



Hospital Preparedness Program (HPP) Budget Period 1 (BP1) Coalition Contracts – Network Coalitions

KICK-OFF MEETING (WEBINAR)

September 9, 2019



Outline

- ▶ **Introduction and Goal**
- ▶ **Hospital Preparedness Program (HPP) Requirements 2019 – 2024**
- ▶ **Overview of Program Deliverables BP1 July 1, 2019 – June 30, 2020**
 - Total Network Coalition Contract Reimbursable Amount
 - Deliverable Activities
 - Deliverable Required Documentation
- ▶ **Business Process**
 - Vouchering
 - Emergency Preparedness Coordinator (EPC) and Alternate EPC Contact Update



Introduction and Goal



NYC DOHMH's Goal

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





Hospital Preparedness Program Requirements 2019 - 2024



ASPR Hospital Preparedness Program (HPP)

- ▶ ASPR Hospital Preparedness Program (HPP) – To build and maintain prepared healthcare systems, advance the development and maturation of healthcare coalitions, strengthen regional coordination, and ensure the healthcare system can maintain operations and surge to provide acute medical care during all-hazards emergencies
- ▶ Cooperative Agreement for five years (7/2019 through 6/2024)
- ▶ Open / Annual Award lasting 12 months: Budget Period 1 (BP1) (7/1/19 through 6/30/20)



2017-2022 Health Care Preparedness and Response Capabilities

- ▶ **Capability 1: Foundation for Health Care and Medical Readiness** - The community's health care organizations and other stakeholders-coordinated through a sustainable HCC-have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.
- ▶ **Capability 2: Health Care and Medical Response Coordination** - Health care organizations, the HCC, their jurisdiction(s), and the ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.



2017-2022 Health Care Preparedness and Response Capabilities cont..

- ▶ **Capability 3: Continuity of Health Care Service Delivery** - Health care organizations, with support from the HCC and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.
- ▶ **Capability 4: Medical Surge** - Health care organization-including hospitals, EMS, and out-of-hospital providers-deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.



Approach to HPP Requirements

▶ Requirements

- Many requirements for planning, exercising, vulnerability assessment, sharing resources, supply chain, recruitment/membership across healthcare and healthcare support industries, documentation

▶ Activities engaging NYC HCC members

- Coalition HVA, steering committees, workgroups, LCM/EPS, workshops, reviewing/approving plans, Surge Ex, call down notifications

▶ Benefits for the NYC HCC

- Cohesive, shared planning assumptions, cooperation across the healthcare system, shared best practices, exercising and training together

▶ For more information

- See attachments or visit <http://www.nychealthcareprepares.com/>



Overview of Network Coalition BP1 Deliverables



Total Contract Reimbursable Amount



- ▶ When BP1 Contract is Fully-Executed, Network can voucher for approved deliverables totaling:

\$90,000.00 + \$54,000.00 per facility



BP1 Deliverables

1. **Submit Partially Executed Budget Period 1 (BP1) Contract**
2. **Participate in NYC Health Care Coalitions (NYCHCC) Leadership Council (LC) Meetings**
3. **Participate in Emergency Preparedness Symposia (EPS)**
4. **Update Network Contact Information**
5. **Update Network Charter and Strategic Plan**
6. **Complete Network Training Plan and Document Staff Training for Emergency Management Capabilities**
7. **Support Borough Coalition(s)**
8. **Participate in Citywide Coalition Surge Test (CST)**
9. **Design a Mass Casualty Incident (MCI) Deliverable**
10. **Mystery Patient Drill 2.0**
11. **Participate in a Workgroup**
12. **Design a Deliverable(s)**



Submit Partially Executed Budget Period 1 (BP1) Contract

- ▶ In order to ensure contracts are executed in a timely manner and hospitals have adequate time to complete all deliverables in BP1, DOHMH will provide reimbursement of **\$5,000.00** to Networks that return a signed contract within **45 calendar days of receipt** from Public Health Solutions (PHS) including all required administrative documents.
- ▶ Networks are required to complete all deliverables.



