Your Own”
- Mass Casualty Project

BP1 Activities: Borough Coalitions

- Participate in Leadership Council Meetings and Emergency Preparedness Symposia
- Increase membership
- Update foundational and strategic documents
- Implement Borough Disaster Resource Tool
- Conduct Call-down drill
- “Design Your Own”

BP1 Activities: Pediatric Disaster Coalition (PDC)

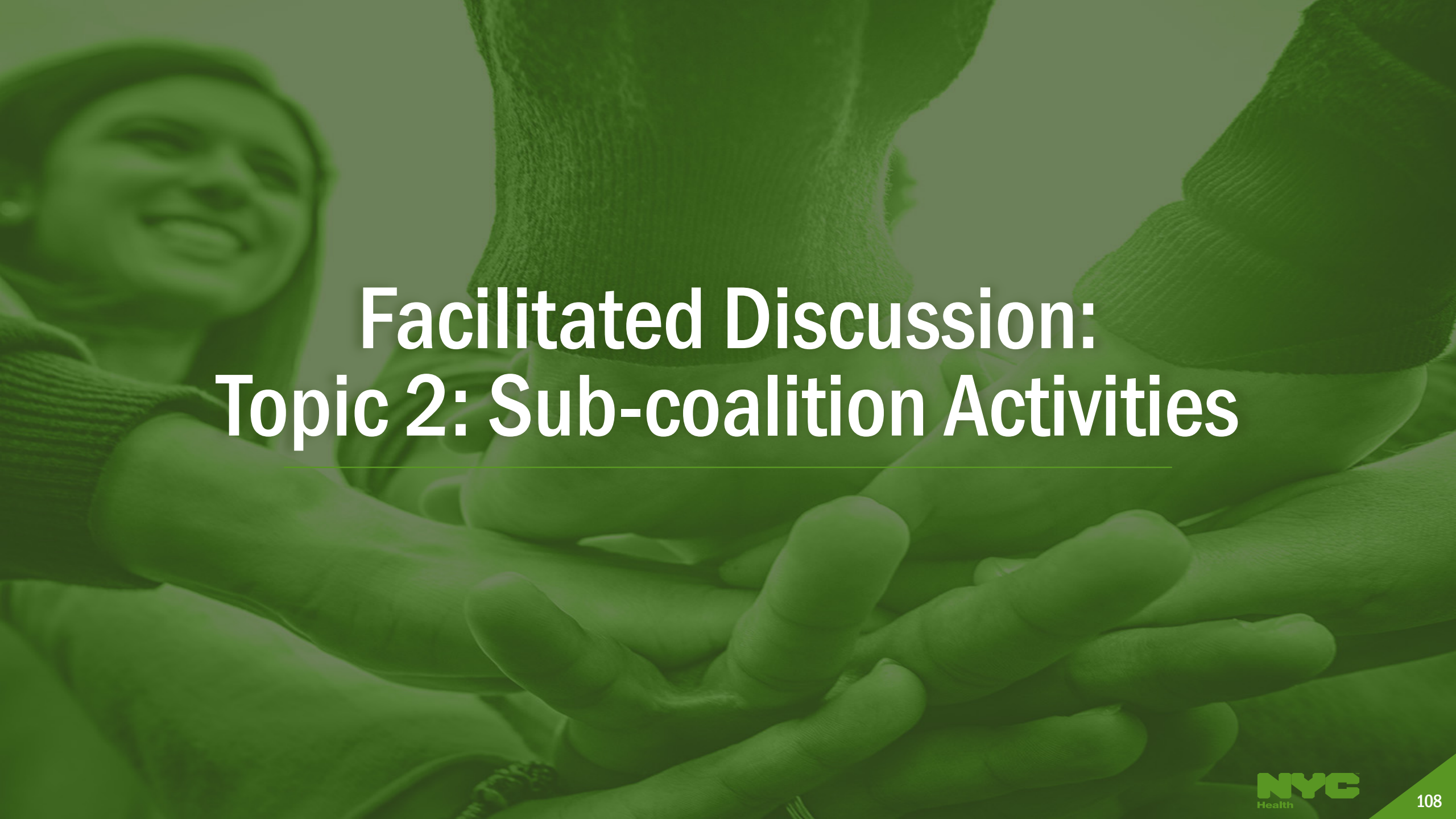
- Participate in NYCHCC meetings and workgroups
- Develop Pediatric Clinical Advisory Group and PDC Charter
- Participate in NYCHCC Medical Surge Planning
- Define Essential Elements of Information for coordination of secondary transport of pediatric medical surge
- Conduct a Table Top Exercise
- Complete 3 NICU and 3 Ob/Newborn surge and evacuation plans
- Develop implementation guidance for use of the Pediatric Outpatient Disaster Planning Self-use Toolkit

