


NYCHCC Leadership Council COVID 19 Challenge and Solution for NYP

 **June 2, 2021**

NYP *BeReady*

AMAZING
THINGS
ARE
HAPPENING
HERE



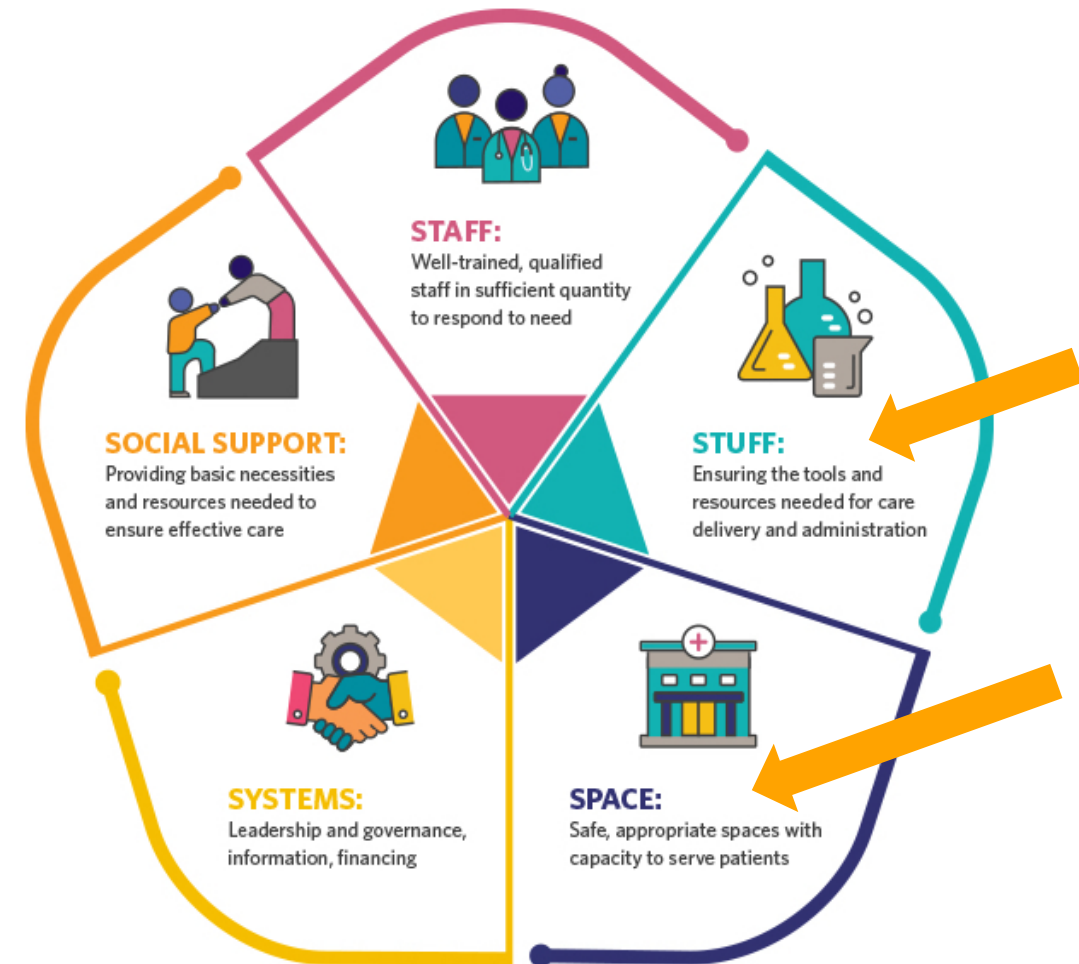
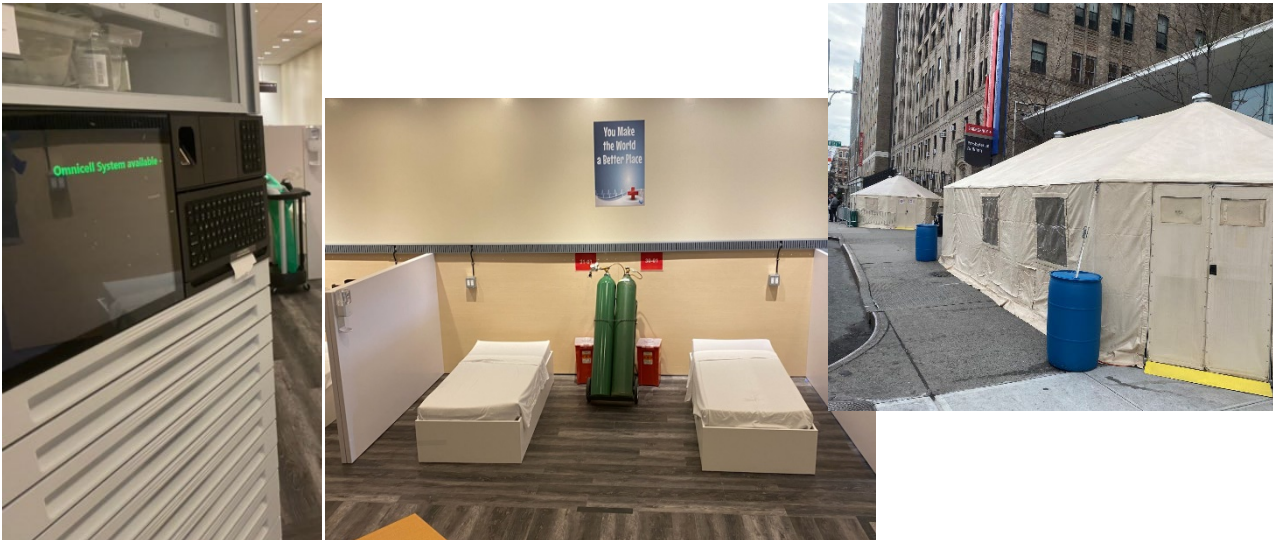
**Need for storage
of post pandemic
surge equipment**



