

BP1 (July 1, 2019 – June 30, 2020)
Network Coalition Contract Deliverable Guidelines

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PARTICIPATE IN NYCHCC LEADERSHIP COUNCIL MEETINGS (D2)

REQUIRED

<p>REQUIRED ACTIVITIES:</p> <ol style="list-style-type: none"> 1. Ensure attendance and participation of at least <u>one (1)</u> Network EPC, or appropriate designee, at <u>four (4)</u> New York City Health Care Coalition (NYCHCC) Leadership Council meetings. 2. 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 OR at one (1) Emergency Preparedness Symposia (EPS). 	
<p>HOW THIS TIES TO PREPAREDNESS: The NYCHCC Leadership Council meetings convene the leadership of all Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) funded NYCHCC sectors and NYC planning partners to participate in focus-groups and/or workshops in order to maintain NYCHCC’s vision of increasing the City health care system’s ability to prepare for, respond to, and recover from disasters through improved communications, situational awareness and an opportunity for intra-coalition assistance among members, in addition to meeting ASPR HPP grant requirements.</p>	
<p>ASPR CAPABILITY AND OBJECTIVE: Capability 1. Foundation for Health Care and Medical Readiness, Objective 1. Establish and Operationalize a Health Care Coalition</p>	
<p>DOHMH POINT OF CONTACT: William Lang, wlang1@health.nyc.gov</p>	<p>MAXIMUM REIMBURSABLE AMOUNT: \$6,000.00</p>
<p>INSTRUCTIONS: Attendance is required at all (4) four meetings. Network EPC, or appropriate designee will contribute to discussions on preparedness, response, and recovery. Post meeting evaluation survey must be completed by each attendee and will serve as proof of attendance. In addition Network will 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 OR at one (1) Emergency Preparedness Symposia (EPS).</p>	<p>HELPFUL TIPS:</p> <ol style="list-style-type: none"> 1. Inform DOHMH beforehand of issues that would affect attendance and if needed arrange for an appropriate representative to attend. 2. A hospital will be reimbursed after the DOHMH has reviewed sign-in sheets and survey evaluation for each NYCHCC Leadership Council meeting to ensure attendance. 3. This deliverable has multiple due dates dependent on NYCHCC Leadership Council Meeting dates. 4. Individual attendees cannot represent more than one (1) HPP funded entity at NYCHCC Leadership Council meetings. 5. Event details can be found on program website http://www.nychealthcareprepares.com/ 6. Questions can also be directed to DOHMHcore@health.nyc.gov

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REQUIRED DOCUMENTATION: Part one of this deliverable (2.1) requires verification of attendance at four (4) NYCHCC Leadership Council meetings by signature of sign in sheets and completion of meeting evaluation. Part two of this deliverable (2.2) requires submission of final PowerPoint presentation.

DUE DATES:

- A. This deliverable has multiple due dates.
 - 2.1 Participation in NYCHCC LCM
 - 2.1a due: **September 2019** - Leadership Council meeting evaluation (completed online) no later than 5 business days after meeting - **\$1,000.00**
 - 2.1b due: **December 2019** - Leadership Council meeting evaluation (completed online) no later than 5 business days after meeting - **\$1,000.00**
 - 2.1c due: **February 2020** - Leadership Council meeting evaluation (completed online) no later than 5 business days after meeting - **\$1,000.00**
 - 2.2d due: **May 2020** - Leadership Council meeting evaluation (completed online) no later than 5 business days after meeting - **\$1,000.00**
 - 2.2 due: **May 2020** - Copy of Power Point slides Network's emergency management work overview at NYCHCC Leadership Council or EPS meeting - **\$2,000.00**

- B. Upon review of completion, review and approval of all documentation deliverable will be approved for invoicing.

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PARTICIPATE IN EMERGENCY PREPAREDNESS SYMPOSIA (D3)

REQUIRED

REQUIRED ACTIVITIES: Ensure attendance and participation of at least <u>one (1)</u> EPC or appropriate designee from <u>each</u> Network acute care facility at <u>two (2)</u> Emergency Preparedness Symposia (EPS). In addition, actively participate in DOHMH-sponsored workshops offered at EPS. Networks are also strongly encouraged to invite non-acute care staff involved in emergency management.	
HOW THIS TIES TO PREPAREDNESS: 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.	
ASPR CAPABILITY: Capability 1. Foundation for Health Care and Medical Readiness, Capability 2. Health Care and Medical Response Coordination	
DOHMH POINT OF CONTACT: Chanukka Smith, csmith29@health.nyc.gov	MAXIMUM REIMBURSABLE AMOUNT: 1a. \$1,000.00 per Network EPC/designee per meeting 1b. \$1,000.00 per Network EPC/designee per meeting
INSTRUCTIONS: Attendance is required at both (2) EPS. At least one (1) EPC or appropriate designee from each Network acute care facility must be in attendance and contribute to discussions on preparedness, response, and recovery. Post meeting evaluation survey must be completed and will serve as proof of attendance.	HELPFUL TIPS: 1. Inform DOHMH beforehand of issues that would affect attendance and if needed, arrange for an appropriate representative to attend. 2. Network will be reimbursed after the DOHMH has reviewed evaluations and verified attendance by sign-in sheets for each Network acute care facility. 3. Individual attendees cannot represent more than one (1) HPP funded entity at EPS. 4. Event details can be found on program website http://www.nychealthcareprepares.com/ 5. Questions can also be directed to DOHMHcore@health.nyc.gov

REQUIRED DOCUMENTATION: Completed evaluations for both EPS 1 and 2 from each Network acute care facility.

DUE DATES:

3.1 due: November 2019

EPS 1 evaluation (completed online) no later than 5 business days after the EPS - \$1,000.00 per Network EPC/designee per meeting

3.2 due: January 2020

EPS 2 evaluation (completed online) no later than 5 business days after the EPS - \$1,000.00 per Network EPC/designee per meeting

