

NYCHCC Leadership Council - NYP Ryan F. Larkin Field Hospital

Arthur Ditzel Jr. - Manager, Security & EM Department

 **June 16, 2020**

NYP *BeReady*

**AMAZING
THINGS
ARE
HAPPENING
HERE**



COVID-19 NYP's Response to Need for Surge



Evaluation of what was needed

Needs:

- Additional ICU space for high acuity COVID+ patients (such as ventilator patients)
- Space for patients almost ready for discharge, but not quite ready to go home

Solution:

- Operations and engineering created solutions to grow vent beds by
 - Creating in-hospital space
 - Creating field hospitals



How did we make this happen?

- **University Partner**

- Columbia University Campbell Athletic Complex
 - Baker Field winter practice bubble

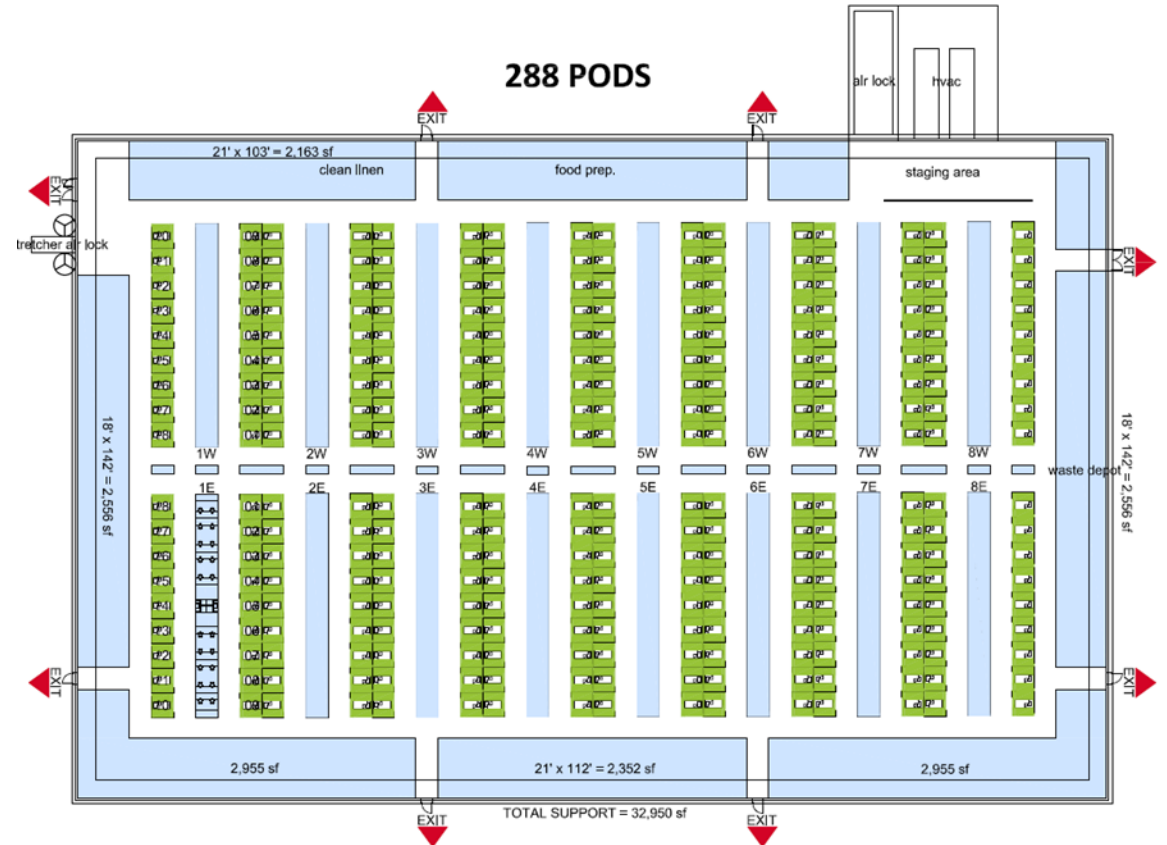
- **Coordination of Trades and resources**

- Use of existing vendors for non-traditional tasks
 - Electrical needs: bubble only had power for existing lighting
 - Sanitation: no existing water or sewer lines
 - Oxygen: needed to supply 6 lpm per bed
- Staffing: network of Special Operations Medic Veterans



Building a field hospital in 7 days

- 16 “units” of 18 beds per unit = 288 bed capacity
- Considerations
 - Patient Care: oxygen
 - Emergency Care: EMS
 - Pharmacy
 - Nutrition and Hydration
 - Heat / Air Conditioning
 - Psychological wellness
 - Personal Protective Equipment
 - Security
 - Fire / Safety / Evacuation Plans



Clinical Operations

Integration of an all Veteran volunteer workforce

- Special Operations Force (SOF) Medics, RNs & MDs
 - SOF Medics
 - Higher level of practice than civilian medics
 - Not a recognized license by State DOH
 - SOF RNs & MDs
 - Not licensed in NY
 - Executive Order 202.5
 - » Suspended and modified the Education Law to permit licensed clinical providers who are in good standing in any State of the USA or province of Canada to practice in NY without civil or criminal penalty for lack of licensure.



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Thank You

NYCHCC Leadership Council Meeting

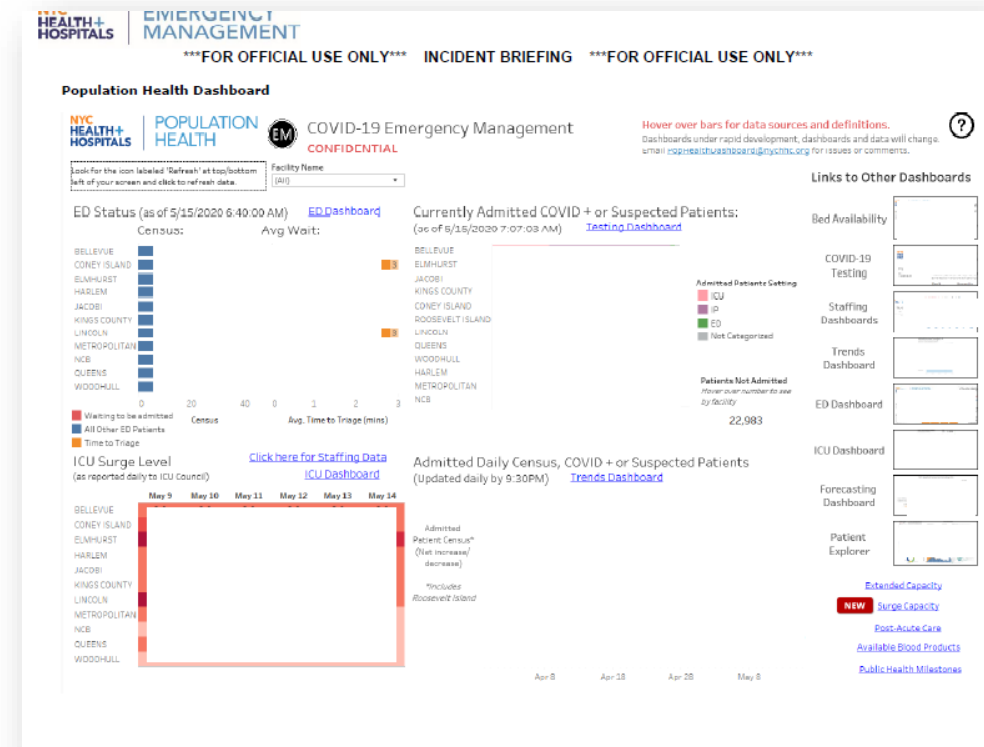
Madeline Tavarez, MPA

Senior Director, Planning and Operations
Central Office Emergency Management



What Worked: Innovative Approaches to Response

- Systemwide Activation and Incident Briefings
- Use of analytics/intelligence for data-driven decisions
 - Dashboards
 - EM Resource
 - Data sharing (Cross Regional Events)