Challenge: Surge of Equipment

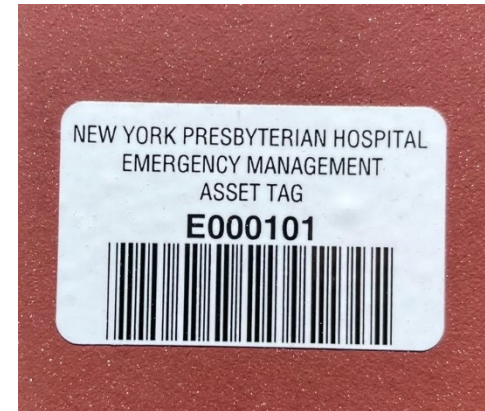
Pop-up Patient Care Areas:

- 25 million dollars spent on ~900 additional beds
 - 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
 - Equipment for all those additional beds



Solution: Storage

- Warehouses
 - Pre pandemic: 1 warehouse
 - Post pandemic: 7 warehouses
 - » Storage by use
- Long Term Cold Storage
 - Conex Boxes
 - » Storage of Pods
 - » Temperature Controlled
 - » Inventoried and barcoded



AMAZING
THINGS
ARE
HAPPENING
HERE

Thank You

NYCHCC Leadership Council Meeting

Laura Iavicoli, MD, FACEP

Senior Assistant Vice President

Central Office Emergency Management



What Worked:

- Significant collaboration between Central Office and site leadership to design and develop systemwide response strategies
 - Situational Awareness
 - Information Sharing (Resource Hub, Communication Campaigns)
 - Level Loading
 - Resource Management
 - Service Now – Electronic Resource Requests
 - EPIC Morgue Optimization
- Use of analytics/ intelligence for data-driven decisions:
 - Dashboards
 - EM Resource
 - Data sharing (Cross Regional Events)

Lessons Learned:

- Multi-incident activations
- Addressing extensive reporting requirements as system
- Balancing de-escalation and resurgence preparedness



Moving Forward

Applying lessons learned and best practice to all-hazards emergency planning.



Mount Sinai Health System Emergency Management

Leadership Council Meeting
June 2, 2021



**Mount
Sinai**

Program Challenge

▣ Facility Impact Assessment

Need for an impact assessment tool to collect and share information across the health system

- Repository of hospital and ambulatory care locations
- Poll ambulatory facilities during incidents
 - Operational status
 - Staffing status
 - Supply chain issues
 - Utility issues
- Visual data representation
- Ongoing situational awareness

Program Success

▣ Development of the Virtual EOC and Facility Impact Assessment Tool

- Effective collaboration with Information Technology and Emergency Management led to the development of a comprehensive operational tool used for management of incident operations (Virtual EOC)
- Enhanced ability to collect and share information across the health system
- Development of the hospital and ambulatory facility impact assessment dashboards (STATREPS) has provided a mechanism for capturing facility-level impacts/disruptions
- STATREPS have allowed for development of comprehensive resource tracking tool that is used to identify and monitor resource requests
- Provides the health system with real time situational awareness as well as localized incident monitoring through external resource links to monitor incidents that may be impacting the city and/or state

Information
Sharing/Decision-Making

Facility Impact
Assessments

Virtual EOC

Situational Awareness

Resource Tracking

Thank you!



