NYC Health Care Coalition (NYCHCC)
Leadership Council Meeting co-hosted with The Brooklyn Coalition

NYC DOHMH OFFICE OF EMERGENCY PREPAREDNESS AND RESPONSE
BUREAU OF HEALTHCARE SYSTEM READINESS

Tuesday, June 16, 2020


Welcome!

PM	Agenda	
2:00 – 2:10	Arrivals / Welcome	
2:10 – 2:45	Review of recent accomplishments of The Brooklyn Coalition 2019-2020 Deliverable to Address a Borough-level Gap- HVA survey “Discharging Patients During a Disaster”	
2:45 – 3:25	Network Coalition Presentations • MediSys Health Network • Montefiore Medical Center • NYU Langone Hospitals • Northwell Health	• New York-Presbyterian Healthcare System • NYC Health + Hospitals • Mount Sinai Health System
3:25 – 3:35	Open Forum / Q&A	
3:35 – 3:50	Subject Matter Expert (SME) Coalition Presentations • Pediatric Disaster Coalition (PDC) • NorthHelp • Continuing Care Leadership Coalition (CCLC)	
3:50 – 3:55	Open Forum / Q&A	
3:55 – 4:30	DOHMH Updates	
4:30	Adjournment	

THE BROOKLYN COALITION

PIA DANIEL MD, MPH

TBC CHAIR

AGENDA

- TBC SUMMARY OF ACTIVITIES

- 2019-2020 DELIVERABLE: SOCIAL WORK HVA, GAPS, NEXT STEPS

TBC SUMMARY OF ACTIVITIES

LIST OF STAKEHOLDERS:

2019-2020 CURRENT MEMBERS

THE BROOKLYN COALITION

Hospitals

- Coney Island Hospital Medical Center
- Brookdale Hospital Medical Center
- Brooklyn Hospital Center
- Interfaith Medical Center
- Kings County Hospital Center
- Kingsbrook Jewish Medical Center
- Maimonides Medical Center
- Mount Sinai Brooklyn
- NYP Methodist Hospital
- NYU Langone Hospital Brooklyn
- SUNY Downstate University Hospital Brooklyn
- Woodhull Medical Center
- Wyckoff Heights Medical Center
- VANYHHS Brooklyn
- New York Community Hospital (*new member)*

Long Term Care/LTC

- Cobble Hill Nursing Home,
- DSSM Rehabilitation Center
- Sheepshead Nursing and Rehabilitation Center

Non Hospital Non LTC

- LaSante Health Center
- Community Health Care Association of NYS CHCANYS (*new member)*

Home Care Agencies

- Accent Care / Alliance for Health (*new member)*

INITIAL TBC HVA :

SHARED GAP IDENTIFIED: NO BURN BEDS IN BOROUGH

RESPONSE:
-TBC WORKED WITH HEALTHCARE PARTNERS TO UPDATE BURN SURGE PLAN
-CONDUCTED ANNUAL DRILLS

2019-2020 DELIVERABLE: SOCIAL WORK HVA, GAPS, NEXT STEPS

BASED ON TBC HVA 2019-2020 HVA:

SHARED GAP IDENTIFIED: RAPID PATIENT DISCHARGES TO THE COMMUNITY

RESPONSE: TBC HAS DEVELOPED A 3-YEAR PLAN TO ADDRESS THIS GAP

YEAR 1 (2019-2020):

CONDUCT AN **EXPANDED BROOKLYN COALITION HVA**

DEVELOP A **SOCIAL WORK/CARE COORDINATION RESOURCE**

DEVELOP A RESOURCE LIST FOR COALITION MEMBERS

OVER A 3-YEAR PERIOD:

CREATE A PROTOCOL FOR RAPID PATIENT DISCHARGES TO THE COMMUNITY

DEVELOP/DELIVER TRAININGS
CONDUCT A DRILL

EXPANDED BROOKLYN COALITION DISCHARGE PLANNING HVA

- Focus on members' capabilities/gaps for rapid patient discharges to home, community centers, nursing homes, and re-instating HHS

- RESULTS:

	Disaster Discharge Response Team	Expedite place-ment	Expedite home services	Agree-ment with subacute centers	Agree-ment with Certified Home Health Care Agencies	Affiliated Nursing Homes	Affiliated Home Care Network	Relation-ship with Affiliated Community Centers	Relation-ship with Affiliated Rehab centers	Relation-ship with affiliated Community Mental Health centers	Patient transport center	Agreement with an ambulance service
Total "Yes" Responses:	14	14	11	12	12	14	12	13	12	11	9	16
Total "No" Responses:	2	2	3	4	4	2	4	3	4	3	7	0
Percentage Positive:	87.50%	87.50%	68.75%	75.00%	75.00%	87.50%	75.00%	81.25%	75.00%	68.75%	56.25%	100.00%

Name Brooklyn Coalition Facility or Agency	Name Brooklyn Coalition Member representative	Brooklyn Coalition Member cell number	Command Center telephone # for your facility	Your facilities Social Worker Discharge/ Coordinator available during the drill- Names and Contact #	Names of Nursing Home/Rehab's facilities used to discharge patients	Names Homecare agencies used to discharge patients	Name and number of transport services or transport center.
xx	xxxxxx	xxxxx	xxxx	xxxxx	xxxxx	xxxx	xxxx

SOCIAL WORK/CARE COORDINATION RESOURCE

RESOURCE LIST FOR COALITION MEMBERS

FINAL NOTE REGARDING COVID-19 & TBC

- TBC DID NOT FUNCTION AS A RESPONSE GROUP
- 1 MEMBER ACTIVATED CALL DOWN LIST TO GET URGENT SUPPLY


THANK YOU

Network Coalitions Presentations

MediSys Health Network

Disaster Medical Response Team (DMRT) Puerto Rico Mental Health Deployment

NYCHCC
Leadership Council Meeting
June 16, 2020

MediSys Health Network
Disaster Medical Response Team (DMRT) History

- 1992 - Hurricane Andrew, Homestead FL
- 1996 - TWA Flight 800, JFK Airport
- 1998 - SwissAir Flight 111, JFK Airport
- 1998 - Ice Storms, Watertown/Cape Vincent, NY
- 1999 - EgyptAir Flight 990, JFK Airport
- 2001 - World Trade Center, NY, NY
- 2001 - American Airlines 587, JFK Airport
- 2005 - Hurricanes Katrina & Rita, Mississippi & Louisiana
- 2012 - Superstorm Sandy, Rockaway & Howard Beach, NY
- 2017 - Hurricane Maria, Puerto Rico
- 2020 - Earthquakes, Puerto Rico

MediSys DMRT 2020 Members

Attilio Rizzo Jr., DSW, LCSW-R
Administrative Lead

Martha Edelman, M.D.
Clinical Lead

Jennifer Santos, PsyD

Frank Lopes, LCSW-R

Alberto Palomino, LCSW-R

Denise Osorto, LMSW

Deployment to Puerto Rico
Providing Critical Mental Health Services

- Deployment developed in collaboration with GNYHA & Governor Cuomo's Office
  - Send-off press conference Sunday, February 2nd
- Bilingual mental health providers working under the auspices of Puerto Rico's mental health agency conducted community canvassing – providing counseling and referrals
  - Deployment February 3rd – 10th

Participating health systems included:

- ✓ MediSys Health Network
- ✓ Montefiore Health System
- ✓ Mount Sinai Health System
- ✓ Northwell Health
- ✓ Catholic Health Services
- ✓ New York-Presbyterian (telemedicine)

Selecting and Preparing Volunteers

- Very similar to October-November 2017 Medical Team deployment post-Maria
  - Utilized Emergency Management Assistance Compact
    - Provides for: licensure reciprocity, liability defense and coverage, worker's compensation for deployed workers
    - Participating health care systems entered into MOU with NYS
    - Staff became "state assets"
- Deployment requirement: bilingual mental health professionals. Short timeline for preparation.
  - Focused group of personnel.
    - Pool made smaller by bilingual requirement.
  - Team members had to commit to a travel window of 1/27–2/16.
  - Initial team briefing (1/28) to provide latest information, provide next steps, and confirm commitment.

Selecting and Preparing Volunteers (cont.)

- Occupational Health Service clearance
- Electronic data collection and ongoing information sharing
- Pre-deployment briefing (1/31)
  - Latest information: Departure/travel information, lodging & logistics, potential assignments, reinforce environmental safety.
  - Review communication plans.
  - Issue equipment and supplies.

Day of Departure

- At JHMC at 5:15 AM Final Briefing
- At JFK Airport at 6:15 AM
    - JetBlue Flight to San Juan, Puerto Rico
- Operational Briefing at Hotel
- Assignments organized by ASSMCA, Puerto Rico's mental health agency.

  *La Administración de Servicios de Salud Mental y Contra la Adicción

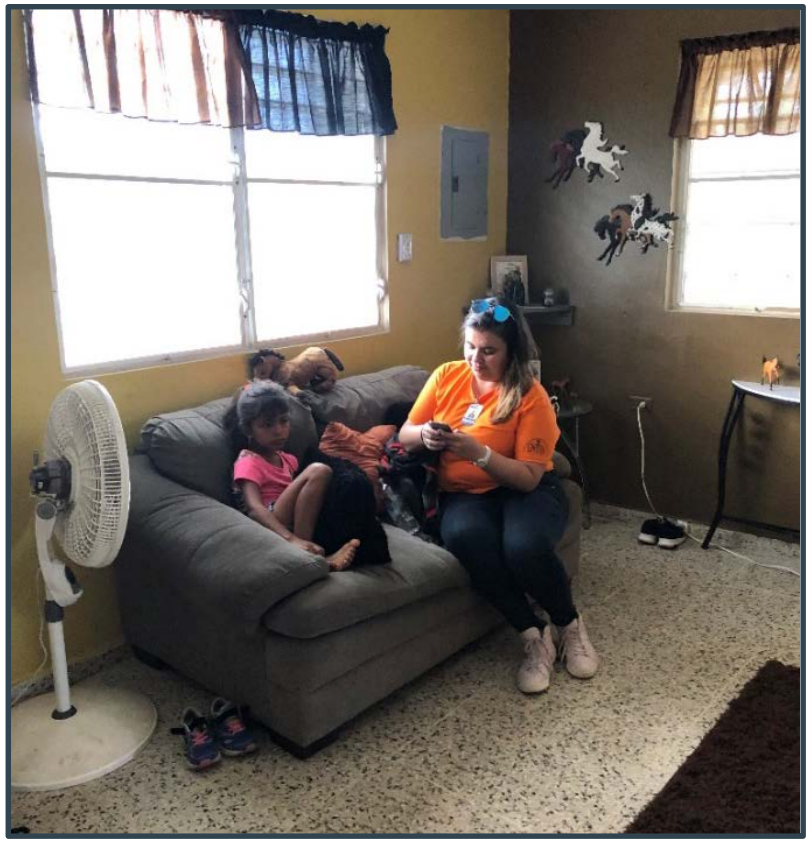
Community Canvassing

Volunteers visited hundreds of residents in impacted towns along the southwestern coast of Puerto Rico. Two hour drive each way daily from San Juan to:

- Villalba
- Guanica
- Guayanilla
- Peñuelas
- Yauco
- Ponce

Widespread Damage

Community Canvassing



Community Canvassing

Outreach to Students and Teachers

A resourceful group of volunteers made contact with leaders of a day camp servicing 600 children near a base camp in Penuelas.