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**UPDATE NETWORK CONTACT INFORMATION (D4)
REQUIRED**

REQUIRED ACTIVITIES: Update and/or confirm contact information for each Network acute care facility by updating fields in the template provided by DOHMH. Advise DOHMH of changes and updates to service contact information provided on an ongoing basis.	
HOW THIS TIES TO PREPAREDNESS: Providing up to date contact information facilitates efficient communication between DOHMH, planning partners and coalition members in day-to-day preparedness activities and emergency response.	
ASPR CAPABILITY: Capability 1. Foundation for Health Care and Medical Readiness, Capability 2. Health Care and Medical Response Coordination	
DOHMH POINT OF CONTACT: Darin Pruitt, dpruitt@health.nyc.gov	MAXIMUM REIMBURSABLE AMOUNT: \$1,000.00 per Network acute care facility
INSTRUCTIONS: This deliverable is required . Network will provide DOHMH with verified and updated contact information for each Network acute care facility by completing template provided by DOHMH. Update or add pediatric disaster contact information. Advise DOHMH of changes and updates to service contact information provided on an ongoing basis.	HELPFUL TIPS: <ol style="list-style-type: none"> 1. As we plan to align the collection of this data with the coalition’s needs and the HPP pediatric annex to the MCI plan, this template is currently in development. We will update vendors on this by December 2019. 2. Questions can also be directed to DOHMHcore@health.nyc.gov

REQUIRED DOCUMENTATION: Completed template or DOHMH generated email acknowledging contact information updates completed and verified, including update of facility level pediatric contacts needed during disasters involving pediatric victims - **\$1,000.00 per Network acute care facility**

DUE DATES: **January 10, 2020**

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**UPDATE NETWORK CHARTER AND STRATEGIC PLAN (D5)
REQUIRED**

<p>REQUIRED ACTIVITIES: Update (as needed) the following Network Coalition planning/strategic documents:</p> <ul style="list-style-type: none"> ▪ Charter (with Appendices) ▪ Network level Strategic Plan (including Preparedness, Response, Recovery goals and a 3-year plan for improving capabilities for assessment, planning, training, exercises and communications/situational awareness, and list members of emergency management committee. 	
<p>HOW THIS TIES TO PREPAREDNESS: Providing up to date assessment leads to more accurate and strategically targeted facilitates efficient communication between DOHMH, planning partners and coalition members in day-to-day preparedness activities and emergency response. DOHMH will be using the list of key hazards to develop the HCC-level HVA (an HPP requirement).</p>	
<p>ASPR CAPABILITY: Capability 1. Foundation for Health Care and Medical Readiness</p>	
<p>DOHMH POINT OF CONTACT: William Lang, wlang1@health.nyc.gov</p>	<p>MAXIMUM REIMBURSABLE AMOUNT: 5.1: \$10,000.00 5.2: \$4,000.00 per Network acute care facility</p>
<p>INSTRUCTIONS: This deliverable is required.</p> <ol style="list-style-type: none"> 1. Update (as needed) the following Network Coalition planning/strategic documents: <ul style="list-style-type: none"> • Charter (with Appendices) • Network-level Strategic Plan (including Preparedness, Response, Recovery goals and a 3-year plan for improving capabilities for assessment, planning, training, exercises and communications/situational awareness, and list of members of emergency management committee. 2. Develop one (1) executive summary of the strategic plans of each Network acute care facility. 	<p>HELPFUL TIPS:</p> <ol style="list-style-type: none"> 1. Below are links to helpful resources: <ul style="list-style-type: none"> • ASPR 2017-2022 Healthcare Preparedness and Response Capabilities https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf • ASPR-TRACIE https://asprtracie.hhs.gov/ • GNYHA https://www.gnyha.org/ • NYCHCC Charter available upon request. Please contact William Lang. 2. Previously submitted charter and strategic plan available upon request 3. Questions can also be directed to DOHMHcore@health.nyc.gov

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REQUIRED DOCUMENTATION:

5.1 Updated documents (as applicable):

- Charter (with Appendices), including membership
- Strategic Plan (including Preparedness, Response, Recovery goals, and a 3-year plan for improving capabilities for assessment, planning training, exercises and communications/ situational awareness, and list of members of emergency management committee.

AND

5.2 One (1) executive summary of the strategic plans of each Network acute care facility describing key findings and a prioritized list of actions necessary by each Network acute care facility for improving preparedness and response capabilities.

ADDITIONAL DELIVERABLE DETAILS:

The planning/strategic documents must include:

- Key threats/hazards (may be the network's completed HVA, set of HVAs completed at acute care facility level, or a summary of HVA findings)
- Priorities for planning and coordination based on network needs and gaps
- Short term (1-year) and long term (3- to 5-year) objectives for improving preparedness and response capabilities
- Membership, organization, roles and responsibilities of emergency management committee or similar structure
- Description of how the emergency management structure addresses emergency preparedness and response needs of the network's affiliates and non-acute sites, if applicable.

The executive summary must include:

- Key findings and
- A prioritized list of actions necessary by each Network acute care facility for improving preparedness and response capabilities.

DUE DATES:

5.1 due: **March 6, 2020**

Updated Network Charter and Strategic Plan (as applicable); \$10,000.00

5.2 due: **April 3, 2020**

Executive summary; \$4,000.00 per Network acute care facility

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**COMPLETE A NETWORK TRAINING PLAN AND DOCUMENT STAFF TRAINING FOR EMERGENCY MANAGEMENT CAPABILITIES (D6)
REQUIRED**

REQUIRED ACTIVITIES: Revise proposed Network training plans from BP1 SUPP (July 1, 2018 – June 30, 2019), using template provided by DOHMH.	
HOW THIS DELIVERABLE TIES TO PREPAREDNESS: Training of network staff allows for the development or maintenance of operational knowledge and skills for coalition members further enabling a coordinated response throughout the coalition.	
ASPR CAPABILITY AND OBJECTIVE: Capability 1. Foundation for Health Care and Medical Readiness	
DOHMH POINT OF CONTACT: Darin Pruitt, dpruitt@health.nyc.gov	MAXIMUM REIMBURSABLE AMOUNT: 6.1 \$8,000 for a revised training plan 6.2 \$7,000 per network acute care facility
<p>INSTRUCTIONS: This deliverable is required.</p> <ol style="list-style-type: none"> Revise proposed Network training plans from BP1 SUPP (July 1, 2018 – June 30, 2019), 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 completed DOHMH template with training data for each Network acute care facility. 	<p>HELPFUL TIPS:</p> <ol style="list-style-type: none"> We suggest you meet with your emergency management committee or similar for your network or facility in order to complete both tabs in the excel document. In order to plan for future training for your network or facility, DOHMH suggests making use of the following resources: <ol style="list-style-type: none"> ASPR’s TRACIE (Technical Resources, Assistance Center, and Information Exchange) has several training videos and other materials you may find useful. FEMA training resources The NYC Emergency Management Academy offers courses for emergency management. Please email NYC EM Academy at NYCEMAcademy@oem.nyc.gov for more information. Previously submitted templates can be available upon request To see overall training topics for the NYCHCC refer to the training data below. Questions can also be directed to DOHMHcore@health.nyc.gov