Open Forum / Q&A



Subject Matter Expert (SME) Presentations



Pediatric Disaster Mental Health Training for Pediatric Providers

NYCHCC LEADERSHIP COUNCIL MEETING

JUNE 2, 2021

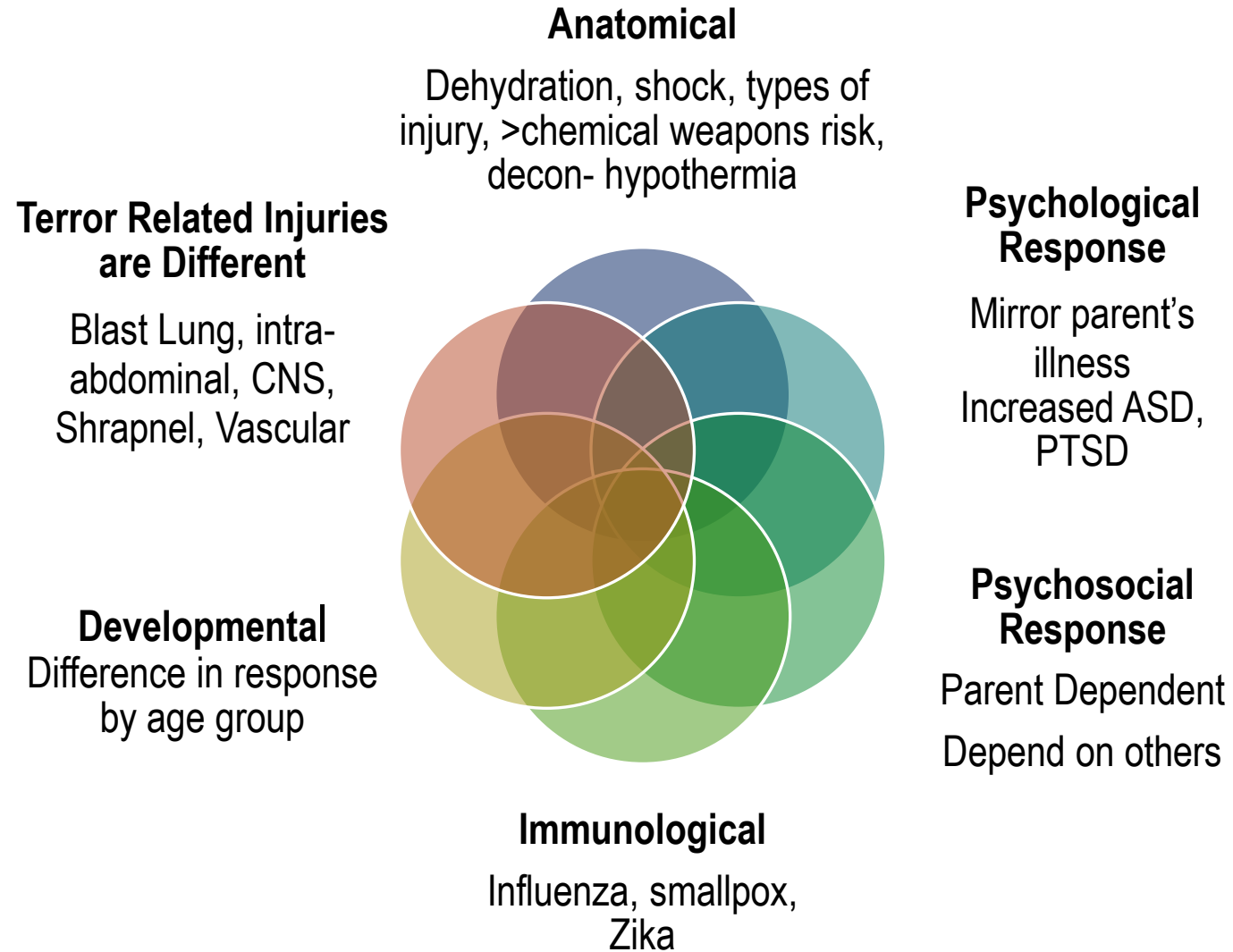
NEW YORK CITY PEDIATRIC DISASTER COALITION

Children Today (United States)

- Estimated 78 million people less than 18 years old
- Roughly 25% of the population
- Largest vulnerable population
- Disabled children
- Tech dependent children
- 15% living at or near the poverty level
- Environment and Response provided by adults



Children are different!