Run by the Puerto Rico Teachers Union, volunteers ran multiple groups for children, teens and teachers over several days.

Ensuring the Well-being of Our Volunteers

- Deployment communications
  - Daily briefing with team leads (10-15 minutes).
    - Disseminated daily summary to stakeholders.
  - Team provided personal medical information to team leads in sealed envelopes.
  - Ongoing texting between team leads and EM.
  - Established photo sharing platform for team members to upload photos.

- Post Deployment
  - Mandatory day off
  - OHS Medical/Psychological clearance
  - Post deployment briefing

MediSys Health Network

Thank You!

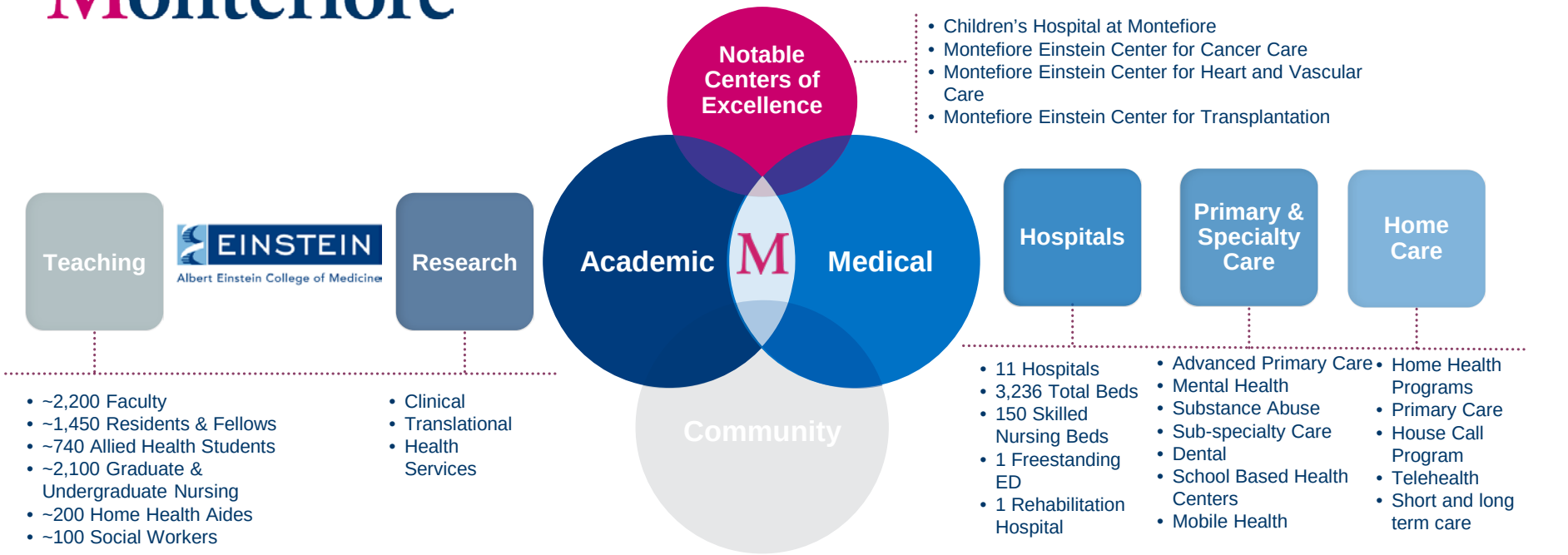
Innovation at Montefiore

Jared Shapiro, DrPH(c), PhD(c), MPH, CEM
Senior Director, EH&S
Montefiore Health System

Montefiore
ENVIRONMENTAL HEALTH & SAFETY

Montefiore
DOING MORE℠

Montefiore



- Children's Hospital at Montefiore
- Montefiore Einstein Center for Cancer Care
- Montefiore Einstein Center for Heart and Vascular Care
- Montefiore Einstein Center for Transplantation

- ~2,200 Faculty
- ~1,450 Residents & Fellows
- ~740 Allied Health Students
- ~2,100 Graduate & Undergraduate Nursing
- ~200 Home Health Aides
- ~100 Social Workers

- Clinical
- Translational
- Health Services

- 11 Hospitals
- 3,236 Total Beds
- 150 Skilled Nursing Beds
- 1 Freestanding ED
- 1 Rehabilitation Hospital

- Advanced Primary Care
- Mental Health
- Substance Abuse
- Sub-specialty Care
- Dental
- School Based Health Centers
- Mobile Health

- Home Health Programs
- Primary Care
- House Call Program
- Telehealth
- Short and long term care

- Health Education
- Community Advocacy
- Wellness
- Disease Mgmt.
- Nutrition
- Obesity Prevention
- Physical Activity
- Reduce Teen Pregnancy
- Lead Poisoning Prevention

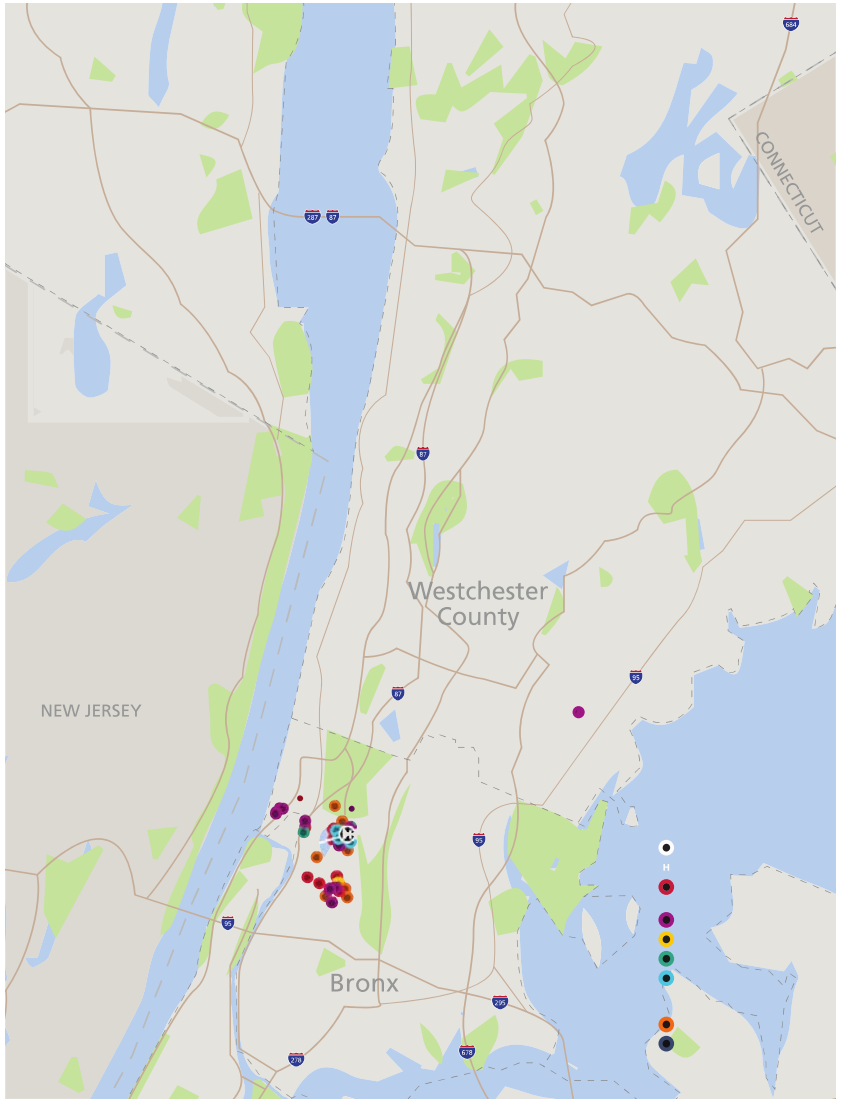
- Finance
- Legal
- Strategic Planning
- Purchasing
- Compliance
- Marketing
- Public Affairs
- Human Resources

- Clinical support
- Network applications

- Care Management (~ 383K Covered Lives)
- Disease Management
- Care Coordination
- Telemedicine
- Pharmacy Education

- ~36,944 Employees
- ~ 6,627 Medical & Allied Health Staff
  - ~5,027 Physicians
- ~6,369 Integrated Provider Association members
  - ~3,998 Employed
- ~5,680 RN/LPN
- ~5,151 NYSNA
- ~559 Other Union
- ~13,772 1199
  - ~918 1199RN

Integrated Delivery System



Our Locations

2,977 Total Acute Beds Across 10 Hospitals

- Including 136 beds at the Children's Hospital at Montefiore (CHAM)
- 115 NICU/PICU beds