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REQUIRED DOCUMENTATION

- Revised Network training plan
- DOHMH template and training sign-in sheets for each Network acute care facility

Analysis BP1S Emergency Preparedness Training in Hospitals

All seven NYC healthcare networks and all 15 independent hospitals participating in the NYC HPP were provided funding to support emergency preparedness training during 2018-19 via the HPP coalition contract via deliverable 7. The below provides a summary of the results taken from the data provided as part of the required documentation for the contract deliverable supporting this effort. Results are as follows:

<i>Category</i>	<i>Area</i>	<i>#</i>	<i>%</i>
<i>Response rate</i>	Number eligible to use training funding	22	100
	Number of networks using available funding	7	100
	Number of independent hospitals using available funding	11	73
	Total using available funding (response rate)	18	82
<i>Topics (see larger lists below)</i>	1 st ranked topic for networks and independent hospitals (number trained)	Emergency Management & Workplace Safety (28,593)	
	1 st ranked topic for networks and independent hospitals (number entities providing training)	Active Shooter (11)	
	2 nd ranked topic for networks and independent hospitals (number trained)	Infection Prevention & Control (3,930)	

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<i>Category</i>	<i>Area</i>	<i>#</i>	<i>%</i>
<i>Staff trained</i>	2 nd ranked topic for networks and independent hospitals (number entities providing training)	HICS (8)	
	1 st ranked topic for networks hospitals (number of entities providing training)	Active Shooter (5) And Infection Prevention & Control (5)	
	1 st ranked topic for independent hospitals (number of entities providing training)	Active Shooter (6)	
	% training topics matching entity's HVA, according to self-report	--	99
	Total staff trained in networks and independent hospitals	47,345	--
	Total staff trained in networks	38,028	--
	Total staff trained in independent hospitals	9,317	--
<i>Clinical v non-clinical staff</i>	Total clinical staff trained in networks and independent hospitals	22,607	--
	Total non-clinical staff trained in networks and independent hospitals	24,738	--
	Total clinical staff trained in networks	16,972	--
	Total non-clinical staff trained in networks	21,056	--

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<i>Category</i>	Area	#	%
	Total clinical staff trained in independent hospitals	5,635	--
	Total non-clinical staff trained in independent hospitals	3,682	--
	Total clinical staff trained in Emergency Management & Workplace Safety (1 st ranked topic) in networks (by number trained)	10,134	--
	Total non-clinical staff trained in Emergency Management & Workplace Safety (1 st ranked topic) in networks (by number trained)	18,459	--
	Total clinical staff trained in Active Shooter (1 st ranked topic) in independent hospitals (by number trained)	2,675	--
	Total non-clinical staff trained in Active Shooter (1 st ranked topic) in independent hospitals (by number trained)	1,975	--
<i>Delivery format</i>			
	Option 1: talk/lecture/discussion with pre- and post-test	27	39
	Option 2: skills training with trainee skills demonstration	7	10
	A mix of the two options	36	51

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Top ranked training topics for both networks and independent hospitals combined, ranked by total staff trained:

topic	clinical staff trained	non-clinical staff trained	total trained
Emergency Management & Workplace Safety	10,134	18,459	28,593
Infection Prevention & Control	3,780	150	3,930
HICS	2,324	1,507	3,831
Active shooter	225	3,306	3,531
Stop the Bleed	133	277	410
MCI / Surge	207	140	347
Severe Weather	147	112	259
Patient Evacuation	137	120	257
Decon	147	104	251
Fire Safety	128	67	195
HICS /FEMA ICS 100, 200 & 700)	35	87	122
Downtime	14	101	115
HazMat Awareness	23	6	29
eFINDS	0	12	12

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Top ranked training topics for **networks**, ranked by total staff trained:

<i>topic</i>	clinical trained	non-clinical trained	total trained
<i>Emergency Management & Workplace Safety</i>	9,969	18,337	28,306
<i>Infection Prevention & Control</i>	3,754	137	3,891
<i>Active shooter</i>	1,697	1,331	3,028
<i>Stop the Bleed</i>	127	271	398
<i>HICS</i>	167	222	389
<i>MCI / Surge</i>	207	140	347
<i>Patient Evacuation</i>	137	120	257
<i>Decon</i>	98	104	202
<i>HazMat Awareness</i>	23	6	29

Top ranked training topics for **independent hospitals**, ranked by total staff trained:

<i>topic</i>	clinical trained	non-clinical trained	total trained
<i>Active Shooter</i>	2,675	1,975	4,650
<i>HICS</i>	2,157	1,285	3,442
<i>Emergency Management & Workplace Safety</i>	165	122	287
<i>Downtime</i>	14	101	115

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<i>HICS /FEMA ICS 100, 200 & 700)</i>	27	28	55
<i>Decon</i>	49	0	49

ADDITIONAL DELIVERABLE DETAILS:

1. Use the training plan excel workbook provided.
2. Update the “Plan” tab.
3. BUT, if there are no changes to what you planned in 2017-18, please send an email to Darrin Pruitt at dpruitt@health.nyc.gov and indicate there are no changes.
4. You do **not** need to provide training materials or a justification for changes to the plan.
5. Provide training data for training you have completed since **July 1, 2019**.
6. Use the template Excel provided.
7. *There should be one row of data for each training in this year’s training data for your facility or network.*
8. Once you have completed it, name the Excel file like this “FacilityName_training_BP1.” If you are submitting for a network, please name the file “NetworkName_training_BP1.”
9. Send this to Darrin Pruitt at dpruitt@health.nyc.gov.
10. Indicate in your email – if your data does not correspond to all the planned training in your plan – why this is so. A sentence or so will suffice.
11. For each training for which you submit training data (item 2), there should be at least one sign in sheet.
12. For all sign in sheets be sure the **name of the training, date, and facility or network is clear.**
13. If scanning, please make sure the sheets are turned the same way!
14. If you do not have a sign in sheet for a training your facility or network held, for each training(s), please write: “As the EPC of (fill in Network or Facility), I attest that (enter number) clinical staff and (enter number) non-clinical staff received this training.”

