



Hospital Preparedness Program BP2 Suggested Projects for Hospitals

The following are some suggested projects to fulfill the Strategic Pandemic Planning (Design a Deliverable) for Budget Period 2 (BP2). This is not an extensive or exhausted list, but details suggestions based on opportunities for improvement from COVID-19 response.

Required Activities: 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 deliverables listed previously in the Scope of Service/Schedule of Deliverables. Hospital also cannot propose an exercise to satisfy this deliverable.

Hospital must develop and submit a deliverable proposal for DOHMH approval (DOHMH to provide template) that includes the following:

- Rationale for choosing the specific hospital project;
- Implementation plan, including:
 - Justification based on Hospital strategic plan, and/or recent (e.g., BP1) risk assessment finding(s), from COVID-19 and pandemic response planning, HVA and/or AAR/IP;
 - Outline of project Scope of Work (SOW) to include goals, objectives, timeline, key action steps and budget.

Upon completion of the DOHMH-approved deliverable, develop and submit a final summary report, including description of how completion of the project has advanced progress on the Hospital's strategic plan or pandemic response planning. Final Summary Report including:

- Details of project implementation
- Goals and objectives
- Findings
- Impact and outcomes
- List of stakeholders
- Next steps
- Supporting project documentation (e.g., meeting notes, agendas, sign-in sheets)

Please notify Chanukka Smith at csmith29@health.nyc.gov if the suggestion(s) below will be used to satisfy deliverable Strategic Pandemic Planning (Design a Deliverable).

Update Inpatient Surge Plans



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1. Review existing inpatient surge plans along with findings from COVID-19 after action process findings
2. Review DOHMH surge documents for Inpatient and ICU as well as preparing for crisis care:
 - a. <https://www1.nyc.gov/site/doh/providers/emergency-prep/hospitals.page>
 - b. <https://www1.nyc.gov/site/doh/covid/covid-19-resources-for-health-care-facilities.page>
3. Develop a COVID-19 appendix or special pathogen appendix. Consider use of a phased approach, identifying specific ICU and med-surg areas that would be activated based on identified triggers. Include information about services that would be curtailed at each phase.
4. Expecting continuation of non-COVID-19 patient care during a second wave, delineate COVID and non-COVID areas in the surge plan and connect these to staffing, PPE and supply protocols.
5. Review patient transfer plans and protocols, including transfers to other hospitals and use of alternate care sites. If part of a health system, ensure facility level staff have integrated into hospital plans health system load balancing strategies.
6. Ensure integration between the facility's inpatient surge plan and fatality management plan.

Update ED Surge Plans

1. Review existing ED surge plans along with findings from COVID-19 after action process findings.
2. Review DOHMH surge documents for Emergency Departments and considerations for Influenza season:
 - a. <https://www1.nyc.gov/site/doh/providers/emergency-prep/hospitals.page>
 - b. <https://www1.nyc.gov/site/doh/covid/covid-19-resources-for-health-care-facilities.page>
3. Develop a COVID-19 appendix or special pathogen appendix. Consider use of a phased approach, identifying specific operations or capabilities that would be activated based on identified triggers. Build use of tents and secondary spaces into these plans.
4. Expecting continuation of non-COVID-19 patient care during a second wave, delineate COVID and non-COVID areas in the surge plan and connect these to staffing, PPE and supply protocols.
5. For ED patients that require hospital admission, ensure integration between the facility's ED patient surge plan and inpatient surge plan as well as patient transfer protocols.

Update Fatality Management Plans

1. Review existing fatality management surge plan along with findings from COVID-19 after action process findings. Involve all involved departments in plan review and



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modifications. Review GNYHA's *Fatality Management Special Considerations* document to identify areas that may need further attention.

2. Review OCME's updated *Hospital Toolkit*.
3. Update facility data in GNYHA's *NYC Fatality Management Contacts* and *BCP Operations View* in Sit Stat.
4. Consider ways to increase internal morgue capacity.
5. Consider defining new roles within the fatality management plan based on the COVID-19 patient surge experience. Develop job actions sheets and build a staffing pool for these roles.
6. Ensure the facility's fatality management plan accounts for the facility staging multiple Body Collection Points (BCP) simultaneously and accounts for all potential sizes and types.
7. Make adjustments to existing Family Management plans based on the COVID-19 patient surge experience.
8. Review information provided by GNYHA regarding updates to NYC's fatality management operations. Attend GNYHA programming held in collaboration with NYCEM and OCME.

Update Surge Staffing Plans

1. Review existing surge staffing plans along with findings from COVID-19 after action process findings. Identify any new roles that need to be created and develop plans to support the fulfillment of these roles.
2. Establish or update a staff redeployment plan, and ensure it is connected to the facility's phased inpatient surge plans, including curtailment of some services.
3. Identify and update training materials and approaches for redeployed staff. Review policy and protocol issues related to staff redeployment. Design cross training materials for staff who may be redeployed.
4. Identify additional surge staffing approaches including use of agency staff, per diem staff, establishing relationships with external entities, and use of city and state volunteer portals. Define triggers for activation of these secondary approaches and work to build out these arrangements as much as possible ahead of time.
5. Review onboarding and oversight processes for use of external staff.

Update PPE Conservation Plans

1. Review and understand current PPE inventory and supply chain. Develop/review the facility's supply of PPE and a process for maintaining a level of stock for emergencies or periods of shortage. Ensure the process includes rotation of stock, if possible.
2. Maintain a close watch on facility PPE utilization rates by service. Consider using CDC's burn rate calculator found here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>
3. Establish conventional, contingency, and crisis standards for PPE usage ahead of time and determine triggers for moving from one standard to the next. These standards



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should include increasing levels of measures consisting of engineering, administrative, and PPE controls. See Conservation of PPE section in the Additional Resources tab here: <https://www1.nyc.gov/site/doh/covid/covid-19-resources-for-health-care-facilities.page>

4. Develop training for health care personnel on proper PPE use, particularly for when the facility transitions to PPE optimization strategies.