150 Skilled Nursing Beds

200+ Sites Including

Hutchinson Campus – Hospital without Beds

1 Freestanding Emergency Department
First in New York State

70 Primary Care Sites

- 20 Montefiore Medical Group Sites
- 29 School Health Clinics

18 Mental Health/Substance Abuse Treatment Clinics

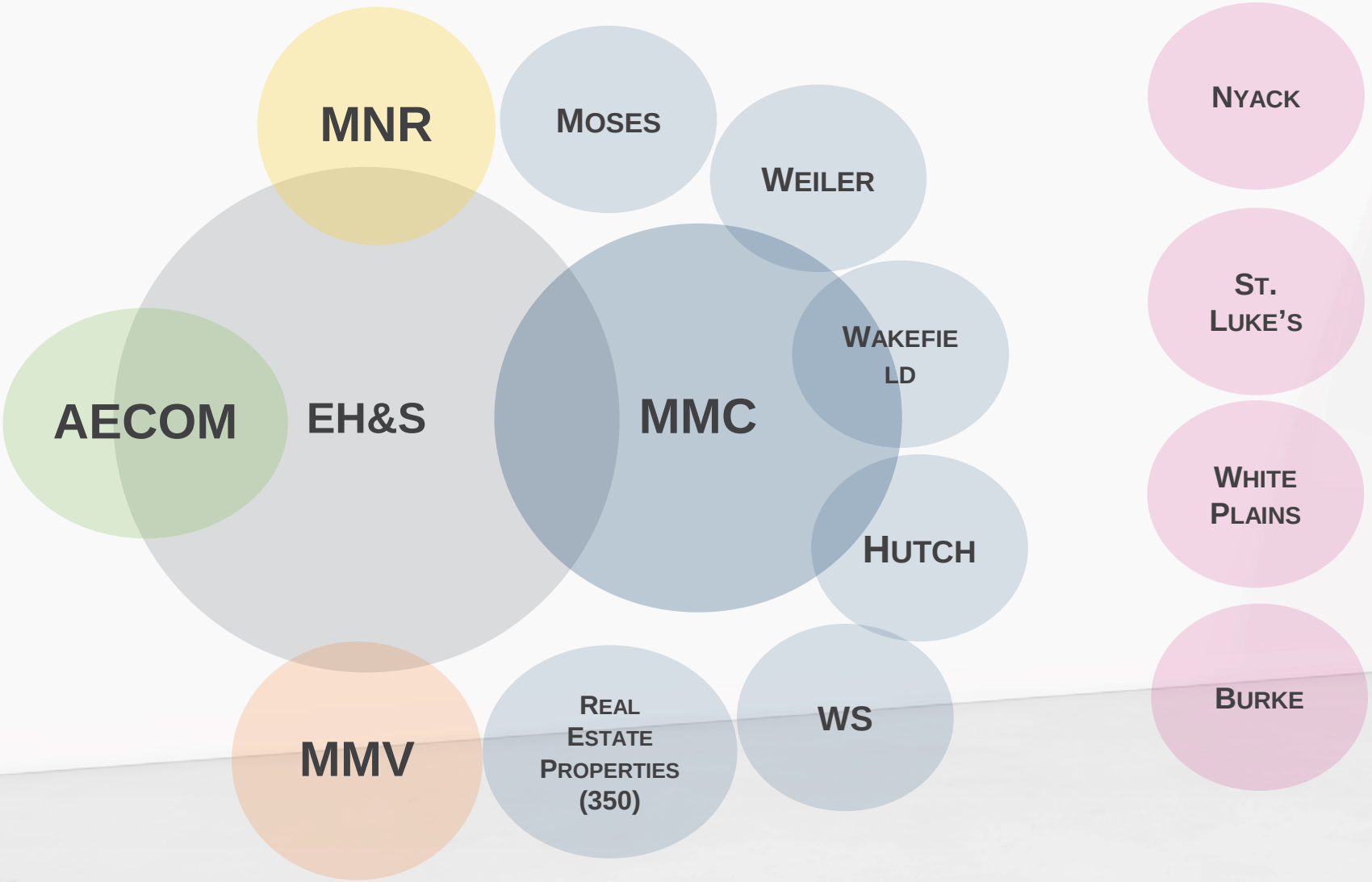
101 Specialty Care Sites

- 3 Multi-Specialty Centers
- 8 Pediatric Specialty Centers
- 9 Women's Health Centers
- 15 Rehabilitation Centers

9 Dental Centers

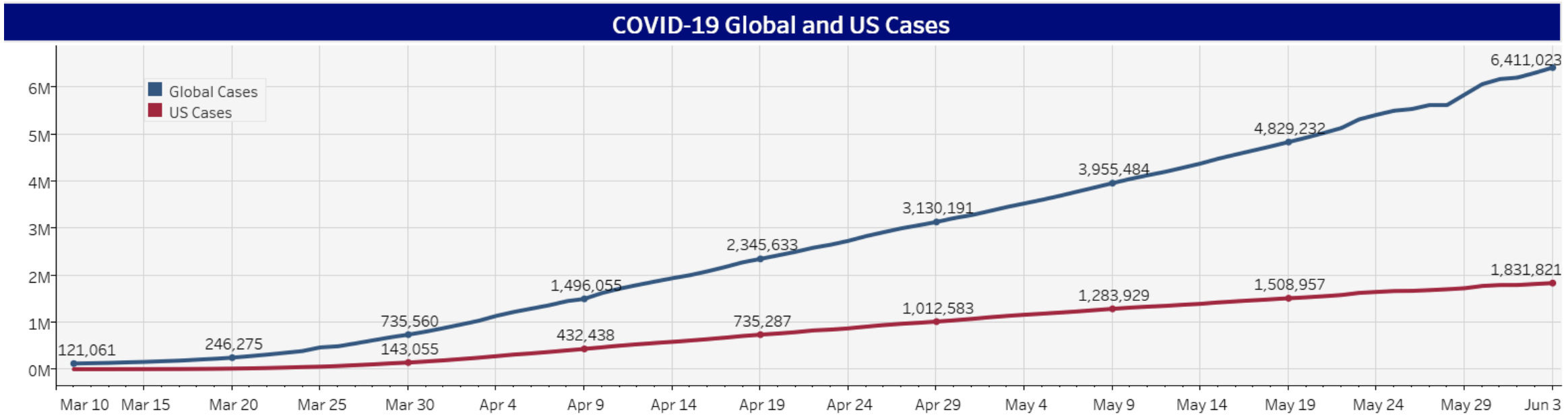
9 Imaging Centers

Our Partners



Montefiore DOING MORE℠

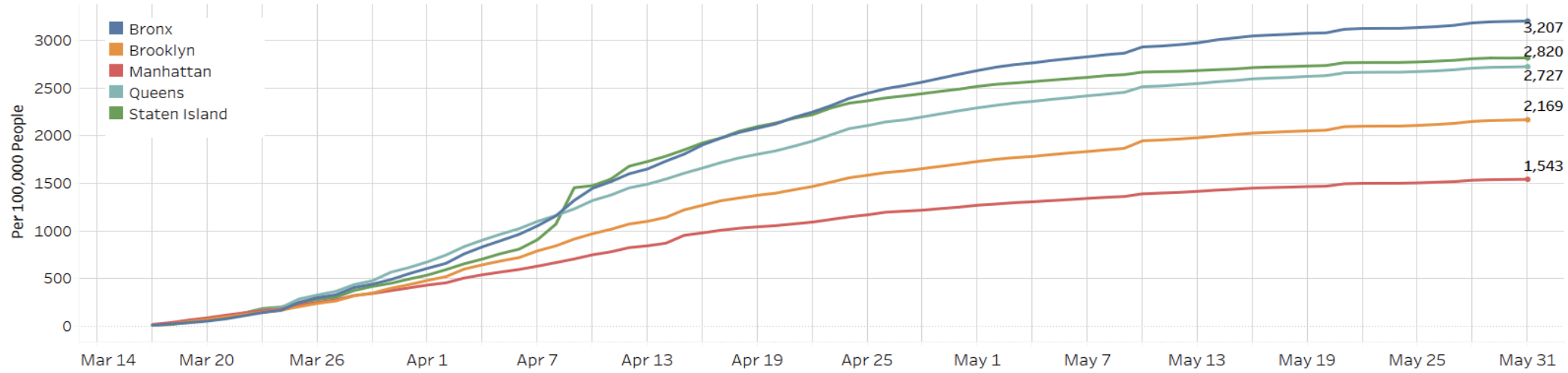
The COVID-19 Story



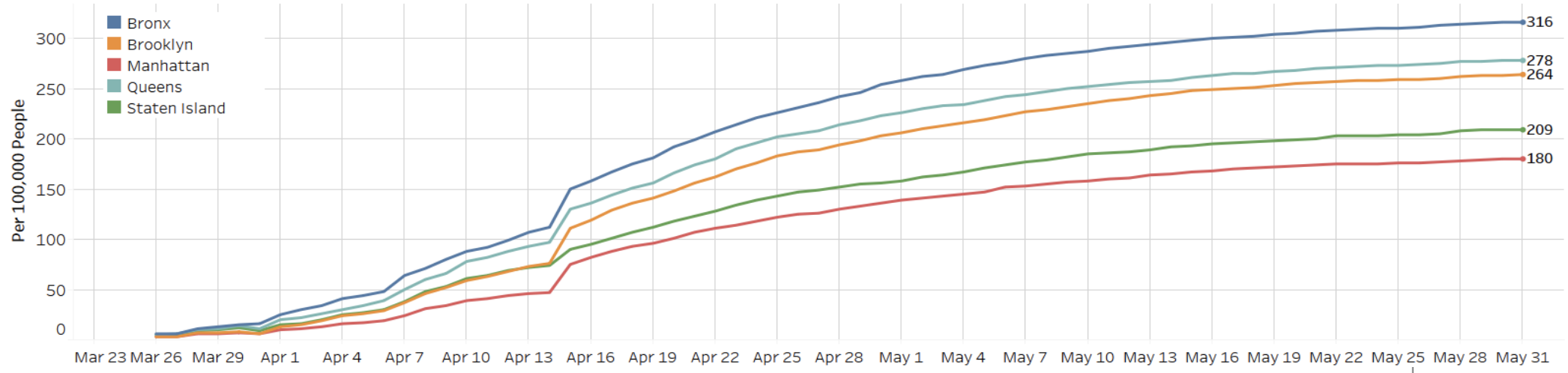
Montefiore | EINSTEIN
Albert Einstein College of Medicine