Lessons Learned: Applying Corrective Actions

- Revised ICS structure that adheres to span of control and includes key initiatives and workgroups
- Enhance our communication strategies to ensure horizontal and vertical communication takes place across the system
- Enhance support services for staff and the community
- Continue to align with local, state and federal partners to fix reporting redundancy and gaps



Moving Forward

- Continue to provide safe care and access to care to our diverse population
- Plan for Resurgence and Resilience
 - Sustain the Gains
 - Fill the Gaps
 - Build Back Better



<https://www.nycfoodpolicy.org/shifting-focus-25-businesses-and-organizations-working-to-feed-new-york-city/>

<https://citylimits.org/2019/07/19/heat-wave-could-preview-whats-in-store-for-nyc-as-climate-changes/>

<https://www.thecity.nyc/special-report/2020/2/24/21210531/it-s-manhole-explosion-season-what-you-need-to-know-about-a-century-old-problem>



Mount Sinai Health System Emergency Management

Leadership Council Meeting
June 16, 2020



**Mount
Sinai**

Main Points

1. Program Successes
2. Program Challenges
3. Future Initiatives

Program Successes

▣ COVID-19 Response:

- Establishment of Health System Emergency Operations Center (EOC)
 - Command and control managed through the Unified Command Group (UCG)
 - Staffed by over 20 Essential Support Functions (ESFs)
- Information Sharing & Staff Resources
 - Development of staff resources internet page
 - MSHS EOC Briefing document
 - Internal collaboration tools for document control
 - Staff resource sharing webinar series
- PPE Storage & Distribution
- Crisis Communications
 - Crisis Alert Team
- Redeployment of Staff

Program Challenges

▣ COVID-19 Response:

- **Increased Bed Capacity**
- **PPE Procurement**
- **Decedent Management**
- Cross-Training of Staff
- Staff Fatigue, Staff Stress
- Virtual Work Flow & Management
- Re-focusing of program management initiatives/activities

Future Initiatives

▣ Full-Scale Exercises

- IT Outage (functional exercises leading to full-scale exercise)
- System Emergency Operations Center Drills
 - System level job action sheet validation

▣ Employee Mental Health, Stress Relief & Professional Development

- Creation of Center for Stress, Resilience, and Personal Growth
- Insights for Leaders

Thank you!



Open Forum / Q&A



Subject Matter Expert (SME) Coalition Presentations

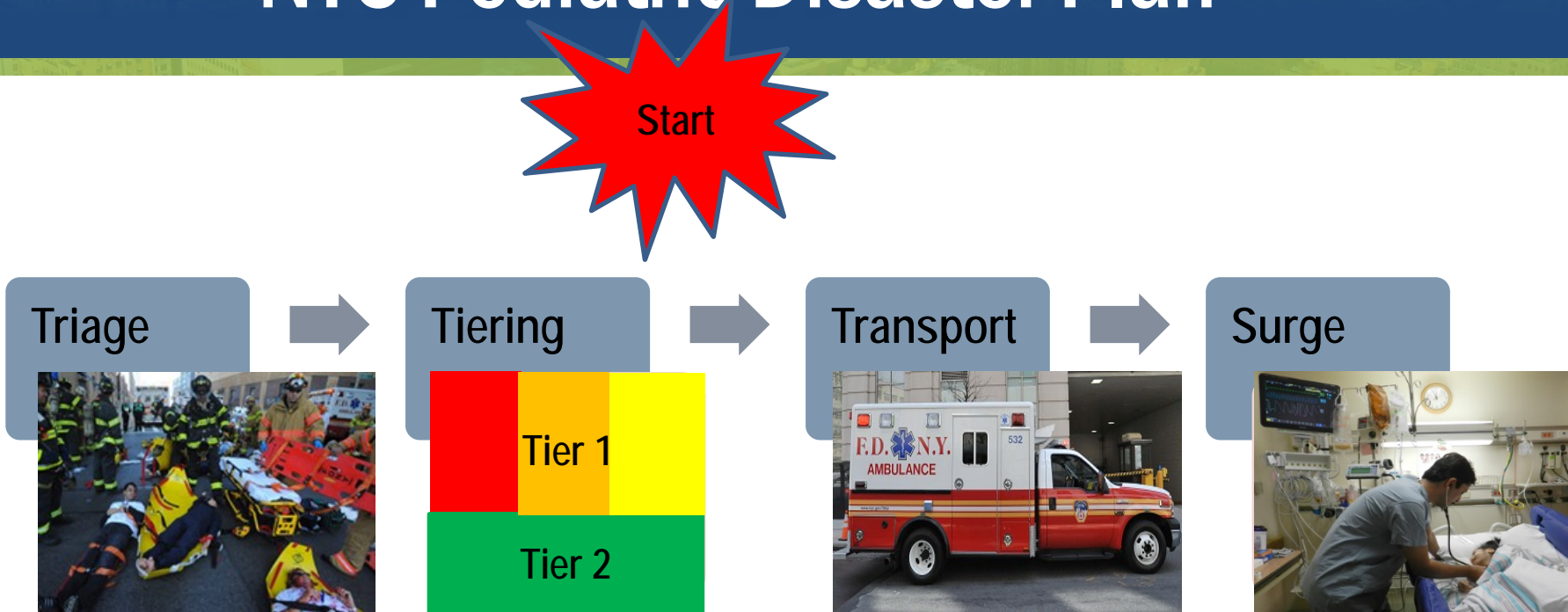


NYC Pediatric Disaster Plan Draft

Moving the Right Child, at the Right Time, to the Right Place.

