

Hospital Preparedness Program (HPP)  
Budget Period 2 (BP2) Coalition Contracts  
Independent Hospitals

*Kick-off Meeting*  
Tuesday, September 15, 2020



Welcome!

# Outline

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- **Introduction and Goal**
- **Hospital Preparedness Program (HPP) Requirements 2019 – 2024**
- **BP1 Carryover Deliverables**
- **COVID-19 Supplemental Funding**
- **Overview of Program Deliverables BP2 July 1, 2020 – June 30, 2021**
  - Activities and Required Documentation
  - Recommendations for Design Your Own (DYO) Deliverable
- **Business Process**
  - Vouchering
  - Emergency Preparedness Coordinator (EPC) and Alternate EPC Contact Update

# NYC Office of Emergency Preparedness & Response (OEPR)

- **OEPR Vision**

- The DOHMH's Office of Emergency Preparedness and Response (OEPR) envisions a healthy, resilient city in which all New Yorkers are able to achieve and maintain optimal and equitable health outcomes before, during, and after emergencies.

- **OEPR Mission**

- OEPR's mission is to advance DOHMH's and NYC's ability to prevent, prepare for, respond to, and recover from the health impact of emergencies.



An aerial photograph of New York City at sunset, showing a dense urban landscape with numerous skyscrapers and buildings. The sky is a mix of orange and blue, and the city lights are beginning to glow. The view is from a high angle, looking down on the city.

# Hospital Preparedness Program Requirements 2019 - 2024

# Hospital Preparedness Program (HPP)

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- The Hospital Preparedness Program (HPP) is a cooperative agreement program administered by ASPR that establishes a foundation for national health care preparedness. As the only source of federal funding for health care system preparedness and response, HPP promotes a consistent national focus to improve patient outcomes during emergencies and disasters and enables rapid recovery.<sup>(1)</sup>
- Project Period for five years (7/2019 through 6/2024)
- Current Annual Award lasting 12 months: Budget Period 2 (BP2) (7/1/20 through 6/30/21)

(1) (<https://www.phe.gov/Preparedness/planning/hpp/Pages/default.aspx>)

# 2017-2022 Health Care Preparedness and Response Capabilities

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- **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.

(<https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>)

# 2017-2022 Health Care Preparedness and Response Capabilities

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- **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.

(<https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>)



# HPP Requirements

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- **Required every year:**

- Planning for at- risk populations, community and healthcare system engagement in emergency planning, promotion of NYC Health Care Coalition’s (NYCHCC) value, engagement of healthcare executives and clinicians, NIMS compliance for all members of the NYCHCC, a common operating picture for infectious disease information sharing among all NYCHCC members, 2 call down notification drills,

- **Budget Period 2 (BP2) requirements:**

- Healthcare Coalition Response Plan
- Baseline EEI
- Crisis Standards of Care ConOps
- Review/revise Healthcare Coalition HVA
- Review/revise Healthcare Coalition Preparedness Plan and Charter
- Repeat surge exercise involving the entire coalition
- Infectious Diseases Annex and associated TTX

# Approach to HPP Requirements

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- Requirements
  - Many requirements for planning, exercising, vulnerability assessment, sharing resources, supply chain, recruitment/membership across healthcare and healthcare support industries
- 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
  - <http://www.nychealthcareprepares.com/>

# BP1 Carryover Deliverables

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- ASPR allows HPP recipients to request carryover of certain budget items from Budget Period 1 (BP1), which ended on June 30, 2020. With ASPR's approval, DOHMH is allowed to modify BP1 contracts so that contractors can complete certain activities during Budget Period 2 (BP2), which began on July 1, 2020 and will continue through June 30, 2021. Carryover of specific contract deliverables is subject to ASPR and DOHMH approval and requires a contract amendment.

# COVID-19 Supplemental Funding

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- ASPR provided emergency supplemental funding to support the urgent preparedness and response needs of hospitals, health systems, and health care workers on the front lines of the COVID-19 pandemic.
- This funding should support health care coalitions (HCCs), emergency medical services (EMS), state/jurisdiction Ebola treatment centers (renamed as state/jurisdiction special pathogen treatment centers), and other health care entities to prepare them to identify, isolate, assess, transport, and treat patients with COVID-19 or persons under investigation (PUIs) for COVID-19, and to prepare those entities for future special pathogen disease outbreaks.
- HPP COVID-19 Supplemental Round 1: March 29, 2020 – June 30, 2021
- HPP COVID-19 Supplemental Round 2: May 22, 2020 – June 30, 2021

# COVID-19 Supplemental Funding Deliverables

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## HPP COVID-19 Supplemental Round 1: March 29, 2020 – June 30, 2021

- Collect and submit data detailing Hospital's response to COVID-19
  - Support development of revised pandemic planning assumptions and strategies related to medical surge based on the COVID-19 response by submitting data reports on bed capacity and PPE levels and needs. Hospitals must complete a total of **five (5) data reports**. **Payment amount totaling: \$6,500.00 (\$1,300.00 per data reports)**

## HPP COVID-19 Supplemental Round 2: May 22, 2020 – June 30, 2021

- Collect and submit data detailing Hospital's response to COVID-19
  - Support development of revised pandemic planning assumptions and strategies related to medical surge based on the COVID-19 response by submitting data reports on bed capacity and PPE levels and needs. Hospitals must complete a total of **ten (10) data reports**. **Payment amount totaling: \$6,500.00 (\$1,300.00 per data reports)**

# COVID-19 Supplemental Funding Deliverables...cont.

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## HPP COVID-19 Supplemental Round 2: May 22, 2020 – June 30, 2021

- Develop staff capacity and capability to provide accurate and timely reporting to support pandemic response
  - Identify a minimum of three (3) staff persons responsible for completing COVID-19 related reporting that supports the response. Ensure staff have access to reporting systems and are trained on these systems and procedures for gathering and reporting information. Hospitals must submit roster of three staff and summary of approach to maintaining staff capacity and practices for ensuring timely and accurate reporting. **Payment amount totaling: \$25,000.00**

An aerial photograph of New York City at sunset, showing a dense urban landscape with numerous skyscrapers and buildings. The sky is a mix of blue and orange, and the city is bathed in a warm, golden light. The Hudson River is visible on the left, and the East River is on the right. The overall scene is a panoramic view of the city from a high vantage point.