The Bronx COVID-19 Story

NYC COVID-19 Infection Rate by Borough Population



NYC COVID-19 Mortality Rate by Borough Population



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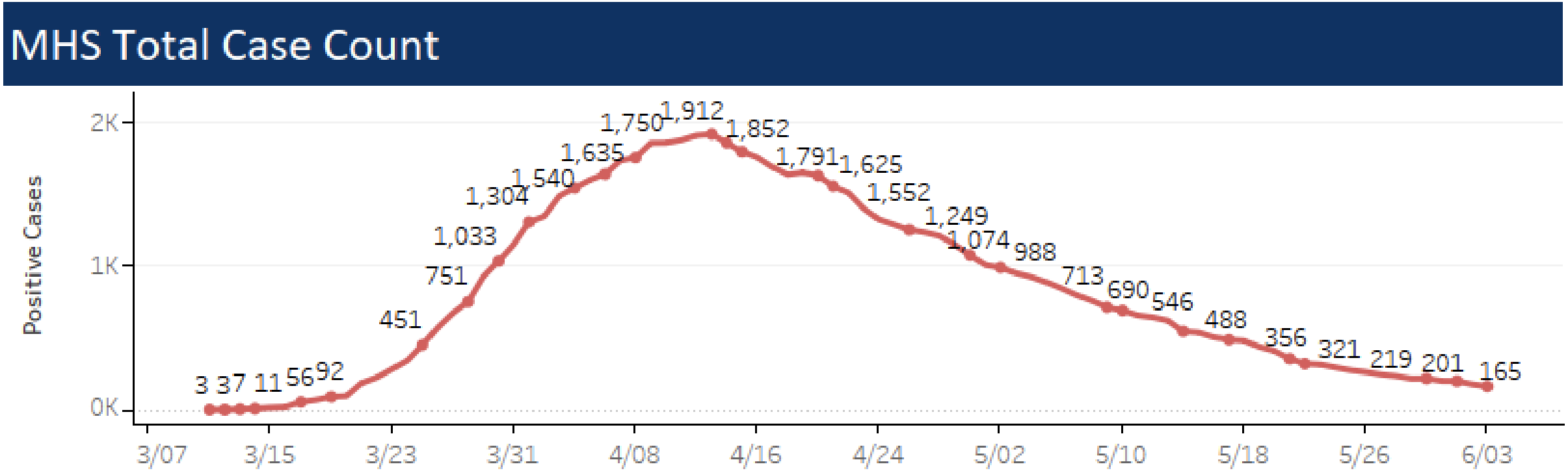
The Montefiore COVID-19 Story



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The Montefiore COVID-19 Story

Over 1100 Patients Moved

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COVID-19 Innovation

STEIN
ollege of Medicine

Innovation at Montefiore

Intubation Boxes

Surge Areas from Auditoriums

Fit Test Equipment

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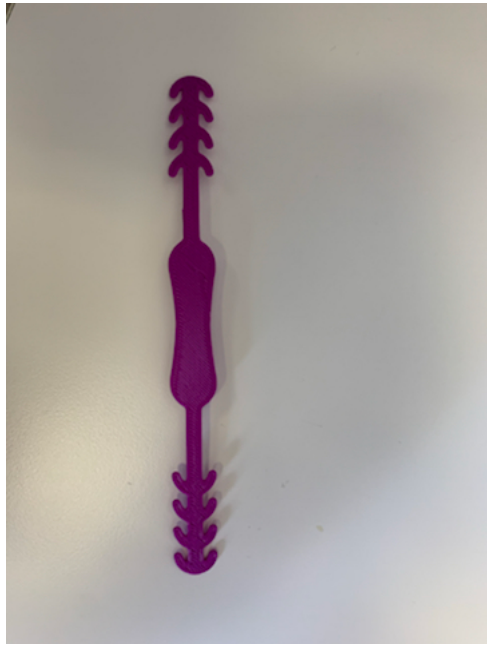
3-D Printing Innovation at Montefiore EH&S

Ventilator Splitter



Mask Loop Holder

Mask

Face Shield

COVID-19

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The Research

Study Title:	Creation and Evaluation of 3D Printed Personal Protective Equipment to Assist during the COVID-19 Pandemic		
IRB #:	2020-11688	**Reference #:**	064893
Type of Submission:	Submission Response for Initial Review Submission form		
Approval Date:	05/29/2020	**Expiration Date:**	05/28/2021

The above titled submission was reviewed and approved by expedited review under 45 CFR 46.110 and 21 CFR 56.110 as the research fits into the following category:

- Category 5: Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for nonresearch purposes (such as medical treatment or diagnosis).

This submission was approved with the following stipulation:

- The waiver of informed consent and HIPAA authorization were approved.

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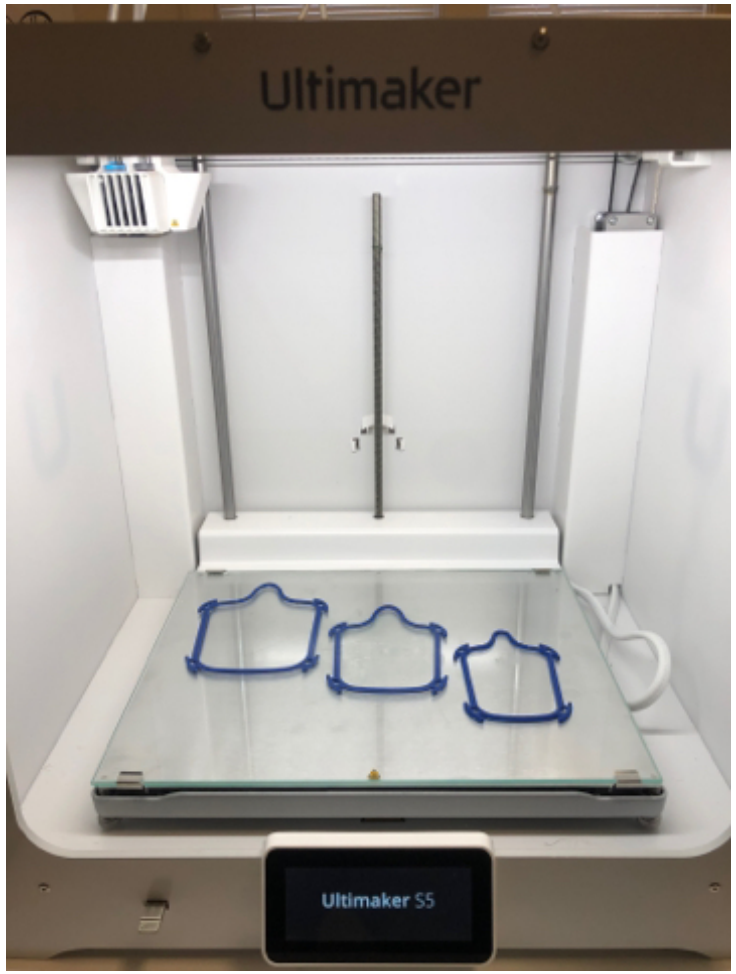
Generation of an N95 Using 3D Printing



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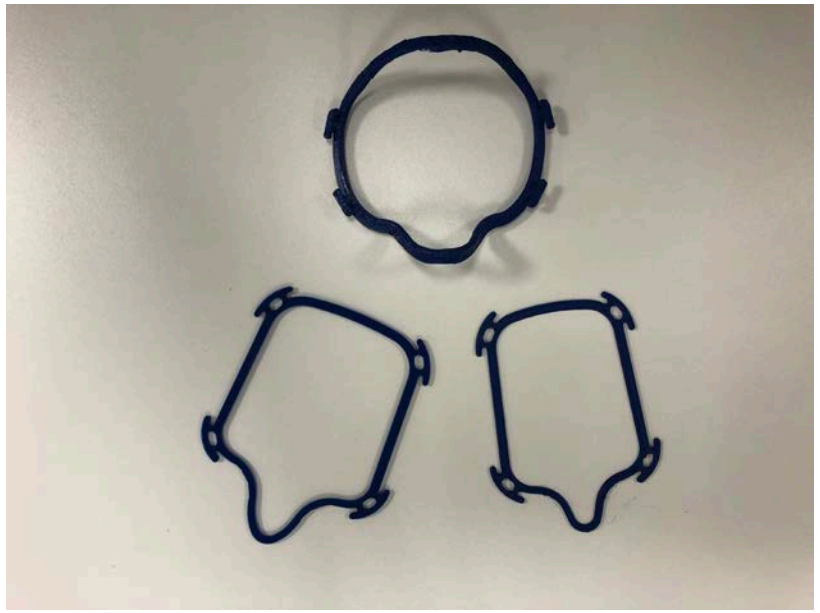
The Components