NYC Pediatric Disaster Plan

Start



The PDC and their collaborative planning team created a comprehensive Pediatric disaster plan for NYC from the onset of the event and first response through pediatric intensive care surge



Operational goal of the PDP

- **The operational goal is to provide optimal medical care for the pediatric victims of an MCE by facilitating:**
 - (1) Primary (pre-hospital) transport to tiered PDAD at pediatric capable hospitals, when available and appropriate
 - To minimize the need for inter-facility transfer
 - Transport the patient to a pediatric capable hospital with specialized resources so critical pediatric care is not delayed
 - (2) Secondary (inter-facility) transfer to such hospitals, when available and appropriate, in situations where primary transport was unavailable, or patients self-evacuated to facilities not capable of definitive pediatric care, or patients deteriorate and require higher level of care




Pediatric Disaster Ambulance Destination (PDAD)

► Tier 1 PDAD

- Committed to pediatric subspecialty care
- Pediatric surgical service
- Pediatric emergency service
- Pediatric intensive care unit
- Pediatric inpatient unit
- Level III nursery
- Comprehensive pediatric subspecialty support
- Anesthesiology, neurosurgery, orthopedic surgery with experience in management of children
- Pediatric disaster plan
- *Currently 17 Tier 1, all boroughs*

► Tier 2 PDAD

- Committed to general pediatric care
- Pediatric surgical consultants
- Pediatric resuscitation capable ED
- Pediatric inpatient unit
- Level II nursery
- Pediatric transfer agreement
- Pediatric disaster plan
- Transfers children needing ICU care
- *Currently 11 Tier 2, all boroughs except Staten Island*



Pediatric Intensivist Response Team (PIRT)



What is the Pediatric Intensivist Response Team (PIRT)?

- **Provides prioritization triage consultation service to FDNY EMS for secondary inter-facility transfer of patients**
- **Provide SME during disasters for ESF8 function etc.**
- **On Call 24/7**
- **Volunteer Pediatric Intensivists**
- **All currently practice at PICUs in NYC**
- **Serve under NYC Medical Reserve Corp umbrella**



PIRT's Role in the PDP

1. Upon activation of the PDP, sending hospital will contact FDNY EMS to request a transfer
2. FDNY EMS will collect basic data and details of patient's injuries or illness
3. FDNY EMS will relay the request and information to PIRT Physician on call
4. PIRT Physician will triage/prioritize the patients based on acuity and need for specialized services, and relay this information to FDNY EMS
5. FDNY EMS will use this information as well as the list of available beds in PDADs to determine inter-facility transfer destinations



Patient Information: Hospital Request Form Shared between FDNY & PIRT (Secondary Transfer Request Form)

- a. **Patient identifier**
- b. **Patient age or size (infant, toddler, child, adolescent)**
- c. **Nature of injury/injuries**
- d. **Respiratory Support (i.e. CPAP, BIPAP, etc.)**
- e. **Medications**
 - Chronic
 - Currently administered
- f. **Vital signs**
 - Blood Pressure ___/___
 - Heart Rate _____
 - Respiratory Rate _____
 - O2 Saturation/ETCO₂ (if available) _____
 - Glasgow Coma Scale _____
 - Pupils: fixed and dilated unequal equal and reactive
- g. **Co-morbidities**
- h. **Chronic Medical Conditions**
- i. **Radiological/US/Laboratory critical finding**

For Future Use and Discussion – Burn Data/Other Information



Special Needs

- ▶ **Burn**
- ▶ **Cardiothoracic Surgery**
- ▶ **Pediatric Neurosurgery**
- ▶ **Ophthalmology**
- ▶ **Orthopedic Surgery**
- ▶ **Pediatric Trauma/Surgery**
- ▶ **Re-Implant**
 - **Body part available**
 - **Properly maintained**
- ▶ **Vascular Surgery**
- ▶ **Other (specify)**



PIRT Assigns Category

► Choose One

- RED – Immediate Transfer
- ORANGE – Urgent Transfer
- YELLOW – Delayed Transfer
- GREEN - Do not transfer; treat at current hospital unless there is a change in status
- BLACK – Expectant/Expired (PIRT physician may speak to sending hospital physician in these types of cases if necessary)
 - DEFFERED until deactivation

PIRT PHYSICIAN ASSIGNS SPECIAL NEEDS



Recent Activities

- **PIRT Maintains a 24/7 on-call schedule with backup**
- **PIRT Tabletop Exercise (June 2019)**
 - 11 PIRT members were given 15 patient profiles and asked to sort patients for secondary transport based on their injuries and medical needs.
 - The participants prioritized 15 patients within 30 minutes.
- **Two PIRT No Notice Call Down Drills (December 2019 and March 2020)**
 - Eleven of the 13 team members responded via text or e-mail within 38 minutes.
 - The primary on-call physician responded in 1 minute and the backup physician responded in 20 minutes.

** This data reflects the most recent drill from March 2020 **



Recent Challenges

► MIS-C Multi-System Inflammatory Syndrome in Children

- Hospitalized Children usually requiring Pediatric Intensive Care for shock with or without Cardiac manifestations that can include acute myocarditis, heart failure, coronary artery inflammation/aneurysm etc.
- In some patients similar to Kawasaki Disease or Toxic Shock Syndrome
- Associated with positive PCR, positive antibody test or history of exposure to someone with COVID-19 infection
- Evidence of inflammatory markers and other abnormal laboratory tests
- First reports in April from Europe, May in NYC of 15 patients
- Currently over 1000 cases worldwide
- As of June 4, in NYC ~200 case reports, over 140 confirmed others under investigation



MIS-C Challenges

- ▶ **Most patients do well, but require intensive care. Thus far one fatality**
- ▶ **No defined consensus treatment protocol**
- ▶ **Question does it affect outpatients?**
- ▶ **Long Term Sequelae ?**
- ▶ **Potential for shortages of drugs used for treatment especially IVIG, Immune modulators**
- ▶ **Find a process and solution for shortages**





Thank You for your Time!