DUE DATE: June 4, 2020

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**SUPPORT BOROUGH COALITION(S) (D7)
REQUIRED**

REQUIRED ACTIVITIES: Submit a proposal detailing plans to have representatives from each Network acute care facility engage and collaborate with NYCHCC Borough Coalition(s) activities. Develop a summary report of Network engagement in Borough Coalition(s) activities.	
HOW THIS DELIVERABLE TIES TO PREPAREDNESS: Network engagement in Borough Coalition(s) improves planning assumptions and response coordination throughout the NYCHCC.	
ASPR CAPABILITY AND OBJECTIVE: Capability 1. Foundation for Health Care and Medical Readiness	
DOHMH POINT OF CONTACT: William Lang, wlang1@health.nyc.gov	MAXIMUM REIMBURSABLE AMOUNT: 7.1 \$4,000.00 7.2 \$2,000 per Network acute care facility to participate in two (2) meetings/ activities each
INSTRUCTIONS: This deliverable is required . 7.1. Network must submit 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. 7.2. Submit a final summary report of Network engagement with Borough Coalitions must be submitted.	HELPFUL TIPS: 1. Borough Coalition contact information can be available upon request to Bill Lang 2. DOHMH recommends Networks and Hospitals use this opportunity to pool resources and expand involvement in Borough Coalitions to advance priorities across multiple networks and sectors. 3. Questions can also be directed to DOHMHcore@health.nyc.gov

REQUIRED DOCUMENTATION

- 7.1** 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.
- 7.2** Final summary report of Network’s engagement in Borough Coalition(s) activities.

ADDITIONAL DELIVERABLE DETAILS:

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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.

Summary report of Network engagement in Borough Coalition(s) activities must include:

- Name(s) and title(s) of Network designee representative(s) for each Network acute care facility and Network-affiliated non-acute care facility that have participated in Borough Coalition(s) activities;
- Borough Coalition(s) activities attended;
- Support provided by Network acute care facility;
- Impact statement;
- Next steps for continued participation in Borough Coalition(s) activities.

DUE DATE:

7.1 due: November 15, 2019

7.2 due: May 15, 2020

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PARTICIPATE IN COALITION SURGE TEST EXERCISE (D8)

REQUIRED

REQUIRED ACTIVITIES: Participate in the planning, preparation, conduct, data collection, and evaluation for the 2020 Coalition Surge Test.	
HOW THIS TIES TO PREPAREDNESS: The Surge Test functional exercise will focus on planning and response operations to test NYCHCC’s ability to evacuate and subsequently surge at least 20% of the acute care and other patient care bed capacity during a low/no-notice scenario resulting from a regional disaster requiring mass evacuation of certain facilities and decompression of facilities receiving the evacuated patients.. The exercise will also test NYCHCC’s ability to communicate and coordinate amongst its diverse healthcare facilities, agencies, and other organizations (e.g., hospitals, nursing homes, etc.).	
ASPR CAPABILITY AND FUNCTION: Capability 1. Foundation for Health Care and Medical Readiness, Capability 2. Health Care and Medical Response, Capability 4. Medical Surge	
BHSR CONTACT POINT OF CONTACT: Lesley Welsh, lwelsh@health.nyc.gov	MAXIMUM REIMBURSABLE AMOUNT: 8.1a. \$12,000 8.1b \$6,000 per Network acute care facility 8.2 \$6,000 per Network acute care facility
INSTRUCTIONS: This deliverable is <u>required</u> . 8.1 Participate in the planning, preparation, conduct, data collection, and evaluation for the 2020 Coalition Surge Test (CST) (to be held in February 2020) 8.2. Collect surge and evacuation 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).	HELPFUL TIPS: 1. To help prepare for the exercise, each hospital and their Network headquarters need to complete and submit: a) an exercise checklist per the instructions on the checklist b) After Action Report with sign-in sheet per the template DOHMH will provide c) exercise data per the tools DOHMH will provide 2. Questions can also be directed to DOHMHcore@health.nyc.gov

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REQUIRED DOCUMENTATION

Deliverable 8.1a

1. DOHMH template of facilitated discussion
2. Sign in sheets
3. signed checklist for each Network acute care facility (template provided by DOHMH)

Deliverable 8.1b

1. After Action Report (AAR) from each Network acute care facility and from the Network level if applicable (template provided by DOHMH)
2. Hotwash registration or participation list (template provided by DOHMH)

ADDITIONAL DELIVERABLE DETAILS:

Network will:

- Provide Network-level emergency management staff to attend up to four (4) planning meetings;
- Conduct a facilitated discussion with relevant hospital and network-level players in advance of the functional exercise, using discussion materials provided by DOHMH. Complete CST preparation checklist, per instructions leading up to the exercise (DOHMH will provide checklist);
- Ensure the participation of all Network acute care facilities and representatives at the network level (if applicable) in conduct of the exercise;
- Complete template provided by DOHMH to collect observations and evaluation details during the exercise from each acute care facility, including sign-in sheets and After Action Report (AAR);
- Provide the name of one (1) staff per acute care facility to function as Trusted Insider (exercise evaluator/ controller) on the day of the exercise;
- Provide the name of one (1) staff to function as Trusted Insider (exercise evaluator / controller) in support of the functional exercise and the in-person or webinar-based hotwash that may immediately follow the exercise

DUE DATES:

8.1a due: January 2020

8.1b due: February 2020

8.2 due: February 2020

**BP1 (July 1, 2019 – June 30, 2020)
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**DESIGN A MASS CASUALTY INCIDENT (MCI) DELIVERABLE (D9)
REQUIRED**

REQUIRED ACTIVITIES: Complete an emergency preparedness MCI activity that aligns Network to a citywide priority/goal.	
HOW THIS TIES TO PREPAREDNESS: Hospitals can design a deliverable that addresses their unique preparedness needs identified in their institution. This benefits their specific institution as well as the larger healthcare system.	
ASPR CAPABILITY AND FUNCTION: Capability 1. Foundation for Health Care and Medical Readiness, Capability 4. Medical Surge	
DOHMH POINT OF CONTACT: Timothy Styles, MD tstylesmd@health.nyc.gov	MAXIMUM REIMBURSABLE AMOUNT: 9.1. \$13,000 9.2. \$5,000 9.3 \$8,500 per Network acute care facility
<p>INSTRUCTIONS: This deliverable is required.</p> <p>9.1. Using template provided by DOHMH, design a Network-level deliverable that includes implementing a project or conducting an exercise addressing one or more (≥ Greater New York Hospital Association (GNYHA) Mass Casualty Incident (MCI) Response Toolkit subject area(s):</p> <ul style="list-style-type: none"> -Monitoring, Notification & Activation Protocols -Patient Triage -Clinical Management -Safety & Security -Supporting Family and Friends in the Aftermath -Managing the Community Response to an MCI -Legal and Regulatory Considerations -Recovery <p>Deliverable 9.2: Complete a self-assessment of Network disaster mental health plans using an assessment tool provided by DOHMH.</p> <p>Deliverable 9.3. Upon completion of the DOHMH-approved MCI project or exercise, develop the final summary report, including description of how completion of this deliverable has advanced</p>	<p>HELPFUL TIPS:</p> <ol style="list-style-type: none"> 1. The GNYHA Mass Casualty Incident (MCI) Toolkit is available at https://www.gnyha.org/tool/mass-casualty-incident-response-toolkit/ 2. ASPR TRACIE has many resources that may be helpful as you look to design a project or exercise. Consider reviewing available resources in your area of interest. Some examples include: <ul style="list-style-type: none"> • Mass Casualty Trauma Triage: Paradigms and Pitfalls - https://files.asprtracie.hhs.gov/documents/aspr-tracie-mass-casualty-triage-final-508.pdf • Disaster Behavioral Health Self Care for Healthcare Workers Modules - https://files.asprtracie.hhs.gov/documents/aspr-tracie-mass-casualty-triage-final-508.pdf • Other ASPR TRACIE topic areas to explore (hyperlinks embedded or go to ASPR TRACIE and type topic in search - https://asprtracie.hhs.gov/): Explosives and Mass Shooting, On-Scene Mass Casualty Triage and Trauma Care, Pre-Hospital, Hospital Surge Capacity and Immediate Bed Availability, Crisis Standards of Care, Disaster Behavioral Health 3. Deliverable(s) should result in system-wide (i.e., multi-facility acute,