4 Ply Level 3 Mask



Bellus 3D Mask

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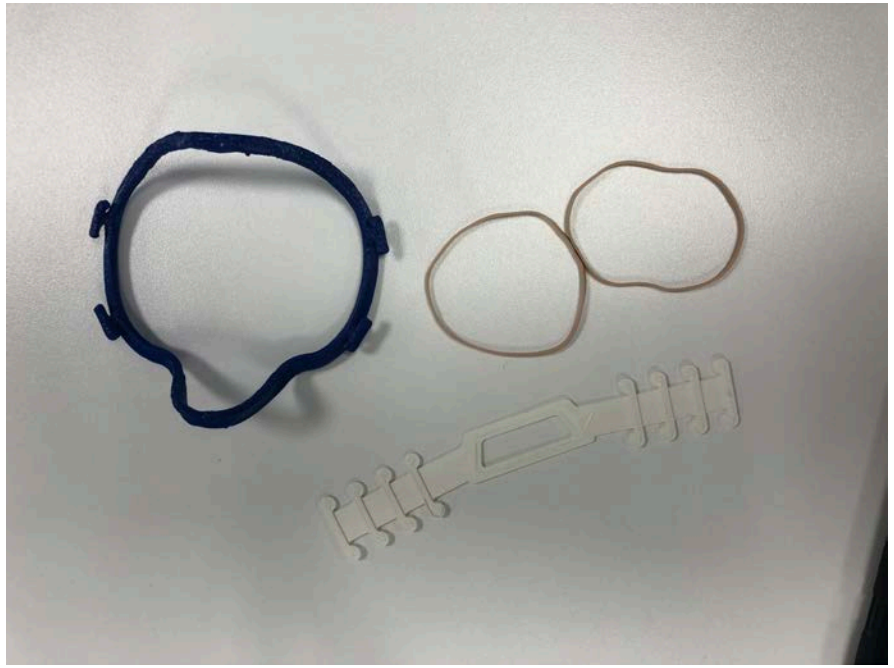
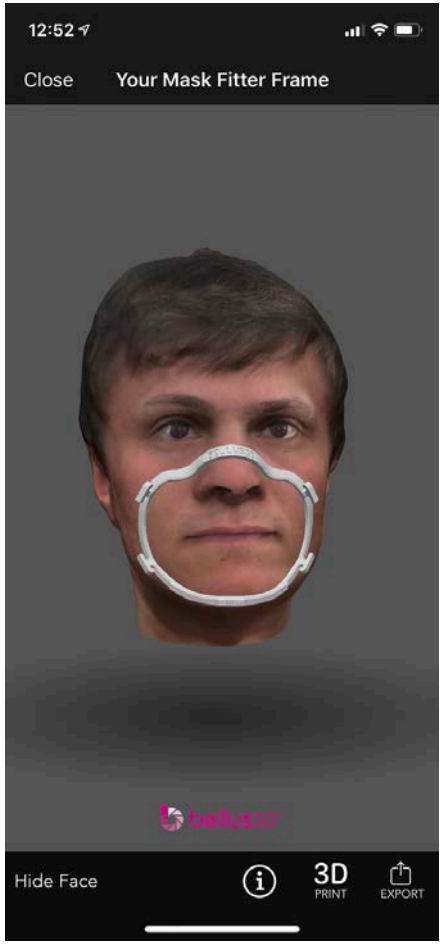
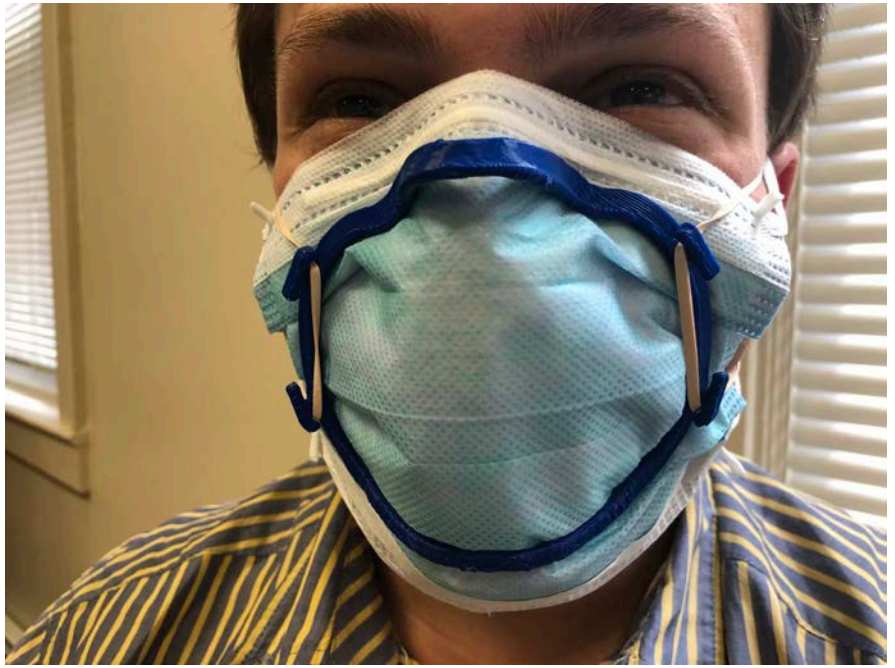
The Result







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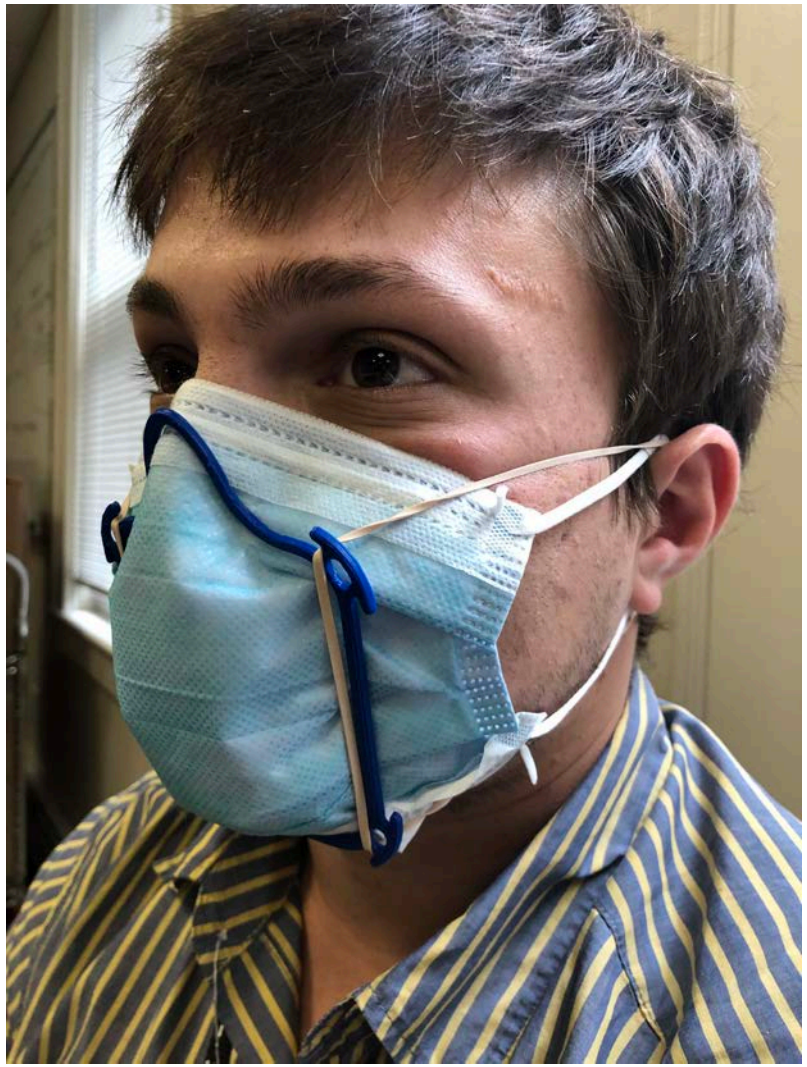
This is Paul



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Fit Testing

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Stay Tuned….

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Montefiore

DOING MORE℠

NYU Langone Health

For Official Use Only

Mass Fatality Management

Best Practices for Fatality Surge Operations

Agenda

- Facility Profile
- Decedent Management Workflows
- Enhanced Morgue Layout
- BCP Layout and Operations
- Critical Supplies & Equipment

NYU Langone Health

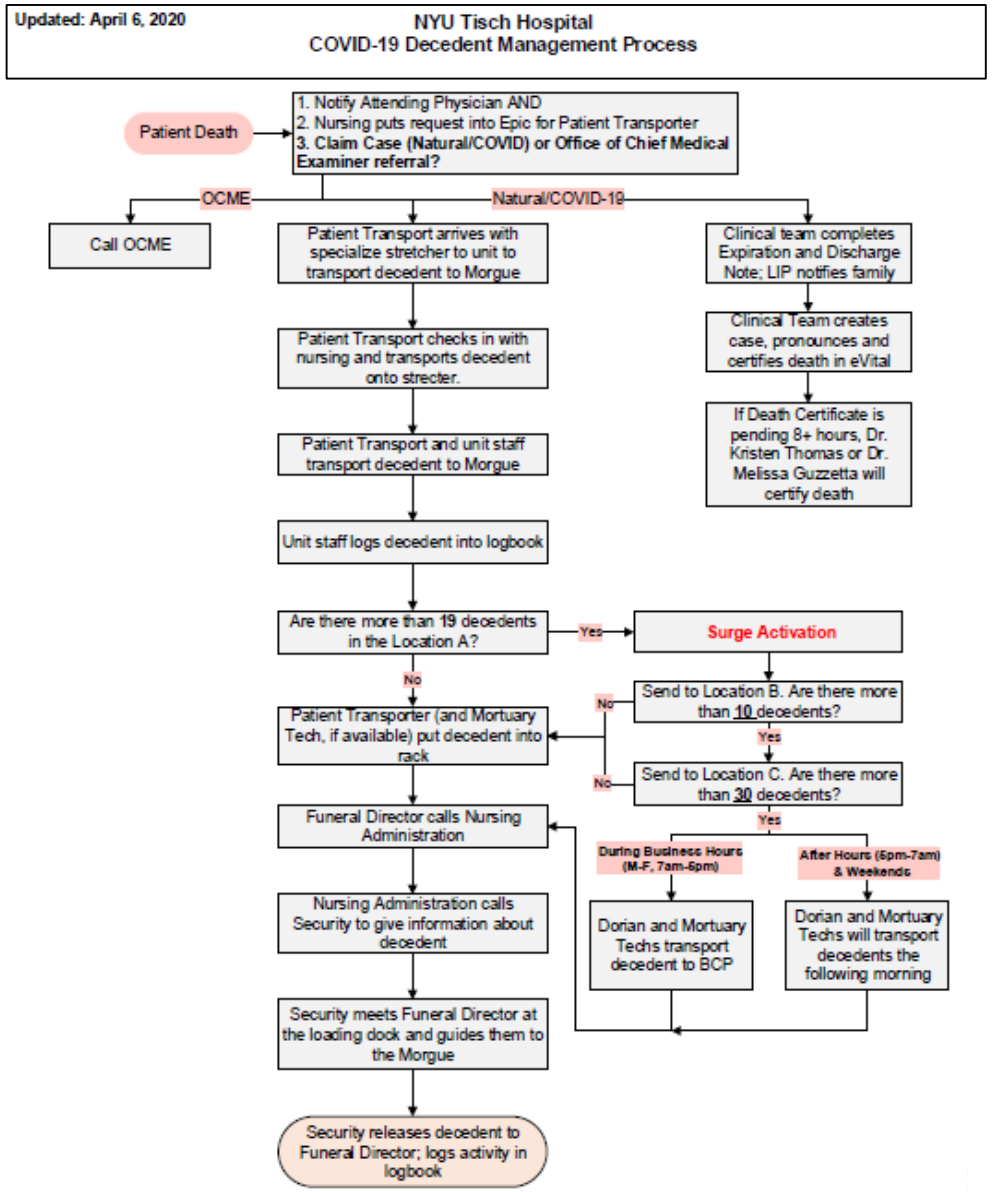
Facility Profile – NYU Langone Hospital Brooklyn

Key Information	Facility	Comments
Morgue Location (Floor/Building)	6th Floor	Keys are located at the Security Desk
Fixed Mortuary Capacity	9 Decedents	Open Layout- No Mortuary Racks
Ability to Surge within Fixed Morgue Capacity?	Yes up to 3 additional decedents	See Figure 1
Trigger for Fatality Surge (# Decedents in Morgue):	6 Decedents	Assessed by Patient Transport/Nursing upon morgue arrival
Approximate # of additional decedents (above the Fixed Mortuary Capacity)	5 Additional Decedents	Will need to procure roller racks to increase fixed storage
BCP Location	Executive / Support Parking Lot located at 150 55th Street (Between 1st & 2nd Ave.)	Maximum 3 53 ft Trailers
Internal Lift	Yes	For use in BCP Trailers
Autopsy Capability	No	Transport to Tisch for Autopsy
Medico-Legal Jurisdiction	NYC Office of Chief Medical Examiner (OCME)	Within New York City's 5 boroughs