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North HELP Coalition

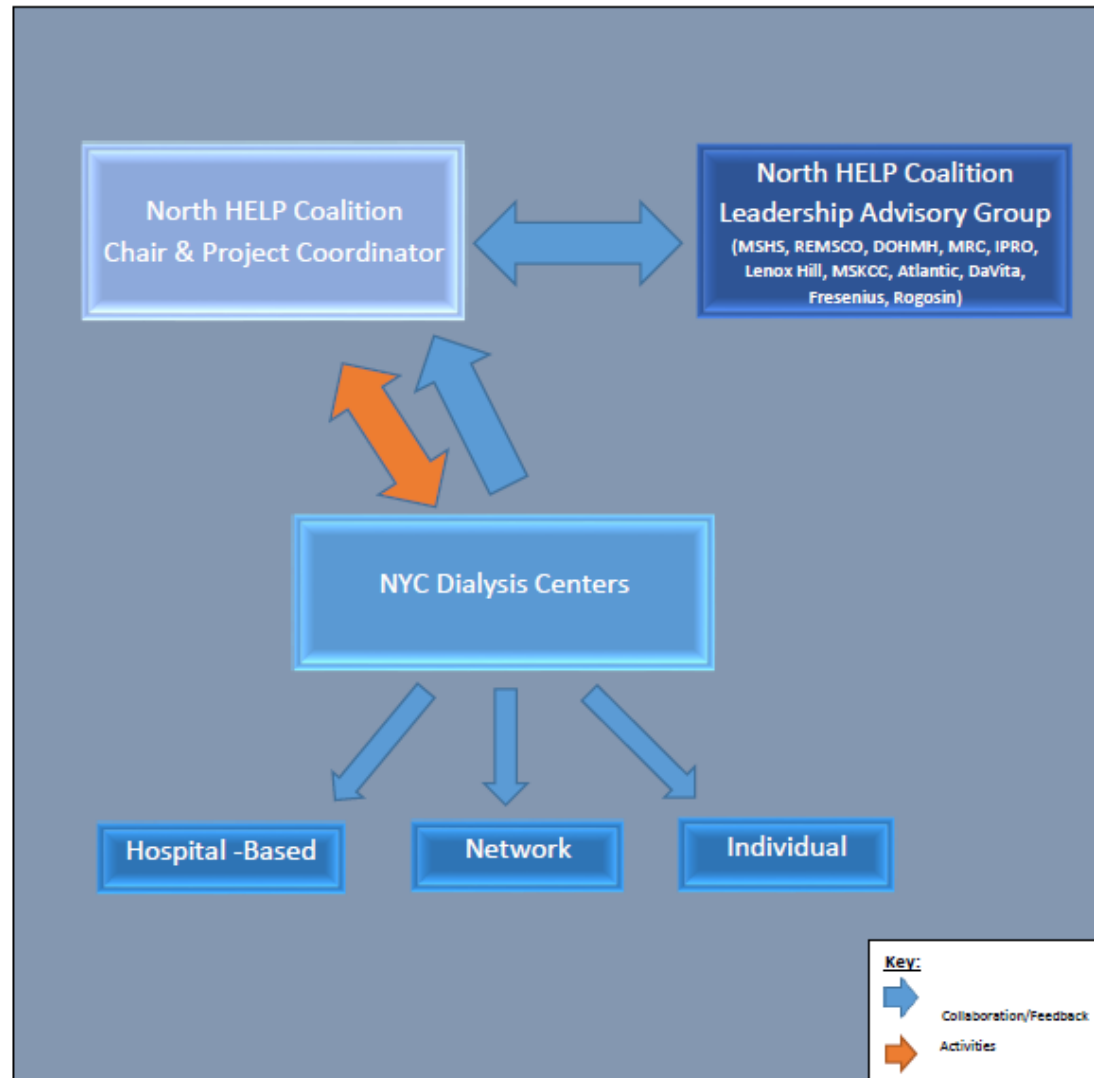
Improving the emergency preparedness of medically vulnerable populations.



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What is the North HELP Coalition?



- ▶ North HELP Coalition brings together community partners and agencies to improve the resiliency of the NYC outpatient dialysis (OPD) sector through preparedness activities and advocacy efforts.
- ▶ NYC Outpatient Dialysis sector
 - ~139 sites
 - ~14,000 local patients
 - Outpatient dialysis includes: center-based hemodialysis, home-based hemodialysis, and home-based peritoneal dialysis.
 - Dialysis facilities can be independent or organized, freestanding or connected to a clinic, hospital, or skilled nursing facility.

COVID-19 Role: Facilitation and Advocacy

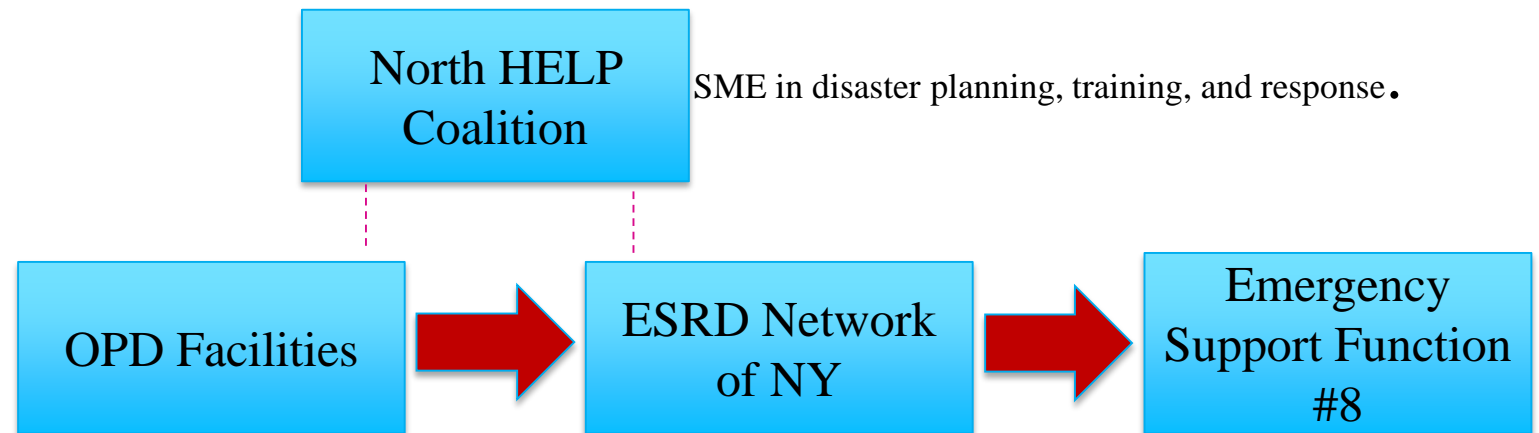


Primary Issues for the OPD Sector

- Staffing
- Personal Protective Equipment
- Transportation
- Cohorting/Isolation
- Home Delivery

The North HELP Coalition:

1. Conducted situational awareness calls with dialysis providers.
2. Organized an ad hoc dialysis leadership group to discuss issues and find solutions.
3. Partnered with the ESRD Network of New York to share resources and advocate for the sector.
4. Advocated for the sector's needs to the DOHMH and NYS DOH.



COVID-19: Challenges

The primary challenge for the dialysis sector was the lack of awareness of the needs of dialysis patients.

Dialysis patients must have access to care at all times.

Planning efforts must anticipate the needs of dialysis facilities to care for all dialysis patients during any disaster.

Health sector decisions can have unanticipated effects on the OPD sector.



The North HELP Coalition:

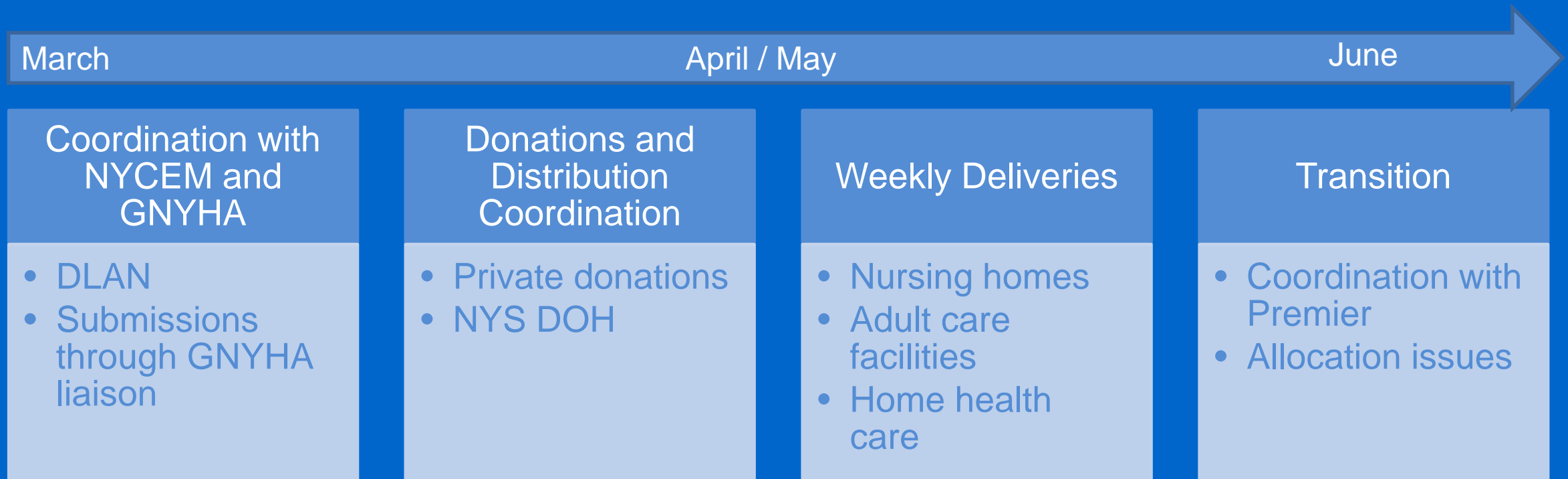
1. Will continue to advocate for the unique needs of the dialysis sector.
2. Will provide feedback and suggested changes to planning assumptions.
3. Will work with the Borough Coalitions to form relationships between them and the OPD facilities within their boroughs.

Borough Coalitions: Email Yosef.Travis@mountsinai.org

CCLC PERSPECTIVE ON COVID-19 RESPONSE

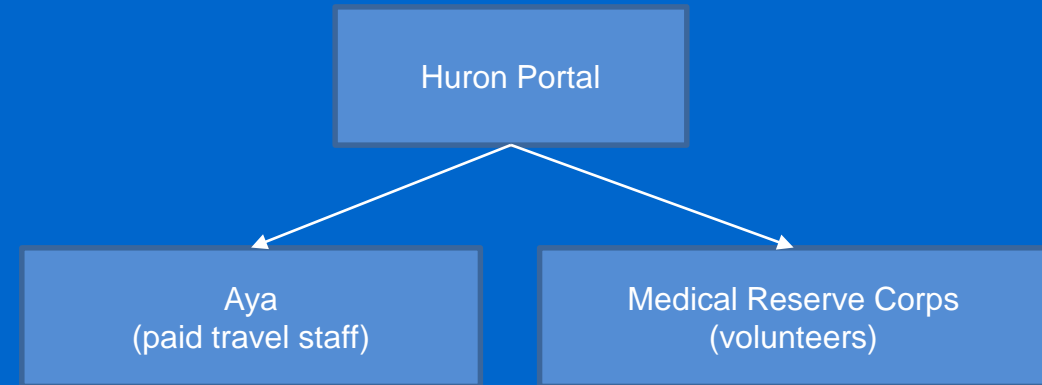
New York City Health Care Coalition Leadership Council Meeting
June 16, 2020

Evolution of PPE Requests and Distribution



- NH staff testing
 - EO 202.30 requirements -- Nursing Home and Adult Care Facility Staff Testing Requirement
 - Staff includes: employees, contract staff, per diem staff, medical staff, operators, administrators, and volunteers
 - Testing once per week for regions in Phase II reopening; twice per week for Phase I reopening (NYC)
- NH resident testing
 - NY State: test all residents by June 7
 - NYC conduct subsequent serial testing

- Still studying implications of EO 202.30
- DOHMH conducting daily calls with nursing homes on staffing issues
- Staffing coordination through Huron portal for:
 - Temporary staffing cell (Aya)
 - Volunteers (Medical Reserve Corps)
- 1199: full time placement of staff
- NYC Small Business Services



A blue-tinted photograph showing several people's hands stacked together in a circle, symbolizing teamwork and support. In the background, a woman is smiling. The text "Open Forum / Q&A" is overlaid in the center.

Open Forum / Q&A



DOHMH Update

NYC Department of Health and Mental Hygiene (DOHMH)

2019 Novel Coronavirus (COVID-19)

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

June 16, 2020, NYCHCC Leadership Council Meeting via WebEx

Disclaimer

The situation is rapidly changing, as is our understanding of the 2019 novel coronavirus (COVID-19).

The information presented is based on our best knowledge as of June 16, 2020, 10:00AM.

Where We Are

- Over three months have passed since the first confirmed COVID-19 case in New York City (NYC)
- The number of new daily cases, hospitalizations, and deaths due to COVID-19 has been steadily decreasing
- **But we cannot let our guard down!**
- **Physical distancing, face coverings, and good hand hygiene remain essential to stopping the spread of COVID-19**

How to Prevent the Spread of COVID-19: Core Four



Stay home if sick

- Only leave for essential medical care and or other essential errands.



Keep physical distance

- Stay at least 6 feet away from other people.