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<p>progress on the Network’s strategic plan.</p> <p>Exercise must be functional or higher and include multiple healthcare facilities. Network cannot conduct a standalone, single-facility exercise.</p>	<p>non-acute and community-based organizations) activity(ies) related to implementing a project or conducting an exercise addressing MCI.</p> <p>4. Proposed exercises or projects must be separate from any activities or exercises listed previously as deliverables in this contract. Network may not use Deliverable 8’s Coalition Surge Test to satisfy this deliverable.</p> <p>5. Questions can also be directed to DOHMHcore@health.nyc.gov</p>
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REQUIRED DOCUMENTATION:

- 9.1) Approved Network level MCI project or exercise proposal on DOHMH template
- 9.2) Completed assessment tool Network disaster mental health plans
- 9.3) Final Summary Report on how project/exercise advanced Network’s Strategic Plan.

- **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 indicating participant role and name of facility.**
- **If deliverable is an Exercise, develop and submit all HSEEP-compliant exercise documents according to the type of exercise (must be functional or higher and address ASRP capabilities) 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, including participant role and name of facility**

ADDITIONAL DELIVERABLE DETAILS: a separate template file including the below will be sent to you for your deliverable submission.

Network Coalition Contract Deliverable 9.1 Proposal Template

Required Activities: Complete an emergency preparedness MCI activity that aligns Network to a citywide priority/goal by reviewing and selecting from one or more (≥1) Greater New York Hospital Association (GNYHA) Mass Casualty Incident (MCI) Response Toolkit subject areas (see below).

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Background: Over the past several years there has been much focus and progress by the NYC Healthcare Coalition and its members to improve their MCI preparedness. However, we recognize not all Networks or Hospitals are at the same level of preparedness having differing gaps in MCI response readiness. To assist hospitals in NYC in their MCI preparedness efforts, the Greater New York Hospital Association developed the Mass Casualty Incident (MCI) Response Toolkit <https://www.gnyha.org/tool/mass-casualty-incident-response-toolkit/>.

The toolkit includes suggested preparedness and response actions for the many clinical and non-clinical departments that would be involved in an MCI response. While patient care is the priority, the toolkit emphasizes the importance of planning for and developing protocols and processes for additional activities, including patient registration and tracking, family reunification, and coordination with external entities. If these non-patient care activities are not thought through in advance, the impact can overwhelm a facility and compromise its ability to deliver lifesaving care.

To encourage Networks and their affiliated hospitals to address their own priority gaps around MCI preparedness, Deliverable 9 requires Networks to design a Network-level deliverable that includes implementing a **project or conducting an exercise** addressing one (1) or more Greater New York Hospital Association (GNYHA) Mass Casualty Incident (MCI) Response Toolkit subject area(s):

- Monitoring, Notification & Activation Protocols
- Patient Triage
- Clinical Management
- Safety & Security
- Supporting Family and Friends Aftermath
- Managing the Community Response to an MCI
- Legal and Regulatory Considerations
- Recovery
- Preparing Hospital Staff for MCI Response

Note: Each toolkit chapter (subject area) is divided into sub-chapters focusing on some component of the main chapter theme. A project or exercise must focus on at least one of these sub-chapter topics.

How this Ties to Preparedness: Networks / Hospitals can design a deliverable that addresses their unique preparedness needs identified in their institution. This benefits their specific institution as well as the larger healthcare system. The area of focus should align with Network strategic plan, recent risk assessment finding(s), hazard vulnerability analysis (HVA) or After-Action Report/Improvement Plan (AAR/IP).

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Deliverable(s) should result in system-wide (i.e., multi-facility acute, non-acute and community-based organizations) activity(ies) related to implementing a project or conducting an exercise addressing MCI.

Proposed projects or exercises must be separate from any activities or exercises listed previously as deliverables in this contract. **Network may not use Deliverable 8's Coalition Surge Test to satisfy this deliverable. Proposed exercise must be functional or higher and include multiple healthcare facilities. Network cannot conduct a standalone, single-facility exercise.**

Please complete all sections of this deliverable template and submit to Timothy Styles at tstylesmd@health.nyc.gov. Each Network will receive credit for deliverable 9.1 when reviewed and approved.

Network Name: __
Network Point of Contact for Deliverable 9:
Email:
Phone:
Please indicate the type of deliverable you are proposing: <input type="checkbox"/> Project <input type="checkbox"/> Exercise

Please select in which MCI Toolkit subject area(s) and sub-chapter area(s) your Network will focus on? Please <u>check all that apply</u> (at least one chapter and at least one sub-chapter focus area); see the GNYHA MCI Response Toolkit for more information - https://www.gnyha.org/tool/mass-casualty-incident-response-toolkit/:
<input type="checkbox"/> Chapter 1. Monitoring, Notification & Activation Protocols <input type="checkbox"/> Awareness of an Incident <input type="checkbox"/> Internal Notifications and Activation