NYU Langone Health

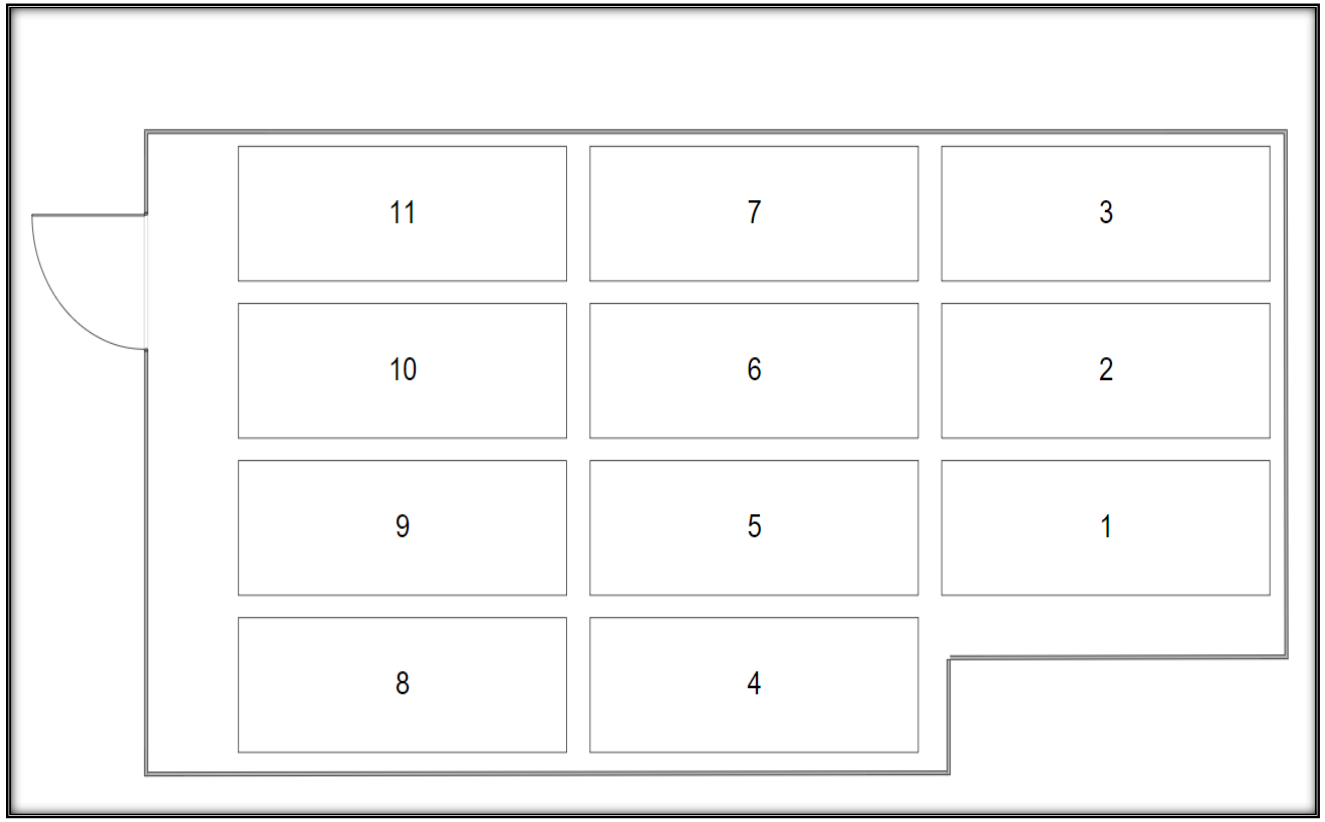
Fatality Surge Planning

- ***Request and coordinate placement*** of Body Collection Point (BCP).
- ***Optimize workflows*** to ensure efficiency as fatality rate increased.
- ***Create process for storing and tracking decedents*** in BCP and morgues with help of Brooklyn Physical Therapists.
- Create Guidebook on lifting and placing decedents safely.
- Communicate ***procurement needs***.
- Prepare for ***influx of Unified Victim Identification System (UVIS)-related calls from NYPD*** by ensuring key stakeholders had necessary information.

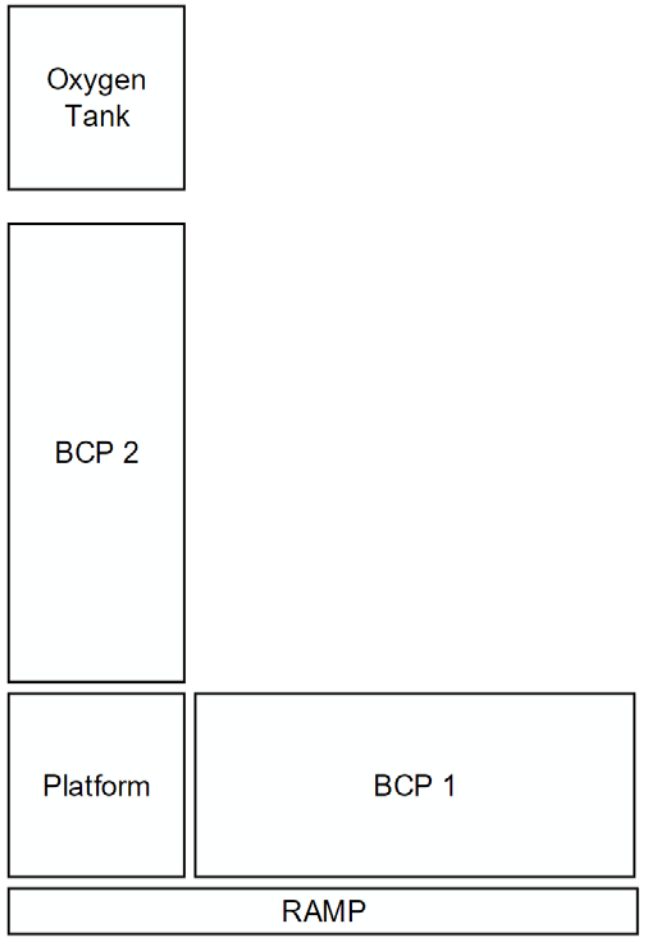


Fixed Morgue Enhanced Surge Layout

- Open layout morgue using transport stretchers
- No body handlers for transfer to rack or shelf
- No racks or shelves
- Increased efforts to match this layout during surge to maximize access to decedents and limit space