Keep your hands clean

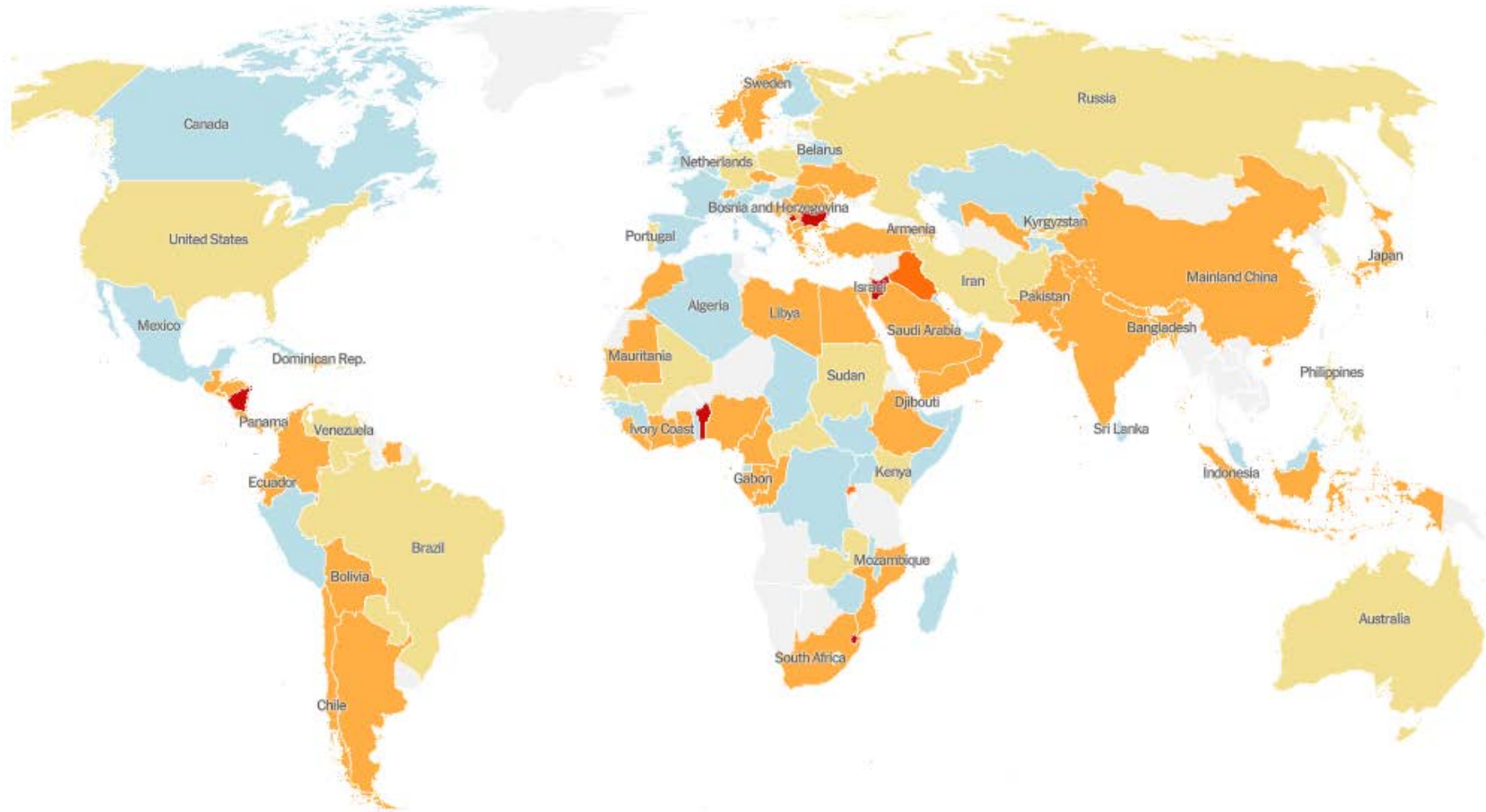
- Wash your hands often with soap and water. Use hand sanitizer if soap and water are not available.



Wear a face covering

- You can be contagious without symptoms. Protect those around you by wearing a face covering.

Global COVID-19 Pandemic



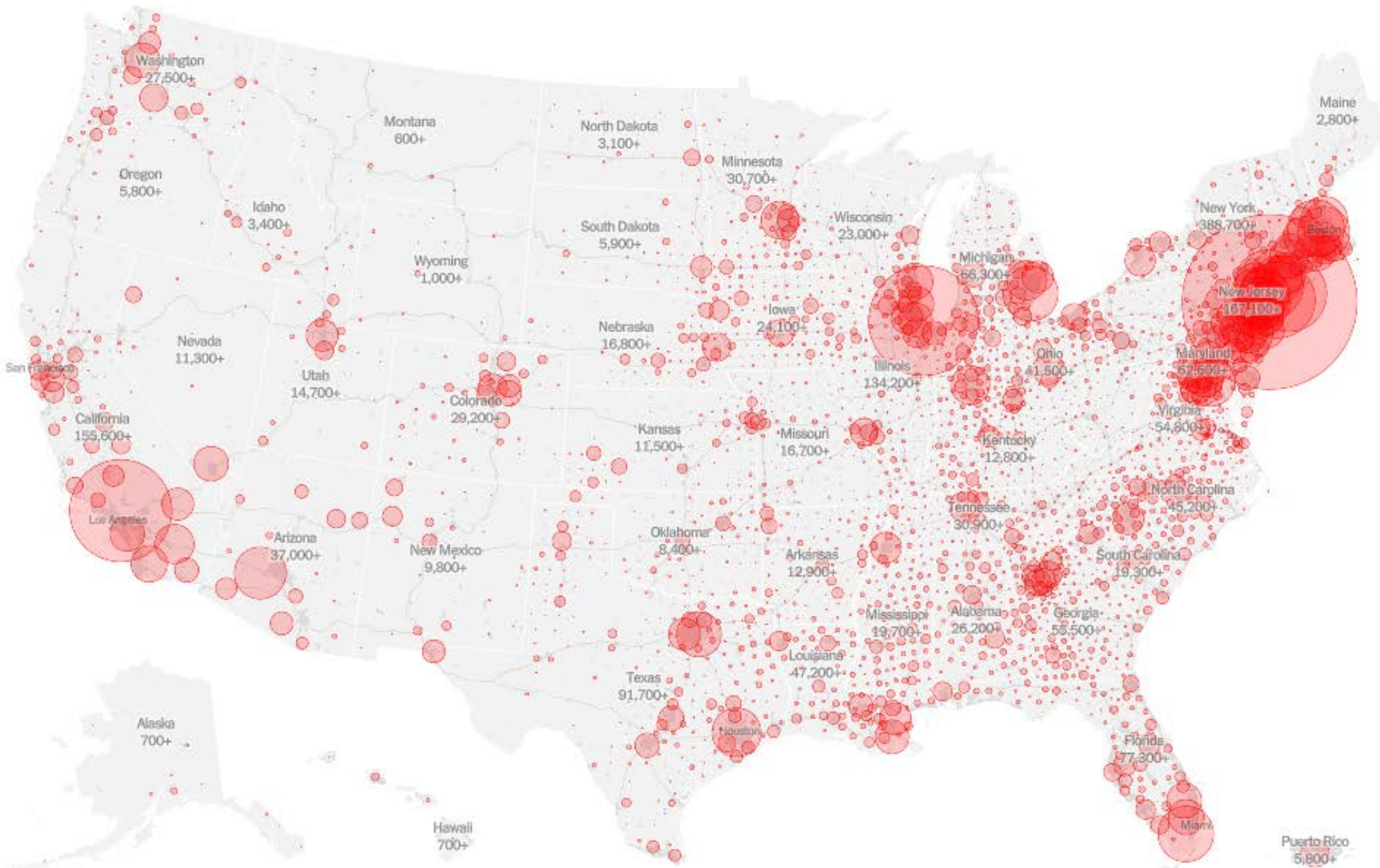
Where cases are rising fastest

How the number of new cases has changed in the last two weeks



- Over 8,000,000 reported cases
- Over 430,000 reported deaths

Confirmed COVID-19 Cases



- Over 2,114,000 cases in U.S.
 - Over 116,000 deaths
- Over 200,000 cases in NYC (as of 6/15/2020)
 - Over 22,000 confirmed and probable deaths
- Over 173,000 cases elsewhere in NYS (as of 6/15/2020)
- Many people who had COVID-19 were not tested and are not reflected in the data