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<ul style="list-style-type: none"><input type="checkbox"/> Preparing the ED and Other Key Departments Involved in MCI Response<input type="checkbox"/> Considerations When the Hospital is the Site of the Emergency
<ul style="list-style-type: none"><input type="checkbox"/> Chapter 2. Patient Triage<ul style="list-style-type: none"><input type="checkbox"/> Preparing for Patient Arrival<input type="checkbox"/> Preparing for Patient Triage<input type="checkbox"/> Understanding the Shift to a Disaster Mindset
<ul style="list-style-type: none"><input type="checkbox"/> Chapter 3. Clinical Management<ul style="list-style-type: none"><input type="checkbox"/> Creating Capacity and Organizing the ED<input type="checkbox"/> Prioritizing Critical Patients<input type="checkbox"/> Identifying and Registering Patients<input type="checkbox"/> Moving Patients to Definitive Care<input type="checkbox"/> Special Considerations for Vulnerable Populations<input type="checkbox"/> Ensuring Continuity of Care with Tertiary Survey on a Grand Scale
<ul style="list-style-type: none"><input type="checkbox"/> Chapter 4. Safety & Security<ul style="list-style-type: none"><input type="checkbox"/> Immediate Security Actions<input type="checkbox"/> Law Enforcement Security Presence and Coordination

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<input type="checkbox"/> Decontamination Considerations <input type="checkbox"/> Staff Access and Emergency Credentialing
<input type="checkbox"/> Chapter 5. Supporting Family and Friends in the Aftermath <input type="checkbox"/> Challenges with the Second Surge <input type="checkbox"/> Family Reunification and Assistance in New York City
<input type="checkbox"/> Chapter 6. Managing the Community Response to an MCI <input type="checkbox"/> Media Management <input type="checkbox"/> Injured Members of Service and the Presence of Public Officials and Other Dignitaries <input type="checkbox"/> Donation Management
<input type="checkbox"/> Chapter 7. Legal and Regulatory Considerations <input type="checkbox"/> EMTALA During Emergencies <input type="checkbox"/> Law Enforcement Investigations <input type="checkbox"/> Privacy Law and Medical Information Sharing
<input type="checkbox"/> Chapter 8. Recovery <input type="checkbox"/> Caring for Staff and Psychological First Aid <input type="checkbox"/> Moving to the Intermediate Phase

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After-Action Conferences and Developing Improvement Plans

Please describe the rationale for choosing the specific MCI Network-wide project deliverable [i.e. how does this align with your Network strategic plan, recent risk assessment finding(s), hazard vulnerability analysis (HVA) or After-Action Report/Improvement Plan (AAR/IP)]:

For Projects - Complete the following information regarding your implementation plan (Networks completing exercises may skip this section):

Key Objective:

Goals:

Goal 1:

Goal 2:

Goal 3:

If additional goals, please describe:

Key Action Steps:

Step 1:

Step 2:

Step 3:

If additional Steps, please describe:

Timeline:

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Expected Budget:

For Exercises – Describe provide a general exercise overview to include (Networks completing projects can skip this section):

Expected Scope of exercise (e.g. multiple part exercise over three days involving outpatient and acute care facilities):

Sectors you plan to involve (i.e. multiple acute care facilities, outpatient (non-acute) facilities, nursing homes, etc.):

Main Objective(s):

Planned Scenario:

Timeline:

Budget:

Deliverable Deadlines:

Deliverable 9.1 (this template) must be completed and returned to DOHMH by **November 8, 2019**.

Deliverable 9.2 (self-assessment of hospital disaster mental health plans – separate template) must be completed and returned to DOHMH by **January 31, 2020**.

Deliverable 9.3 – final summary report and supporting documents for the project proposed in this template is due to DOHMH by **May 17, 2020** and must include:

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For Projects:

Final Summary Report including:

- Project goals and objectives
- Findings
- Impact and outcomes
- List of stakeholders
- Next steps
- Supporting project documentation (e.g., meeting notes, agendas, sign-in sheets indicating participant role at hospital)

For Exercises:

Full suite of HSEEP-compliant exercise documents including:

- Final ExPlan
- EEG
- MSEL
- AAR/IP
- Sign-in sheets
- List of exercise participants including role and name of facility

DUE DATES:

9.1 due: November 8, 2019

9.2 due: January 31, 2020

9.3 due: May 17, 2020

MYSTERY PATIENT DRILL (D10)
REQUIRED

**BP1 (July 1, 2019 – June 30, 2020)
Network Coalition Contract Deliverable Guidelines**

DESCRIPTION: Each Network acute care facility must participate in one (1) mystery patient drill conducted with the assistance of DOHMH and develop a network-level improvement plan (IP).	
HOW THIS DELIVERABLE TIES TO PREPAREDNESS: Increase preparedness of Network screening and isolation protocols and level of staff readiness for an infectious outbreak/pandemic. Ensure Emergency Department (ED) capability for each Network acute care facility to quickly identify, isolate, and use appropriate infection control practices to manage patients presenting with communicable diseases of public health concern.	
ASPR CAPABILITY AND FUNCTION: Capability 1. Foundation for Health Care and Medical Readiness, Capability 4. Medical Surge	
DOHMH POINT OF CONTACT: Mary Foote mfootemd@health.nyc.gov OR Elizabeth Diago Navarro, enavarro1@health.nyc.gov	MAXIMUM REIMBURSABLE AMOUNT: 10.1 \$3,000 per acute care facility 10.2 \$3,000 per acute care facility 10.3 \$10,000 per acute care facility
INSTRUCTIONS: This deliverable is required . Please supply materials reviewed or created from July 1, 2019 to June 30, 2020. Please follow detailed directions below.	HELPFUL TIPS: <ol style="list-style-type: none">1. See supporting information below.2. The DOHMH vendor will be conducting ED-based Mystery Patient Drills (MPDs). A toolkit with additional resources was developed based on the MPDs conducted in 2016 which may be useful to review (https://www1.nyc.gov/site/doh/providers/emergency-prep/communicable-disease-preparedness.page)3. Each Network acute care facility should identify 1-2 “trusted agents” to assist with the “mystery patient” drill. Suitable trusted agents might include emergency management staff, infection control staff, or other administrators. The trusted agents will participate in the hot wash along with available ED staff involved in the unannounced drill.4. Please respect the unannounced nature of these drills and do not inform additional hospital staff of the scheduled dates/times outside of the EPC and designated trusted agent.5. The improvement plan can be either HSEEP or Joint Commission compliant.6. Hospitals without emergency departments will have the option to participate in one Mystery Patient Drill (conducted by the DOHMH vendor) or will be offered an alternative infectious disease training deliverable which may include developing a training and exercise plan for the screening and isolation of communicable diseases or some other comparable activity.7. Please begin your email subject line with D10 when making inquiries about this deliverable.8. Questions can also be directed to DOHMHcore@health.nyc.gov

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Mystery Patient Drill 2.0

Part I: Training and Preparation

10.1. Trusted agent training. Ensure Emergency Department (ED) for each Network acute care facility capability to quickly identify, isolate, and use appropriate infection control practices to manage patients presenting with communicable diseases of public health concern. Designate at least one (1) representative per Network acute care facility to serve as a trusted agent that will participate in *webinar training* for mystery patient exercise program and coordinate scheduling and conduct of drill. This documentation will need to be submitted by October 17, 2019.