BCP Placement- Maximizing Privacy

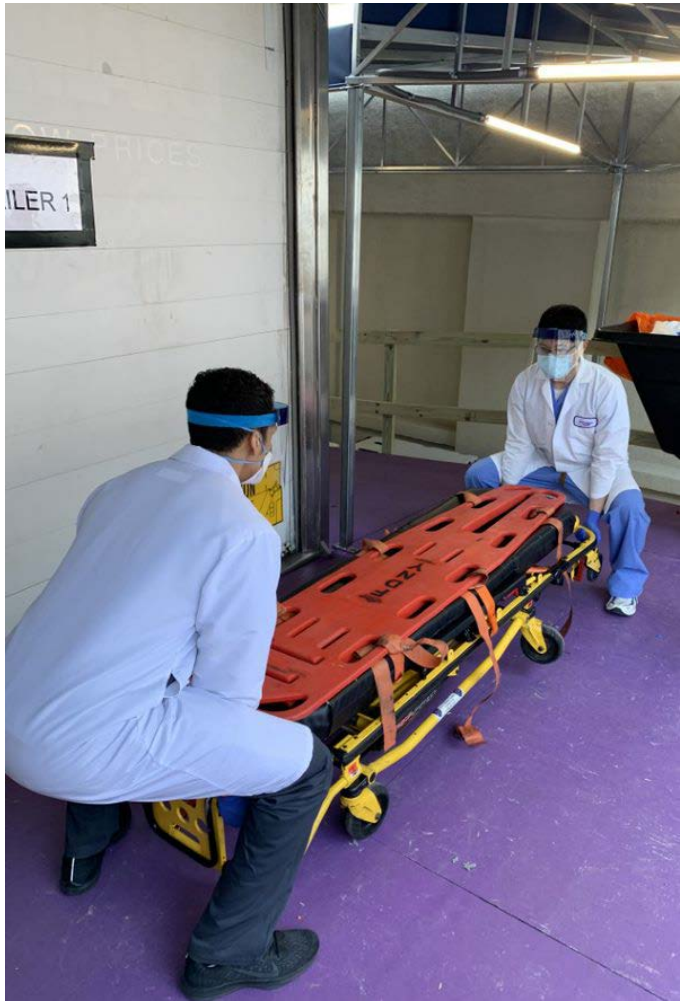


	Capacity	Shelving
BCP 1	32 on shelves with 6 on stretcher	Yes
BCP 2	48	Yes

NYU Langone Health

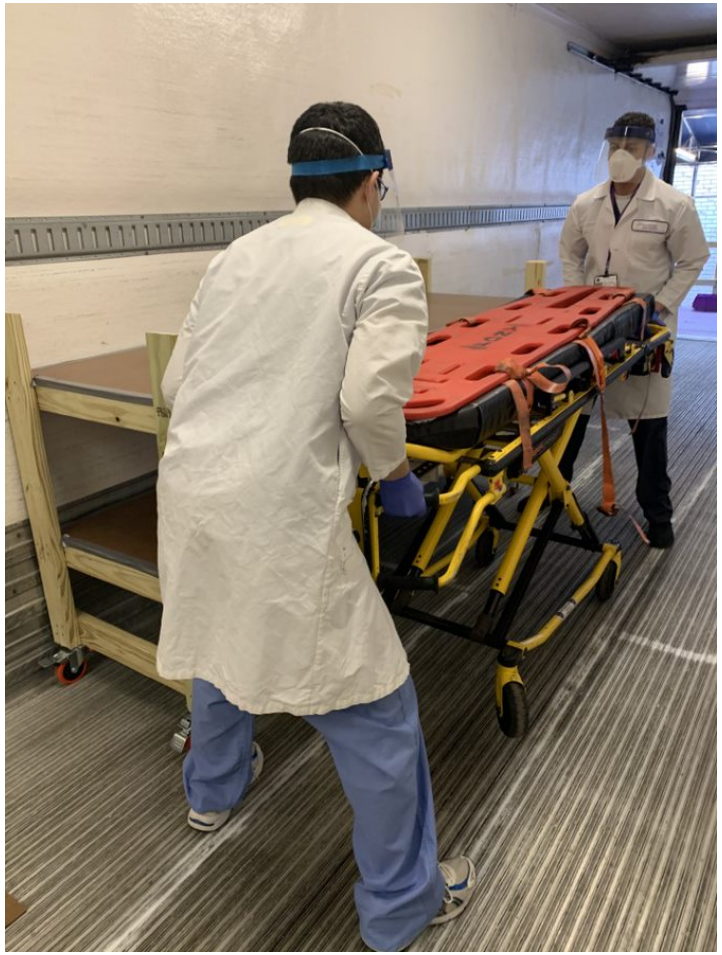
Privacy, privacy, and more privacy

Decedent Movement- Physical Therapists



NYU Langone Health

Leveraging Body Mechanics- A Lesson from DPTs



NYU Langone Health

Learning as we go…Trailer 1

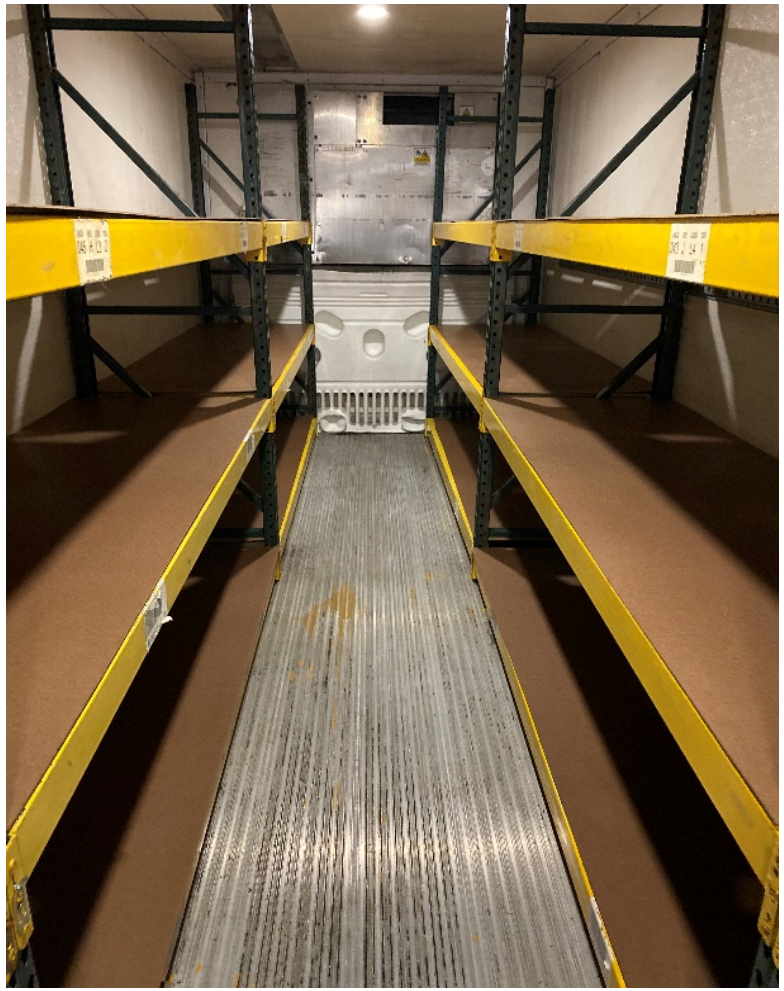
Disaster Placement Level

Body Mechanics Level

With Internal Lift

NYU Langone Health

Internal BCP Organization and Operation



	Front		Right Side			Back
	1	2	3	4	5	6
Top	Name: MRN:	Name: MRN:	Name: MRN:	Name: MRN:	Name: MRN:	Name: MRN:
Top Middle	Name: MRN:	Name: MRN:	Name: MRN:	Name: MRN:	Name: MRN:	Name: MRN:
Ground Middle	Name: MRN:	Name: MRN:	Name: MRN:	Name: MRN:	Name: MRN:	Name: MRN:
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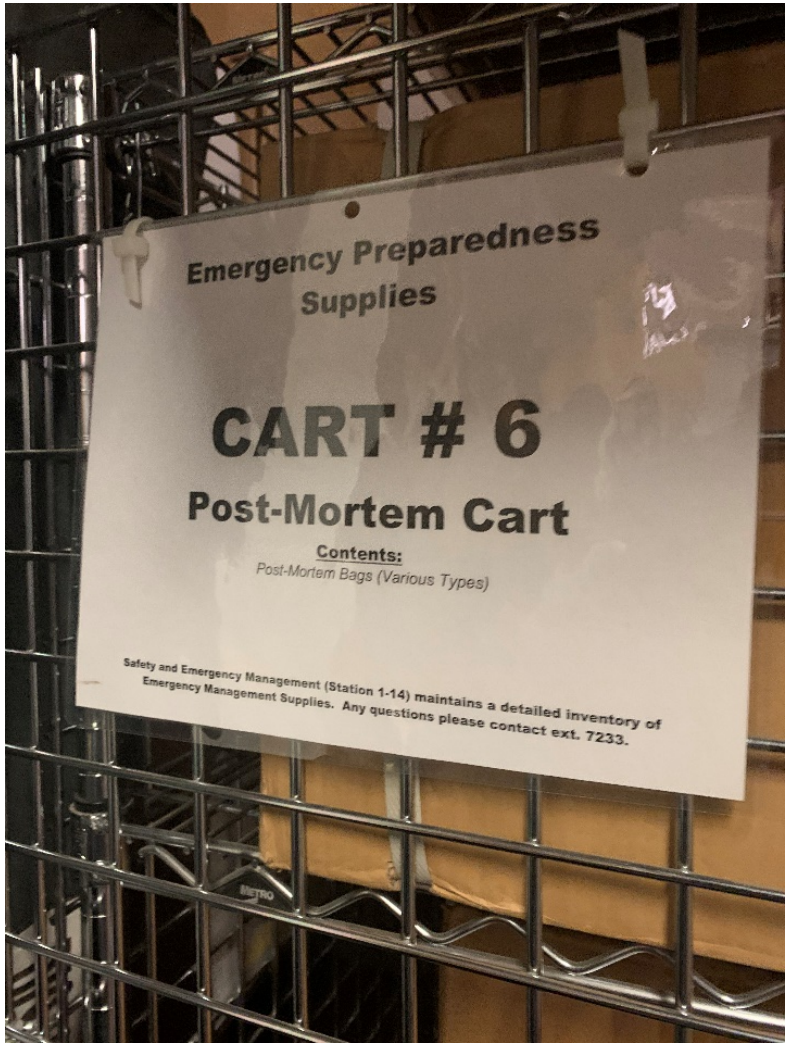
NYU Langone Health

Disaster Pouches



NYU Langone Health

Johanna Miele, MPH
Manager- Emergency Management
Emergency Management + Enterprise Resilience
Johanna.Miele@nyulangone.org

THANK YOU

Coordination of Patient Surge & Transportation

Glenn Schaefering
Associate Director
Northwell Emergency Management

Northwell Health℠

June 16, 2020

Objectives

- Manage hospital surge safely
- Use Tableau to increase situational awareness of system hospitals
- Recognize the importance of communicating effectively and timely
- Identify resources and assistance available and/or needed from regional and system entities
- Monitor trends that impact critical services

Activation of Emergency Operations Center

- Started up last week of February for 12+ Hours per Day
- All Health System Entities Represented
  - Leadership, Regional Directors, Infection Control, Lab, Emergency Management, Clinical Advisory, Procurement, Legal, Public Affairs, Employee Health, Mental Health
- Twice Daily Briefings…8AM & 4PM
- Working Groups Formed

Identifying Key Stakeholders

- Twice Daily Briefing Calls Followed
    - Senior Health System Leadership
    - Corporate Emergency Management
    - Clinical Advisory Group
    - System Regional Directors
    - Infection Control
    - Quality Management
    - Procurement
    - Legal
    - Employee Health
    - Public Affairs and others…

Northwell Health™
Krasnoff Quality Management Institute

Emergency Operations Center

Data as of:
5/17/2020 3 PM

Select Report Time
05/17/2020 3 PM

Key Statistics by Facility

COVID-19 Status

Measure	Central							Eastern									Western						SYST
	CCMC	LIJ	LIJFH	LIJVS	NSUH	ZHH	REGN	GCOV	HUNT	MMH	PBMC	PLV	SOAK	SSDE	SYOS	REGN	LHH	NWH	PHELP	SIUN	SIUS	REGN	
In-House COVID Positive Patients	6	153	49	45	154	0	407	49	65	23	23	39	7	81	0	287	69	19	18	110	5	221	915
COVID+ Patients in ICU (%)	17%	28%	22%	13%	40%		30%	12%	22%	26%	4%	13%		32%	0%	20%	46%	21%	17%	32%	60%	35%	28%
COVID+ Patients on Vent (%)	0%	27%	16%	11%	30%		25%	12%	17%	17%	0%	10%		28%	0%	17%	29%	21%	17%	32%	60%	29%	23%
Discharges to SNF on Hold		5	5	0	7	0	17	1	9	4	4	4	1	5	0	28	9	0	5	9	0	23	68
Prior Day COVID+ Discharges	0	6	2	3	7	0	18	7	3	1	1	3	0	10	0	25	7	1	2	10	1	21	64
Prior Day COVID+ Mortalities	0	1	1	2	2		6	1	0	0	0	2		4	0	7	1	1	1	0	0	3	16
Prior Day COVID+ Admissions	1	7	3	0	1	0	12	1	4	1	3	0	0	7	0	16	3	1	1	2	0	7	35
Prior Day Non-COVID Admissions	39	63	23	10	71	7	213	14	24	17	18	17	9	39	1	139	29	6	4	50	12	101	453
Prior Day Total Admissions	40	70	26	10	72	7	225	15	28	18	21	17	9	46	1	155	32	7	5	52	12	108	488
COVID+ Readmissions (30 Day)		2	1		1		4	2				1				3	1			1		2	9