NYS Planning for the Next Phase

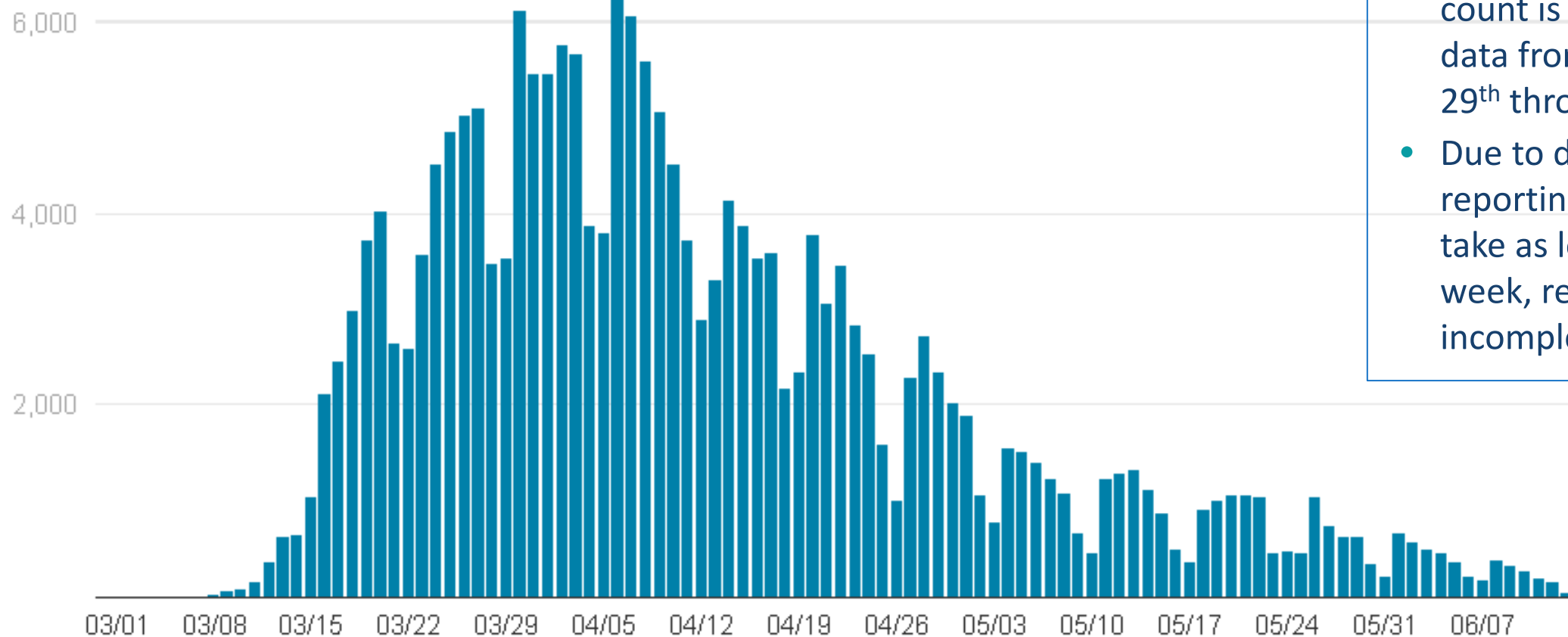
- NYS has set criteria that NYC and other regions must meet **before** each region can start to ease work and physical distancing restrictions
 - **NYC is currently in Phase One of reopening.** Non-essential businesses and business activities in the following industries are now open:
 - Construction
 - Agriculture, forestry, fishing and hunting
 - Retail (limited to curbside or in-store pickup or drop off)
 - Manufacturing
 - Wholesale trade
 - The City has not yet set a date for the second phase of reopening.

NYS Planning for the Next Phase (cont'd)

- Regions must meet specific targets in the following areas:
 - Decline in new infections
 - Decline in hospitalizations
 - Decline in deaths
 - Increased hospital capacity (equipment and beds)
 - Increased diagnostic testing capacity
 - Increased contact tracing capacity

Daily Count of Confirmed Cases

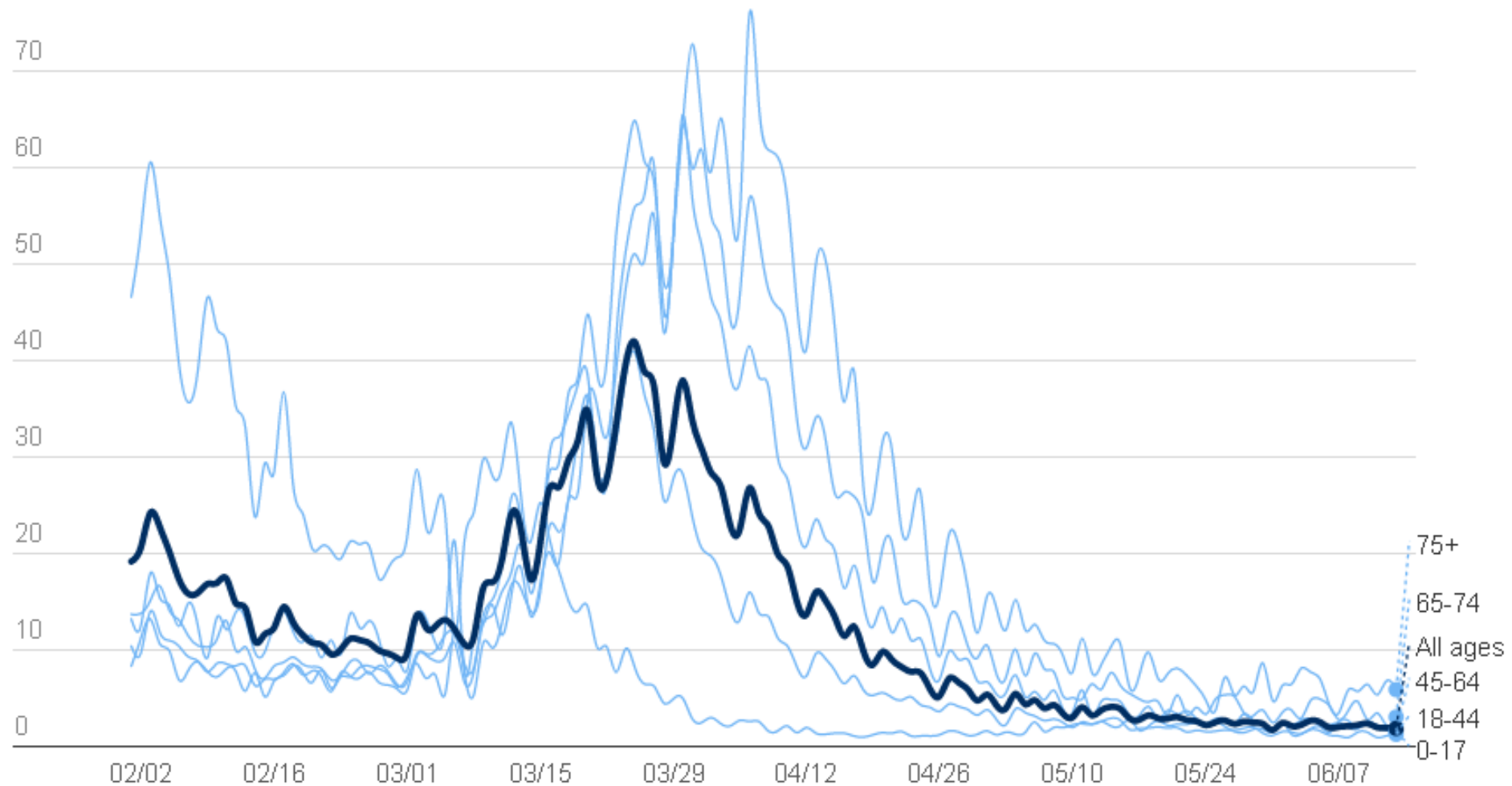
Cases



- COVID-19 daily case count is based on data from February 29th through June 13th
- Due to delays in reporting, which can take as long as a week, recent data are incomplete.