1. Select at least one of the following staff to attend webinar training: Hospital EPC, Emergency Room Supervisor or other administrator that would be taking the lead on “mystery patient drills” so they can coordinate and carry out mystery patient drills going forward.
2. Each facility within the network must have a designated trusted agent attend the training. Individual designees cannot attend on behalf of more than one (1) Network acute care facility.
3. The DOHMH vendor will provide DOHMH a roster of participants which will be used to verify your designated staff-members participation in the training.

**Frontline Staff Training*

Although not required, we encourage Networks to utilize the HPP-Ebola training deliverable to prepare frontline ED staff (i.e., ED nursing and triage staff, physicians, emergency management staff) for the drills and to review facility/network-specific screening and isolation protocols. A web-based frontline training module developed by the DOHMH will also be made available for Network acute care facility staff. DOHMH will provide Networks with information on the training module and the content ahead of the drills. In addition, networks can refer to the materials previously provided as part of the MPD program in 2016 (see link above).

Part II: Drill Activities and Improvement Plan

10.2 Mystery Patients Drills: Participate in one (1) unannounced mystery patient drill per Network acute care facility, conducted with the assistance of DOHMH.

1. The DOHMH vendor will provide specific instructions for participating in the unannounced drills. This will include the scope of the drill and the schedule.
2. Each facility should designate a point of contact for the DOHMH Vendor. This person should be either Emergency Management or ED supervisory staff member who can be available as a “trusted agent” during the drills (see below).

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3. At the conclusion of each drill, there will be brief hotwash to debrief, obtain feedback and discuss lessons learned. DOHMH will provide an After Action Report (AAR) to each of the acute-care facilities based on the hotwash at the facility. AAR will include strengths, challenges and recommendations for improvement. Facilities/Networks will have 1 week (5 business days) to approve the AAR or provide suggested edits or additions.
4. Each acute care facility within the network will complete an internal improvement plan (IP) in accordance with recommendations from After Action Report (AAR) provided by DOHMH. This individual IP will be collected and reviewed by the Network leads.
5. Acute care facilities without an ED or Urgent Care/walk-in clinic are not required to participate.

10.3 Improvement Plan: Develop a network-level improvement plan (IP) based on consolidated findings from the acute care facility-level AARs. After collecting individual IP from each of the acute facilities within the network, network leads will provide DOHMH with a consolidated IP for the network. These plans should be submitted by January 17, 2020.

1. This consolidated report should include an analysis of system-wide strategies to address gaps and improve identification and isolation capability.
2. Individual acute care facility IPs should be submitted along with the network level IP as an appendix.

REQUIRED DOCUMENTATION:

- 10.1) Proof of attendance for at least one (1) representative per Network acute care facility at webinar training for trusted agents
- 10.2) Improvement Plan (IP) for each Network acute care facility.
- 10.3) Network-level Improvement Plan (IP).

DUE DATES:

- 10.1 due: October 18, 2019**
10.2 due: January 17, 2020
10.3 due: January 17, 2020

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PARTICIPATE IN A WORKGROUP (D11)

REQUIRED

DESCRIPTION: Each network will participate in at least one (1) workgroup or NYC Health Care Coalition subcommittee convened by DOHMH, GNYHA, or other planning partners focusing on challenges to preparedness and response. Hospital will develop a proposal and final summary report describing workgroup participation.	
HOW THIS DELIVERABLE TIES TO PREPAREDNESS: Advances NYC Health Care Coalition (NHCHCC) planning projects.	
ASPR CAPABILITY AND FUNCTION: Capability 1. Foundation for Health Care and Medical Readiness	
DOHMH POINT OF CONTACT: Chanukka Smith, csmith29@health.nyc.gov	MAXIMUM REIMBURSABLE AMOUNT: 11.1. \$4,000 11.2. \$3,000 per acute care facility
INSTRUCTIONS: This deliverable is <u>required</u> . 11.1) Hospital will participate in at least one (1) workgroup or NYC Health Care Coalition subcommittee convened by DOHMH, GNYHA, or other planning partner focusing on challenges to preparedness / response. DOHMH will provide a list of proposed workgroups available for participation. <ul style="list-style-type: none"> • Develop and submit deliverable proposal summarizing Hospital’s planned participation in a workgroup for DOHMH approval. 11.2) Final summary report of each Network acute care facility describing participation in a workgroup.	HELPFUL TIPS: <ol style="list-style-type: none"> 1. Questions can also be directed to DOHMHcore@health.nyc.gov 2. Proposed Workgroups: <ul style="list-style-type: none"> • <i>DOHMH Coalition Surge Test Planning Committee</i> • <i>DOHMH Surge/Evacuation Steering Committee</i> • <i>FDNY - GNYHA MCI Workgroup</i> • <i>GNYHA Sit Sat Advisory Council</i> • <i>Health System Lead Workgroup</i> • <i>Borough Lead Workgroup</i> • <i>NYCHCC Subcommittee(s)</i>

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ADDITIONAL DELIVERABLE DETAILS: a separate template file including the below will be sent to you for your deliverable submission.

Network Coalition Contract Deliverable 11.1 Proposal Template

Required Activities: Each Network acute care facility will participate in at least **one (1)** workgroup or NYC Health Care Coalition subcommittee convened by DOHMH, GNYHA, or other planning partner focusing on challenges to preparedness / response. DOHMH will provide a list of proposed workgroups available for participation. Workgroup participation should be within the date range of July 1, 2019 through February 14, 2020.

REQUIRED DOCUMENTATION:

1. 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 a 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.

DUE DATE: October 1, 2019

2. Final summary report of each Network acute care facility describing participation in a workgroup that includes:
 - List of workgroup stakeholders
 - Goals and objectives achieved
 - Impact of workgroup participation
 - Supporting documentation (e.g., workgroup documents, meeting agendas, sign-in sheets)

Summary report should be organized by acute care facility.

DUE DATE: February 28, 2020

Instructions: Please contact and confirm participation in a workgroup with the point-of-contact for that workgroup. It is the Network / Hospital responsibility to provide details of that workgroup when submitting proposal.