BP1 Activities: North HELP Coalition

- Participate in Leadership Council Meetings and Emergency Preparedness Symposia
- Convene a clinical advisory group and develop a North HELP Charter
- Conduct Personal Preparedness outreach training program at Dialysis Centers
- Conduct an Emergency Preparedness Conference for Dialysis Center administrators and staff
- Conduct a Table Top Exercise

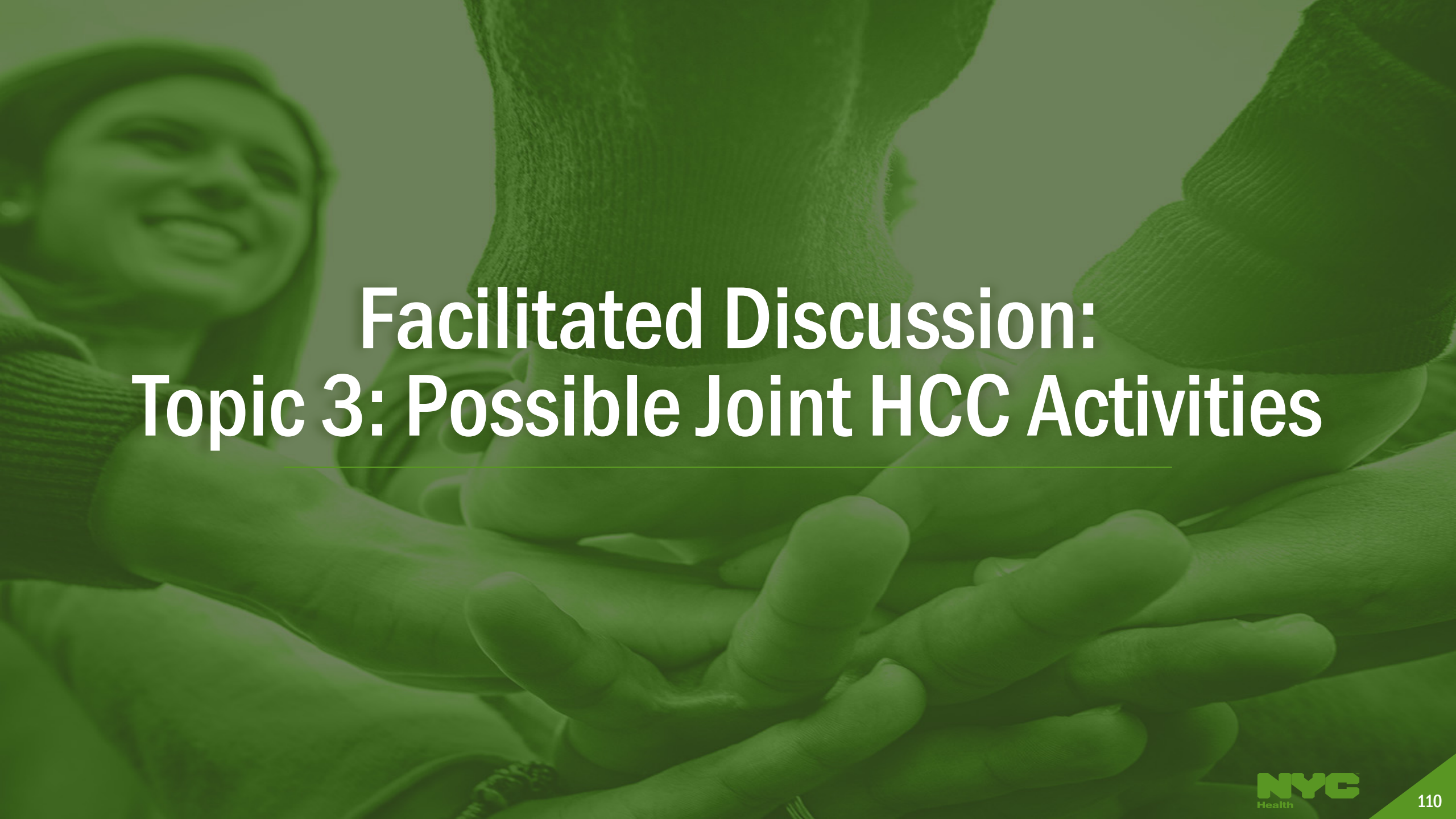
Networking Lunch

Facilitated Discussion: Topic 1: Role of Governance Board and connection to the Leadership Council