# Overview of Independent Hospitals BP2 Deliverables

# BP2 Deliverables

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1. Participate in NYC Health Care Coalitions (NYCHCC) Leadership Council (LC) Meetings
2. Participate in Emergency Preparedness Symposia (EPS)
3. Support Borough Coalition
4. Participate in Citywide Coalition Surge Test (CST)
5. Strategic Pandemic Planning (Design a Deliverable)



**Total payment amount of  
\$55,000.00**



# Participate in NYCHCC Leadership Council Meetings

- Ensure attendance and participation of at least one (1) Hospital 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 BP2 HPP grant requirements, including development of NYCHCC governance documents.

## **Required Documentation:**

- Completed evaluation surveys for each of the four (4) NYCHCC Leadership Council meetings
- **Payment Amount: \$2,000.00 per meeting**

# Participate in Emergency Preparedness Symposia (EPS)

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- Ensure attendance and participation of at least one (1) Hospital EPC or appropriate designee 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 for the two (2) EPS meetings
- **Payment Amount: \$2,000.00 per EPS**

# Support Borough Coalition

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- Engage and collaborate with NYCHCC Borough Coalition activities by attending and participating in a minimum of two (2) Borough Coalition meetings and/or activities in the Borough in which the Hospital is situated. Hospital is encouraged to include its affiliated non-acute care emergency preparedness partners in these meetings/activities.
- Hospitals cannot use attendance at EPS or Leadership Council Meetings to meet this requirement.

## **Required Documentation:**

- Final summary report of Hospital's engagement in Borough Coalition activities

**Payment Amount: \$1,750.00; Due Date: May 14, 2021**

\*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 2021 CST (to be held in February 2021), 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.
- Collect surge and evacuation data during the exercise using the Assistant Secretary for Preparedness and Response (ASPR) surge tool template.
- *Note: The exercise will test the ability of the Hospital to surge 20-40% of its capacity and communicate with nursing homes and community-based healthcare (e.g., Visiting Nurse Service) to accept patients during a medical surge event. The exercise will also test the ability of acute care facilities to communicate with non-acute care services and locations (if applicable) to see how many staff can be provided for surge in acute care settings.*

# Participate in Citywide Coalition Surge Test (CST)..cont.

## Due Dates and Required Documentation:

- Completed surge and evacuation lessons learned template from DOHMH. **Payment Amount = \$3,750.00; Due Date: January 2021**
- Completed After Action Review (AAR) template that includes observation and evaluation details and sign-in sheets/participant rosters. Hot wash registration or participant list (DOHMH will provide a template to ensure uniform data collection for HPP requirements). **Payment Amount = \$5,000.00; Due Date: February 2021**
- Surge and evacuation data collected, using ASPR surge tool.  
**Payment Amount = \$5,000.00; Due Date: February 2021**

*\*Additional deliverable details provided in guidance document.*

# Strategic Pandemic Planning (Design a Deliverable)

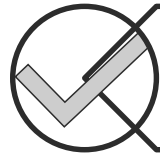
- Using Hospital strategic plan and/or recent (e.g., from BP1) risk assessment finding(s), COVID-19 and pandemic response planning, HVA and/or AAR/IP, design a deliverable that includes implementing a project to address at least three (3) gaps or key findings.
- Proposed deliverable must be separate and different from any deliverable listed previously as in the Scope of Services/Schedule of Deliverables. Hospital also cannot propose an exercise to satisfy this deliverable.

## Due Dates and Required Documentation:

- Proposal – **Payment Amount= \$7,500.00; Due Date: December 14, 2020**
- Final Summary Report – **Payment Amount = \$ 20,000.00; Due Date: May 3, 2021**

*\*Additional deliverable details provided in guidance document.*

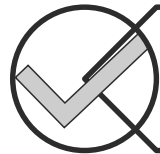
# Recommendations for DYO Deliverable



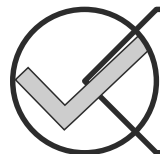
**Update Inpatient Surge Plans**



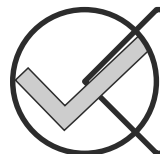
**Update ED Surge Plans**



**Update Fatality Management Plans**



**Update Surge Staffing Plans**



**Update PPE Conservation Plans**

An aerial photograph of New York City at sunset, showing a dense urban landscape with numerous skyscrapers and buildings. The sun is low on the horizon, casting a warm, golden glow over the city. The Hudson River is visible on the left, and the East River is on the right. The One World Trade Center is prominent on the right side of the skyline.

# Business Process



# Vouchering (Invoicing)

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- 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
- EPC / ALT EPC submits voucher (signed and dated) to Chanukka Smith
- Once voucher is reviewed and approved, it is submitted to PHS for payment
- PHS remits payment

# Updating EPC / ALT EPC

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- 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



Thank you!

▶ We look forward to working with you in BP2!