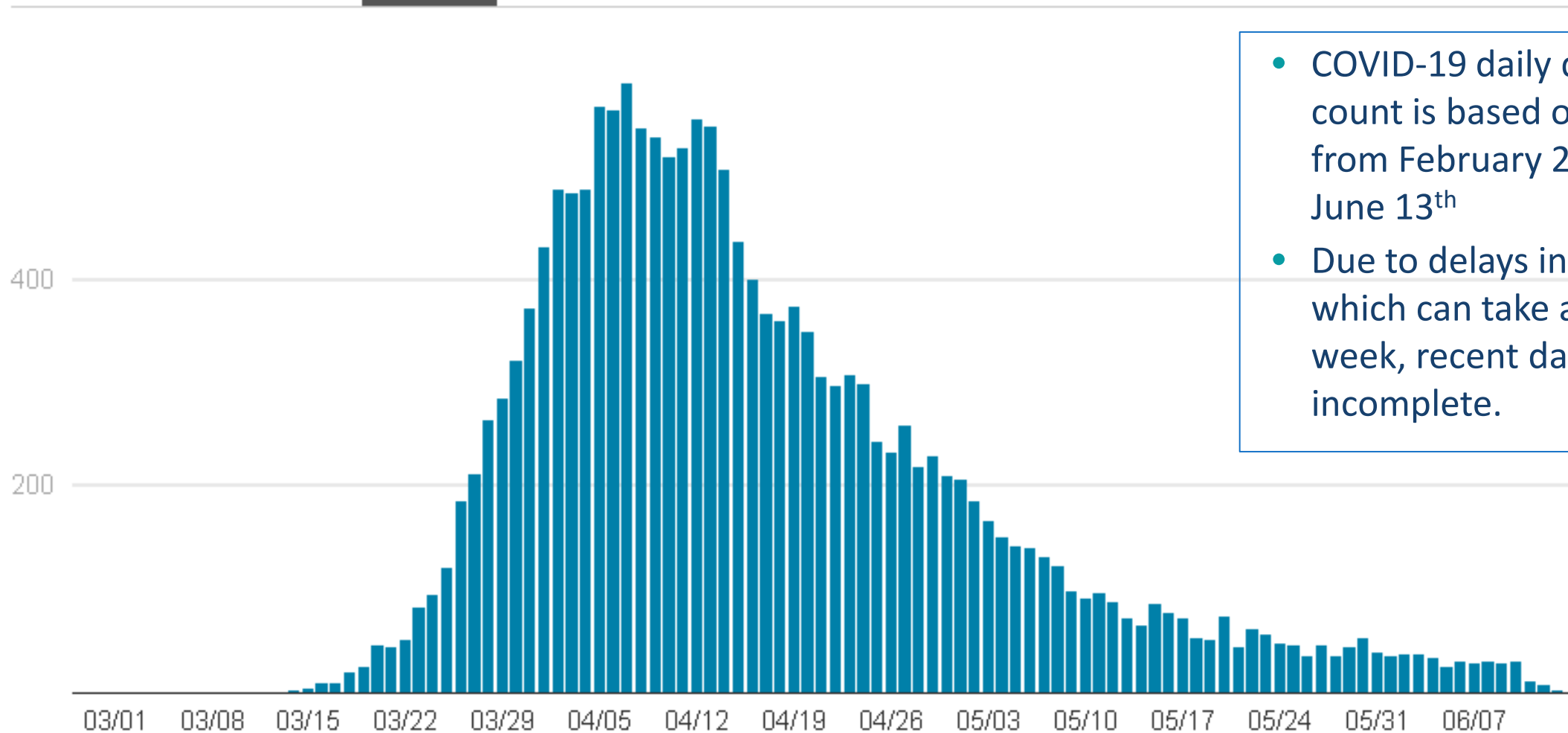
Emergency Department Visits Due to Flu-like Illness/Pneumonia

Rate of emergency department visits for influenza-like illness and pneumonia, per 100,000 people



Daily Count of Confirmed Deaths

Deaths



- COVID-19 daily death count is based on data from February 29th through June 13th
- Due to delays in reporting, which can take as long as a week, recent data are incomplete.

NYS Regional Metrics

COVID-19 Early Warning Monitoring System Dashboard

Data as of: June 14, 2020
Last updated on: June 15, 2020

Region	Testing/Tracing Targets		New Infections		Severity of Infection	Hospital Capacity	
	Maintain 30 per 1,000 Diagnostic Tests	Maintain Required Case and Contact Tracing Capacity	% Positive Tests per Day (7-Day Rolling Avg)	New Cases per 100K (7-Day Rolling Avg)	Gross New Hospitalizations per 100k (7-Day Rolling Avg)	Share of Total Hospital Beds % Available (7-Day Rolling Avg)	Share of ICU Beds % Available (7-Day Rolling Avg)
Capital Region	2,746 / 1,085	278	0.6%	1.58	0.22	34%	42%
Central New York	2,596 / 775	458	0.8%	2.71	0.50	38%	43%
Finger Lakes	4,448 / 1,203	468	0.7%	2.64	0.43	37%	56%
Long Island	8,993 / 2,839	1,308	1.0%	3.06	0.68	31%	40%
Mid-Hudson	7,605 / 2,322	1,456	1.1%	3.61	0.62	34%	61%
Mohawk Valley	1,861 / 485	139	1.0%	3.86	0.41	48%	60%
New York City	26,539 / 8,399	4,648	1.6%	4.94	0.93	29%	33%
North Country	1,130 / 419	12	0.2%	0.48	0.03	50%	67%
Southern Tier	2,107 / 633	114	0.3%	1.13	0.09	44%	48%
Western New York	4,162 / 1,381	747	1.2%	3.72	0.41	40%	59%

Source: <https://forward.ny.gov/early-warning-monitoring-dashboard> (Accessed 6/16/2020 10:00AM)

Stay Informed

- **Rely and share only information from trusted authorities!**
- For real-time updates, text “COVID” to 692-692 (message and data rates may apply)
- NYC COVID-19 Citywide Information Portal: nyc.gov/coronavirus
- NYC Health Department Website: nyc.gov/health/coronavirus
- CDC Website: cdc.gov/coronavirus
- Check these website regularly for the most up to date information and guidance

Thank you!
Any questions?

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

Questions? communityaffairs@health.nyc.gov

A blue-tinted photograph showing several people's hands stacked together in a circle, symbolizing teamwork or support. In the background, a woman is smiling. The word "Adjournment" is overlaid in white text in the center.

Adjournment