Capacity

Total Acute Care Beds Available	120	653	157	186	670	222	2,008	147	226	175	144	181	202	342	69	1,486	461	138	143	461	89	1,292	4,786
Acute Staffed Beds																							
ICU Beds On Site	37	155	30	19	145	0	386	15	42	20	28	20	0	116	8	249	123	15	12	102	23	275	910
Total Patients on All Vents		99	14	21	94		228	10	19	14	3	17		69	0	132	41	10	3	43	5	102	462
Total COVID+ Pts on All Vents		41	8	5	46		100	6	11	4	0	4		23	0	48	20	4	3	35	3	65	213
Mechanical Vents On Site	0	160	43	47	168	0	418	26	72	47	19	20	0	135	7	326	74	32	39	100	32	277	1,021
Mechanical Vents Available		85	29	31	92		237	19	58	38	18	11		80	7	231	47	23	36	57	27	190	658
Vent Capacity (% of Vents in Use)		47%	33%	34%	45%		43%	27%	19%	19%	5%	45%		41%	0%	29%	36%	28%	8%	43%	16%	31%	36%
Emergency Room Holds	5	4	17	1	10		37	0	7	4	4	6		39	0	60	2	0	1	5	0	8	105

Source: KQMI Kompass - EOC Key Statistics Data Entry

Northwell Health™
Krasnoff Quality Management Institute

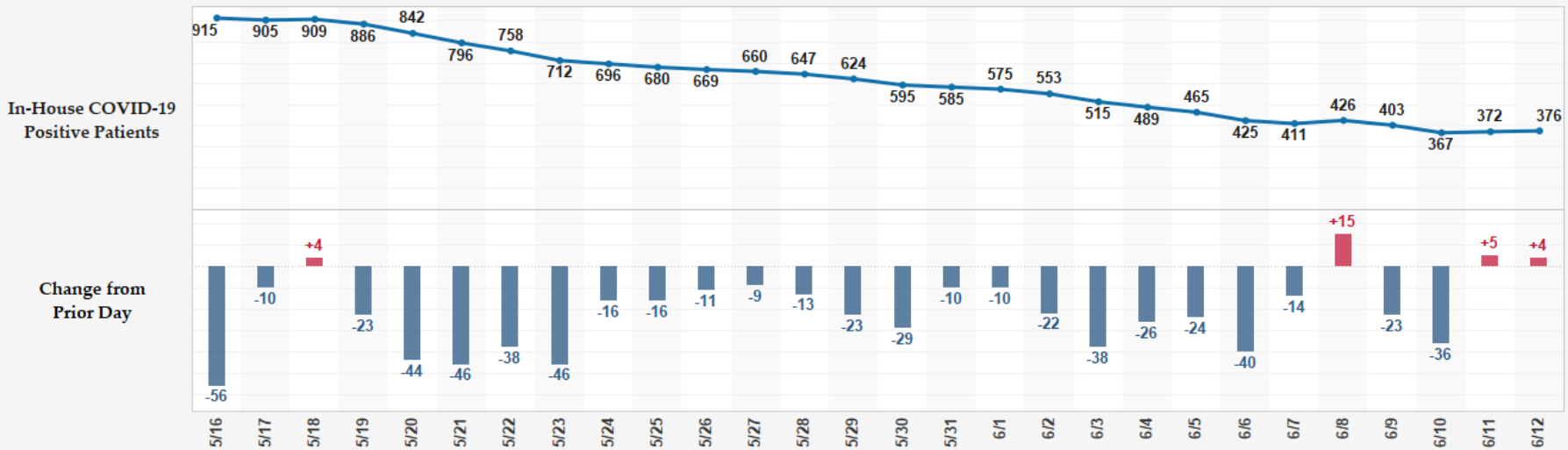
Emergency Operations Center
In-House COVID Positive Patients

Data as of:
6/12/2020 8 AM

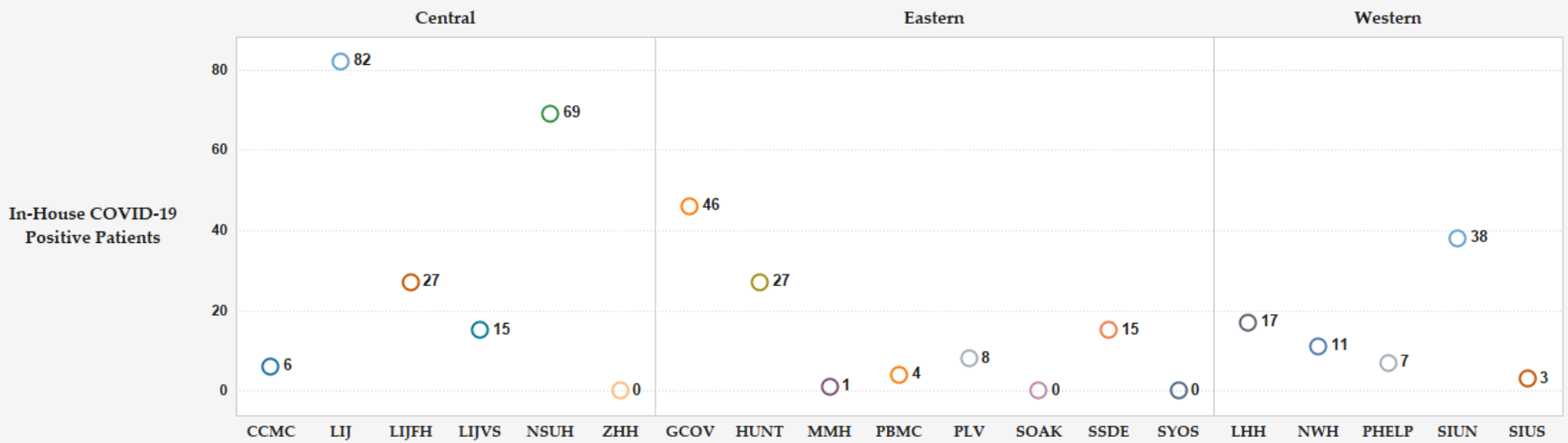
Select Measure
In-House COVID Positive Pati..

8 AM Reported Values: Northwell Health System

Northwell Health System



Facility Comparison: As of 6/12/2020 8 AM



Source: KQMI Kompass - EOC Key Statistics Data Entry

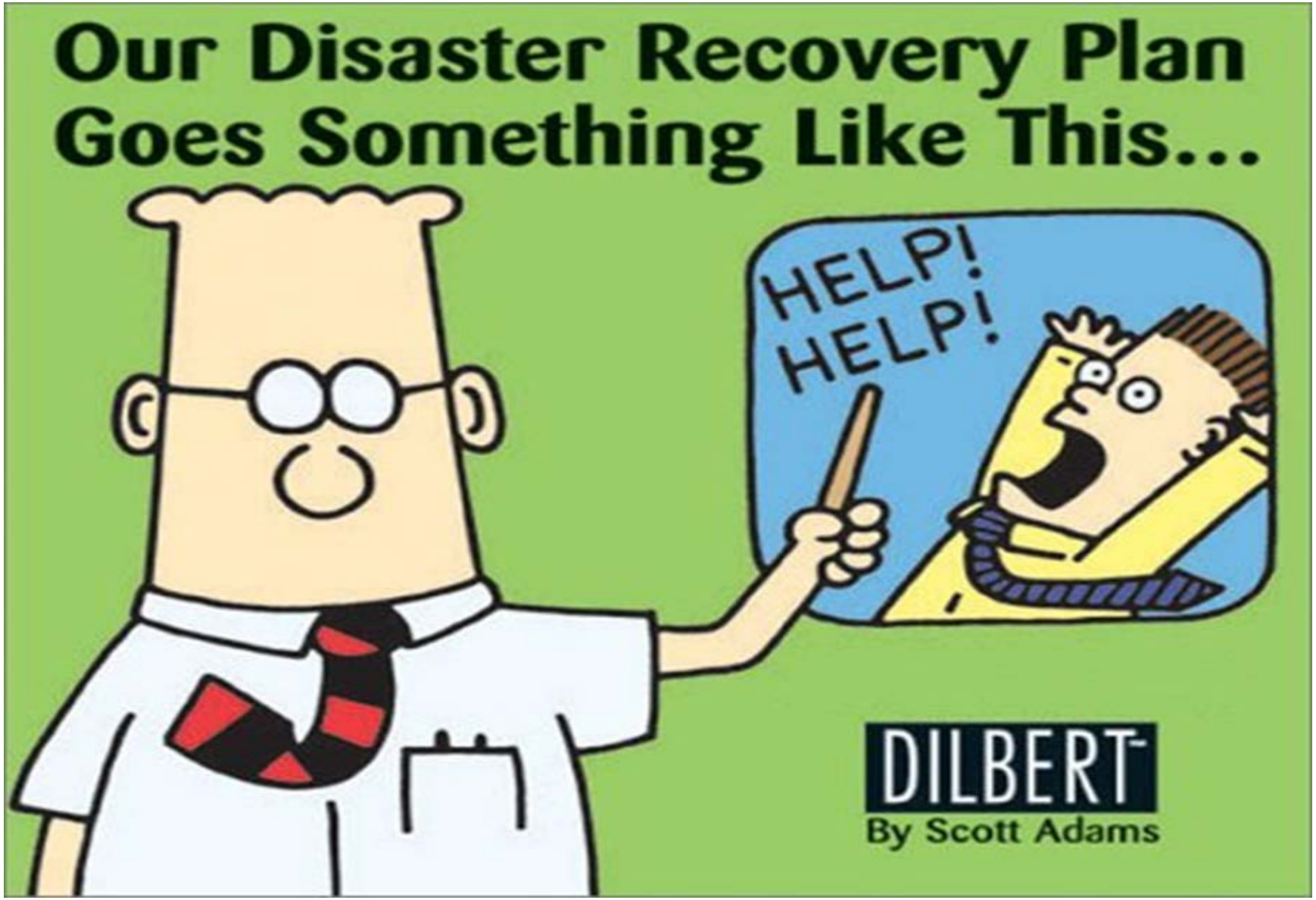
*Note: Prior day discharges and mortalities are reported from 3/18 and 3/25 respectively. 3 PM reporting was discontinued on 5/21.

What Went Well?

- Leadership Involvement
- Key Players in the EOC
- Use of Tableau for Daily Briefings
- Better Situational Awareness through Constant Communications
- Emergency Management Daily Call for EPCs

Areas of Improvement

- Communications to Front-Line Staff
- Morgue Capacity Issues
- Resource Management
- Necessity of Virtual Meetings
- Emergency Management Representation in Workgroups


Our Disaster Recovery Plan
Goes Something Like This...
HELP!
HELP!
DILBERT
By Scott Adams

What's Next?

- Review System Surge Plans
- Purchase Additional Equipment
- Better Process Flow
- Better Lines of Communication

Thank You