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Proposed Workgroups:	Point-of-Contact
DOHMH Coalition Surge Test Planning Committee	Les Welsh lwelsh@health.nyc.gov
DOHMH Surge/Evacuation Steering Committee	Les Welsh lwelsh@health.nyc.gov
FDNY – GNYHA MCI Workgroup	Jenna Mandel-Ricci Jmandel-Ricci@gnyha.org
GNYHA Sit Sat Advisory Council	Jenna Mandel-Ricci Jmandel-Ricci@gnyha.org
Health System Lead Workgroup	Celia Quinn cquinmd@health.nyc.gov Jenna Mandel-Ricci Jmandel-Ricci@gnyha.org
Borough Lead Workgroup	Bill Lang wlang1@health.nyc.gov
NYCHCC Subcommittee(s)	Bill Lang wlang1@health.nyc.gov Taina Lopez tlopez4@health.nyc.gov

Please complete all sections of this deliverable template and submit to Chanukka Smith at csmith29@health.nyc.gov and William Lang at wlang1@health.nyc.gov. Network will receive credit for deliverable 11.1 when reviewed and approved.

Network Name:
Facility Name:
Name and Role of Staff Participating in Workgroup:

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Name of Workgroup:
Name of Workgroup Organizer: (Insert Name, e.g. DOHMH, GNYHA, FDNY or other planning partner)

Please contact and confirm participation in a workgroup with the point-of-contact for that workgroup. It is the Network / Hospital responsibility to provide details of that workgroup when submitting proposal.

Description of Workgroup: (Insert Description)

Rationale for choosing to participate in a workgroup: (Insert Rationale)

Goals, Objectives, Timeline and Key Action Steps-

Key Objective of Workgroup:

Workgroup Goals:

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Goal 1:

Goal 2:

Goal 3:

If additional goals, please describe:

Network / Hospital Participation Goals for Workgroup:

Goal 1:

Goal 2:

Goal 3:

Timeline:

Key Action Steps:

DUE DATES:

11.1 due: October 1, 2019

11.2 due: February 28, 2020

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DESIGN A DELIVERABLE(S) (D12)

REQUIRED

DESCRIPTION: Using Network strategic plan and/or recent (e.g., from BP1 SUPP) 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 <u>or</u> conducting an exercise to address goal(s) or key findings from strategic plan and/or recent risk assessment.	
HOW THIS DELIVERABLE TIES TO PREPAREDNESS: Operationalize best practices, plans, protocols and tools to enable a coordinated response throughout the coalition.	
ASPR CAPABILITY AND FUNCTION: Capability 1. Foundation for Health Care and Medical Readiness	
DOHMH POINT OF CONTACT: William Lang, wlang1@health.nyc.gov	MAXIMUM REIMBURSABLE AMOUNT: 12.1 \$13,000 12.2 \$8,500 per Network acute care facility
<p>INSTRUCTIONS: This deliverable is <u>required</u>.</p> <p>12.1. Using Network strategic plan and/or recent (e.g., from BP1 SUPP) 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 <u>or</u> conducting an exercise to address goal(s) or key findings from strategic plan and/or recent risk assessment</p> <p>A proposal must be submitted to DOHMH for approval of the project or exercise prior to implementation.</p> <p>12.2. 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.</p> <p>Exercise must be functional or higher and include multiple healthcare facilities. Network cannot conduct a standalone, single-facility exercise.</p>	<p>HELPFUL TIPS:</p> <ol style="list-style-type: none"> Proposed exercises or projects <u>must be separate</u> from any activities or exercises listed previously as deliverables in this contract. Network may not use Deliverable 8’s Coalition Surge Test (CST) to satisfy this deliverable. DOHMH encourages collaboration on deliverables with other networks to maximize the impact to New York City healthcare system; if you choose to do this, please be sure to clearly articulate each Network’s role in the proposal, and each Network must submit a proposal. Questions can also be directed to DOHMHcore@health.nyc.gov

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ADDITIONAL DELIVERABLE DETAILS: a separate template file including the below will be sent to you for your deliverable submission.

REQUIRED DOCUMENTATION:

- 12.1) Approved proposal for Network-wide project or exercise
- 12.2) Final Summary Report, including details of implementation, including how project or exercise has advanced progress on Network’s Strategic Plan.

Network Coalition Contract Deliverable 12.1 Proposal Template

Required Activities: Using Network strategic plan and/or recent (e.g., from BP1 SUPP) 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 to address goal(s) or key findings from strategic plan and/or recent risk assessment.

How this Ties to Preparedness: Networks / Hospitals can design a deliverable that addresses their unique preparedness needs identified in their institution. This benefits their specific institution as well as the larger healthcare system. The area of focus should align with Network strategic plan, recent risk assessment finding(s), hazard vulnerability analysis (HVA) or After-Action Report/Improvement Plan (AAR/IP).

Deliverable(s) should result in system-wide (i.e., multi-facility acute, non-acute and community-based organizations) activity(ies) related to implementing a project or conducting an exercise.

Proposed projects or exercises must be separate from any activities or exercises listed previously as deliverables in this contract. **Network may not use Deliverable 8’s Coalition Surge Test to satisfy this deliverable.**

Please complete all sections of this deliverable template and submit to William Lang at wlang1@health.nyc.gov. Each Network will receive credit for deliverable 12.1 when reviewed and approved.

Network Name: ____
Network Point of Contact for Deliverable 12:

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Email:
Phone:
Please indicate the type of deliverable you are proposing: <input type="checkbox"/> Project <input type="checkbox"/> Exercise

Please describe the rationale for choosing the specific Network-wide project deliverable [i.e. how does this align with your Network strategic plan, recent risk assessment finding(s), hazard vulnerability analysis (HVA) or After-Action Report/Improvement Plan (AAR/IP)]:

For Projects - Complete the following information regarding your implementation plan (Networks completing exercises may skip this section):

Key Objective:

Goals:

 Goal 1:

 Goal 2:

 Goal 3:

 If additional goals, please describe:

Key Action Steps:

 Step 1:

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Step 2:

Step 3:

If additional Steps, please describe:

Timeline:

Expected Budget:

For Exercises – Describe provide a general exercise overview to include (Networks completing projects can skip this section):

Expected Scope of exercise (e.g. multiple part exercise over three days involving outpatient and acute care facilities):

Sectors you plan to involve (i.e. multiple acute care facilities, outpatient (non-acute) facilities, nursing homes, etc.):

Main Objective(s):

Planned Scenario:

Timeline:

Budget:

DUE DATES:

12.1 due: December 10, 2019

12.2 due: April 22, 2020