Participate in NYCHCC Leadership Council Meetings

- ▶ Ensure attendance and participation of at least one (1) Network EPC or appropriate designee at four (4) NYCHCC Leadership Council meetings. NYCHCC Leadership Council meetings convene the leadership of all funded NYCHCC sectors and may include participation in focus-groups and/or workshops as part of the meeting agenda in order to advance NYCHCC preparedness efforts and meet BP1 HPP grant requirements, including development of NYCHCC governance documents.
- ▶ Present an overview of Network's emergency management work at one (1) NYCHCC Leadership Council meeting or at one (1) Emergency Preparedness Symposium (EPS)

Required Documentation:

- ▶ Completed evaluation surveys for each of the four (4) NYCHCC Leadership Council meetings - **MRA = \$4,000.00 (\$1,000.00 X 4 meetings)**
- ▶ PowerPoint Presentation - **MRA = \$2,000.00**



Participate in Emergency Preparedness Symposia (EPS)

- ▶ Ensure attendance and participation of at least one (1) Hospital EPC or appropriate designee from each Network acute care facility at two (2) Emergency Preparedness Symposia (EPS). EPS bring together NYC healthcare and non-healthcare providers to partner in emergency preparedness and response activities, sharing promising/best emergency management practices and knowledge, and mentoring partners and providers. Attendees are expected to actively participate in DOHMH-sponsored workshops offered at EPS.
- ▶ *Note: Individual attendees cannot represent more than one (1) HPP funded entity at EPS.*

Required Documentation:

- ▶ Evaluation surveys completed by one (1) Hospital EPC/designee from each Network acute care facility for the two (2) EPS meetings

MRA = \$1,000.00 per network acute care facility X 2 EPS



Update Network Contact Information

- ▶ Update and/or confirm contact information for each Network acute care facility by updating fields in template provided by DOHMH. Update or add pediatric disaster contact information.
- ▶ Advise DOHMH of changes and updates to service contact information on an ongoing basis

Required Documentation:

- ▶ Completed template or DOHMH generated email acknowledging contact information updates completed and verified.

MRA = \$1,000.00 per Network acute care facility

Due Date: January 10, 2020

**Additional deliverable details provided in guidance document.*



Update Network Charter and Strategic Plan

- ▶ Update (as needed) the following Network Coalition planning/strategic documents:
 - 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.
- ▶ Develop 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.

Due Dates and Required Documentation:

- ▶ Updated documents (charter / strategic plan) - **MRA = \$10,000.00 ; Due Date: March 6, 2020**
- ▶ One (1) executive summary of the strategic plans of each Network acute care facility – **MRA = \$4,000.00 per Network acute care facility ; Due Date: April 3, 2020**

**Additional deliverable details provided in guidance document.*



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

- ▶ 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 DOHMH with training data completed for each Network acute care facility using template provided by DOHMH and evidence of completed training.

Required Documentation:

- ▶ Revised training plan - **MRA = \$8,000.00** ; **Due Date: June 4, 2020**
- ▶ Training data per Network acute care facility using DOHMH template with sign-in-sheets - **MRA = \$7,000.00 per Network acute care facility** ; **Due Date: June 4, 2020**

**Additional deliverable details provided in guidance document.*



Support Borough Coalition(s)

- ▶ Submit for approval a proposal detailing plans to have representatives from each Network acute care facility engage and collaborate with NYCHCC Borough Coalition(s) activities. Network should also include affiliated non-acute care facility emergency preparedness partners in its planning.
- ▶ **At a minimum**, one (1) representative from each Network acute care facility must attend a minimum of two (2) Borough Coalition(s) meetings and/or activities (e.g., trainings, exercises). Individual designees cannot attend on behalf of more than one (1) acute care facility.
- ▶ Develop a summary report of Network engagement in Borough Coalition(s) activities.

Due Dates and Required Documentation:

- ▶ Proposal - **MRA = \$4,000.00 ; Due Date: November 15, 2019**
- ▶ Final summary report of Network's engagement in Borough Coalition(s) activities - **MRA = \$2,000.00 per Network acute care facility (participation in two meetings/activities) ; Due Date: May 15, 2020**

*Additional deliverable details provided in guidance document.