Facilitated Discussion: Topic 2: Sub-coalition Activities

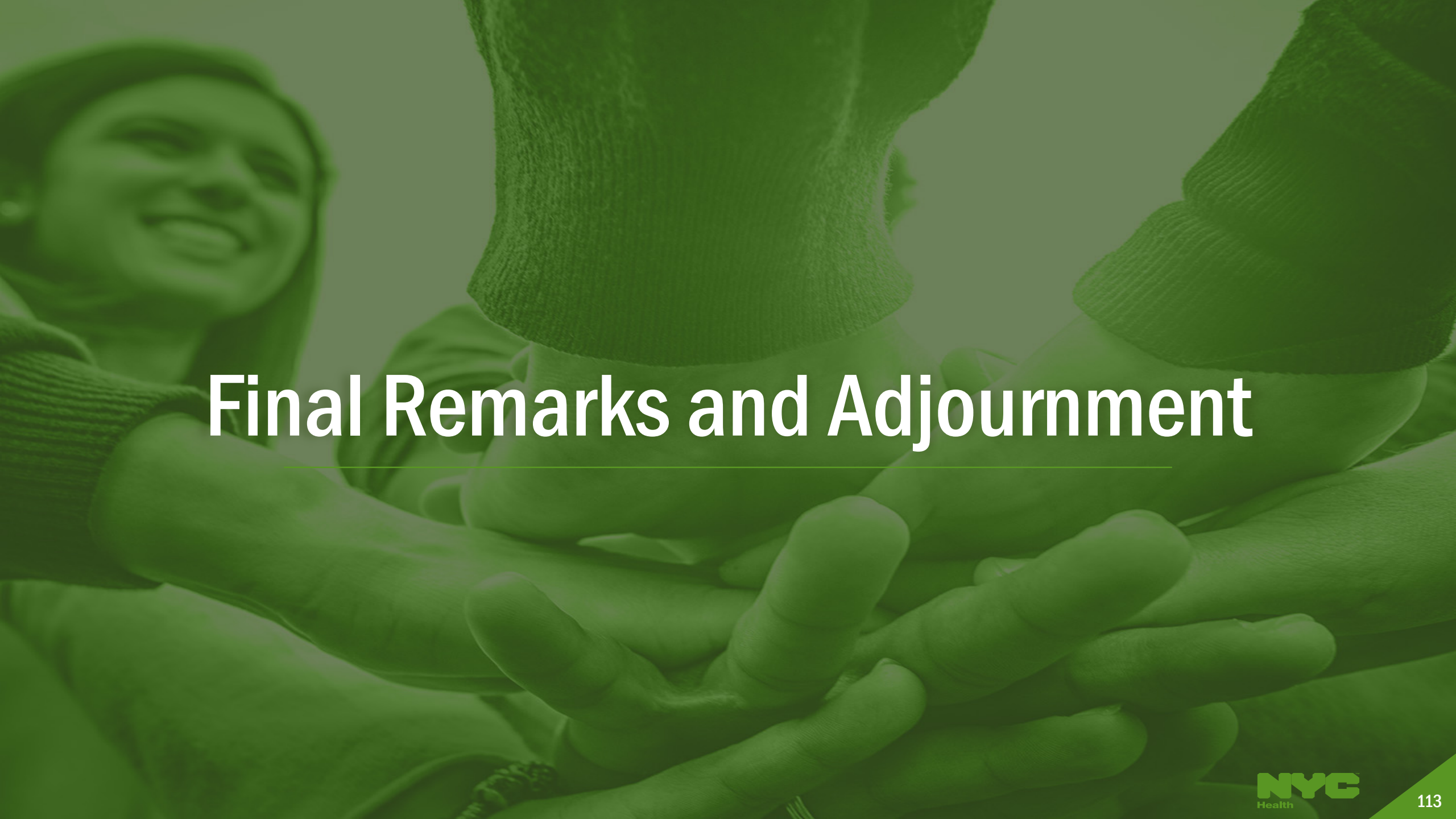
Break
(Regroup, Report-outs, Group Discussion)



Facilitated Discussion: Topic 3: Possible Joint HCC Activities

Topic 3 Report-out

Member Announcements and Updates



Final Remarks and Adjournment