Participate in Citywide Coalition Surge Test (CST)

- ▶ Participate in the planning, preparation, conduct, data collection, and evaluation for the 2020 Coalition Surge Test (CST) (to be held in February 2020), coordinated by DOHMH, that will focus on planning and response operations for medical surge resulting from an event requiring evacuation of certain facilities and decompression of those receiving evacuated patients.

Due Dates and Required Documentation:

- ▶ 1.) Proof of a facilitated discussion conducted prior to 2020 CST for each Network acute care facility using DOHMH template, including sign-in sheets and signed checklist (to be provided by DOHMH) confirming that all surge and evacuation preparation tasks on the checklist were completed per the instructions on the checklist. **MRA = \$12,000.00; Due Date: January 2020**
- ▶ 2.) Completed After Action Review (AAR) template (provided by DOHMH) from each Network acute care facility and Network level if applicable that includes exercise observation and evaluation details and sign-in sheets. And hot wash registration or participation list (DOHMH will provide). **MRA = \$6,000.00 per Network acute care facility; Due Date: February 2020**
- ▶ 3.) Surge and evacuation data (template provided by DOHMH). **MRA = \$6,000.00 per Network acute care facility; Due Date: February 2020**

**Additional deliverable details provided in guidance document.*



Design a Mass Casualty Incident (MCI) Deliverable

- ▶ **Using template provided by DOHMH, design a 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 in the Aftermath
 - Managing the Community Response to an MCI
 - Legal and Regulatory Considerations
 - Recovery
- ▶ **Develop and submit MCI deliverable proposal for approval by DOHMH in advance of project implementation or conduct of exercise.**



Design a Mass Causality Incident (MCI) Deliverable cont..

- ▶ Complete a self-assessment of hospital disaster mental health plans using an assessment tool provided by DOHMH.
- ▶ Develop the final summary report with details of implementation, goals and objectives, findings, impacts, outcomes, stakeholders, and next steps; and other supporting documentation.

Due Dates and Required Documentation:

- ▶ Approved Network-level MCI project or exercise proposal template provided by DOHMH – **MRA = \$13,000.00; Due Date: November 8, 2019**
- ▶ Completed assessment tool of Network disaster mental health plans – **MRA = \$5,000.00; Due Date: January 31, 2020**
- ▶ Final Summary Report and supporting documentation – **MRA = \$8,500.00 per Network acute care facility; Due Date: May 17, 2020**

**Additional deliverable details provided in guidance document.*



Mystery Patient Drill 2.0

- ▶ **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.**
- ▶ **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 (**September 25th, 10am**) and coordinate scheduling and conduct of drill.**
- ▶ **Each Network acute care facility must participate in one (1) mystery patient drill (conducted by DOHMH) to test the ability of the facility to rapidly identify, isolate and assess patients with high-consequence infections. DOHMH will provide an After Action Report (AAR) for each drill.**
- ▶ **Each Network acute care facility must complete an internal improvement plan (IP) in accordance with recommendations from the AAR.**



Mystery Patient Drill 2.0 cont...

- ▶ Develop a network-level improvement plan (IP) based on findings from the acute care facility-level AARs. This should include an analysis of system-wide strategies to address gaps and improve identification and isolation capability. Individual acute care facility IPs should be submitted along with the network level IP.
- ▶ *Note: Acute care facilities without an ED or Urgent Care/walk-in clinic should contact DOHMH to arrange an alternate activity.*

Due Dates and Required Documentation:

- ▶ Proof of attendance for at least one (1) representative at webinar training for trusted agents (vendor will provide documentation to DOHMH) – **MRA = \$3,000.00 per Network acute care facility; Due Date: October 18, 2019**
- ▶ Improvement Plan (IP) for each Network acute care facility. – **MRA = \$3,000.00 per Network acute care facility; Due Date: January 17, 2020, 2019**
- ▶ Network-level Improvement Plan – **MRA = \$10,000.00; Due Date: January 17, 2020**



Participate in a Workgroup

- ▶ **Participate in at least one (1) workgroup or NYC Health Care Coalition (NYCHCC) subcommittee convened by DOHMH, GNYHA, or other planning partner focusing on challenges to preparedness / response.**
- ▶ **Develop and submit deliverable proposal summarizing each Network acute care facility's planned participation in a workgroup for DOHMH approval.**
- ▶ **Develop and submit final summary report describing workgroup participation within the date range July 1, 2019 through February 14, 2020.**

**Additional deliverable details provided in guidance document.*



Participate in a Workgroup cont...

Due Dates and Required Documentation:

- ▶ Proposal – **MRA = \$4,000.00**

Due Date: October 1, 2019

- ▶ Final Summary report – **MRA = \$ 3,000.00 per Network acute care facility**

Due Date: February 14, 2020

Proposed Workgroups:

- ❑ DOHMH Coalition Surge Test Planning Committee
- ❑ DOHMH Surge/Evacuation Steering Committee
- ❑ FDNY - GNYHA MCI Workgroup
- ❑ GNYHA Sit Sat Advisory Council
- ❑ Health System Lead Workgroup
- ❑ Borough Coalition Lead Workgroup
- ❑ NYCHCC Subcommittee(s)



Design a Deliverable(s)

- ▶ Using Network strategic plan and/or recent (e.g., from BP1 SUPP) risk assessment finding(s), design a deliverable that includes implementing a project or conducting an exercise.
- ▶ Deliverable should result in activity(ies) that will implement a project or address a gap. Proposed project or exercise *must be separate* from any activities listed previously as deliverables in this contract.

Due Dates and Required Documentation:

- ▶ Proposal – **MRA = \$3,000.00**
Due Date: December 10, 2019
- ▶ Final Summary Report – **MRA = \$ 5,000.00**
Due Date: April 22, 2020

**Additional deliverable details provided in guidance document.*



Business Process



Vouchering (Invoicing)

- ▶ Public Health Solutions (PHS) sends contract to EPC for signature and a template for vouchering
- ▶ EPC returns signed contract (+ other required documentation) to PHS.
- ▶ PHS sends copy of executed contract to EPC.
- ▶ EPC / ALT EPC submits deliverable documentation by specified due date to Project Manager.
- ▶ Project Manager reviews deliverable, notifies EPC / ALT EPC of approval to voucher
 - If deliverable is not approved, Project Manager communicates to EPC / ALT EPC on what modifications are needed
 - EPC / ALT EPC resubmits deliverable for approval
- ▶ Once approved to voucher, EPC / ALT EPC submits voucher (signed and dated within 30 days of approval) to Chanukka Smith and William Lang
- ▶ Once voucher is reviewed and approved, it is submitted to PHS for payment
- ▶ PHS remits payment



Updating EPC / ALT EPC

- ▶ Hospital notifies Chanukka Smith at DOHMH (csmith29@health.nyc.gov) of new Emergency Preparedness Coordinator (EPC) or Alternate EPC. If hospital is a member hospital of a Network Coalition, the Network Lead notifies DOHMH.
- ▶ New EPC /ALT completes the EPC Contact Form. The form can be requested via email or downloaded from our website (<http://nychealthcareprepares.com>)
- ▶ Completed contact form is returned to DOHMH and EPC / ALT EPC is added to DOHMH distribution lists

Deliverable Points of Contact

| BP1 Deliverables | Deliverable Project Manager |
|--|--------------------------------|
| Submit Partially Executed Contract | Chanukka Smith |
| Participate in NYCHCC Leadership Council Meetings and EPS | William Lang / Chanukka Smith |
| Update Healthcare Network Contact Information | Darrin Pruitt / Chanukka Smith |
| Update Network Charter and Strategic Plan | William Lang / Taina Lopez |
| Complete Network Training Plan and Document Staff Training for Emergency Management Capabilities | Darrin Pruitt / Chanukka Smith |
| Support Borough Coalition(s) | William Lang / Chanukka Smith |
| Participate in Citywide Coalition Surge Test (CST) | Les Welsh |
| Design a Mass Casualty Incident (MCI) Deliverable(s) | Timothy Styles / Taina Lopez |
| Mystery Patient Drill 2.0 | Mary Foote / Elizabeth Navarro |
| Participate in a Workgroup | Chanukka Smith |
| Design Deliverable(s) | William Lang / Chanukka Smith |

dohmhcore@health.nyc.gov

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



Thank you!

▶ **We look forward to working with you in BP1!**

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