Therefore, the pediatric plan and response to disasters must be tailored to the special needs of children.







Moscow theater siege



OKC Bombing

Beslan school siege



COVID-19 Impact on Children

- Loss of Education
- Loss of Social Interaction
- Disruption of Family
- Disruption of Routine
- Poverty
- Stress
- Death of Family member/parent

Increased:

- Poverty
- Suicide
- Anxiety
- Depression
- Child Abuse
- Domestic Violence
- Drug, Alcohol Abuse

Training Goals

- Define and address the pediatric disaster mental health vulnerabilities and special needs of children and families during disasters. Including: screening, triage, and referral and treatment of pediatric victims.
- Provide tools for pediatric psychological first aid.
- Familiarize participants with elements of compassion fatigue and how to work in a disaster zone with particular attention to children.
- For participants to learn how to identify mental health related issues experienced by pediatric providers and to provide screening, triage, and referral.
- To provide disaster mental health information and resources for children, families and pediatric providers.

Project Process

- Conducted literature review to determine best practices related to disaster mental health for pediatric healthcare providers
- Multiple team planning meetings with the presenters
- Created draft and final training materials (agenda, slides, pre and post tests, informational handouts and resources)
- Recruitment of training participants
- Conducted three-hour training on May 13th, afternoon session of the NYCHCC Annual Conference
- Summary Report Presentation today June 2nd NYCHCC Leadership Council Meeting

Presenters

Merritt D. Schreiber, Ph.D.

Professor of Clinical Pediatrics
Department of Pediatrics
Lundquist Institute
Harbor-UCLA Medical Center|
David Geffen School of Medicine at UCLA

Focus Group Lead on Developmental
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Tona McGuire, Ph.D.

Co-Lead, Behavioral Health Strike Team
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George Foltin, MD, FAAP

Principal Investigator
New York City Pediatric Disaster Coalition

Michael Frogel, MD, FAAP

Co-Principal Investigator
New York City Pediatric Disaster Coalition

Victor Fornari, MD

Chief of Division Child & Adolescent Psychiatry
Long Island Jewish Medical Center
Northwell Health System

Training Topics

- Pediatric Patients Disaster Mental Health:
 - Clinical Presentations
 - Screening
 - Triage and referral
 - Pediatric Psychological First Aid
 - Treatment modalities
- Compassion Fatigue
- Working in a Disaster Zone
- Pediatric Provider Disaster Mental Health:
 - Screening
 - Treatment
 - Triage and referral
- Information and Resources for:
 - Patients
 - Families
 - Providers

Training Participants

- Goal: train 50 providers
- **Actual attendance: Over 100 providers**
- Pediatric provider participants included: physicians, nurses, emergency management, EMS, psychology, psychiatry, social work, child life, administration
- Participants engaged in the training through the GoToMeeting chat feature and open Q&A at conclusion of the training
- Additional email communications followed to all registered participants including handouts, resources, and the opportunity for additional Q&A

Training Feedback Received from Participants

Competency areas reported improved as a result of training participation:

- Patient care
- Medical knowledge
- Professionalism
- Communication skills
- Practice based learning
- Systems based practice

Comments from training participants:

- “Will now be dedicating ED nursing staff for mental health to improve awareness”
- “Will now integrate psychological screening into practice during disaster cases”
- “The training can be valuable to educators too as kids are returning back to in-person instruction”

Conclusion

- The NYC PDC created and conducted a model training program for Pediatric Providers in Pediatric Disaster Mental Health.
- Trainees included participants from a broad spectrum of disciplines.
- National Experts presented evidence-based materials on current pediatric disaster mental health issues as they relate to children, families and providers.
- The training offered an opportunity to share information and resources, network, and to provide feedback for current and ongoing efforts.



Questions



Thank You for your Time!

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North HELP Coalition

Improving the emergency preparedness of medically vulnerable populations.

Kevin Chason, DO, FACEP

Senior Director, Access Services
The Mount Sinai Health System

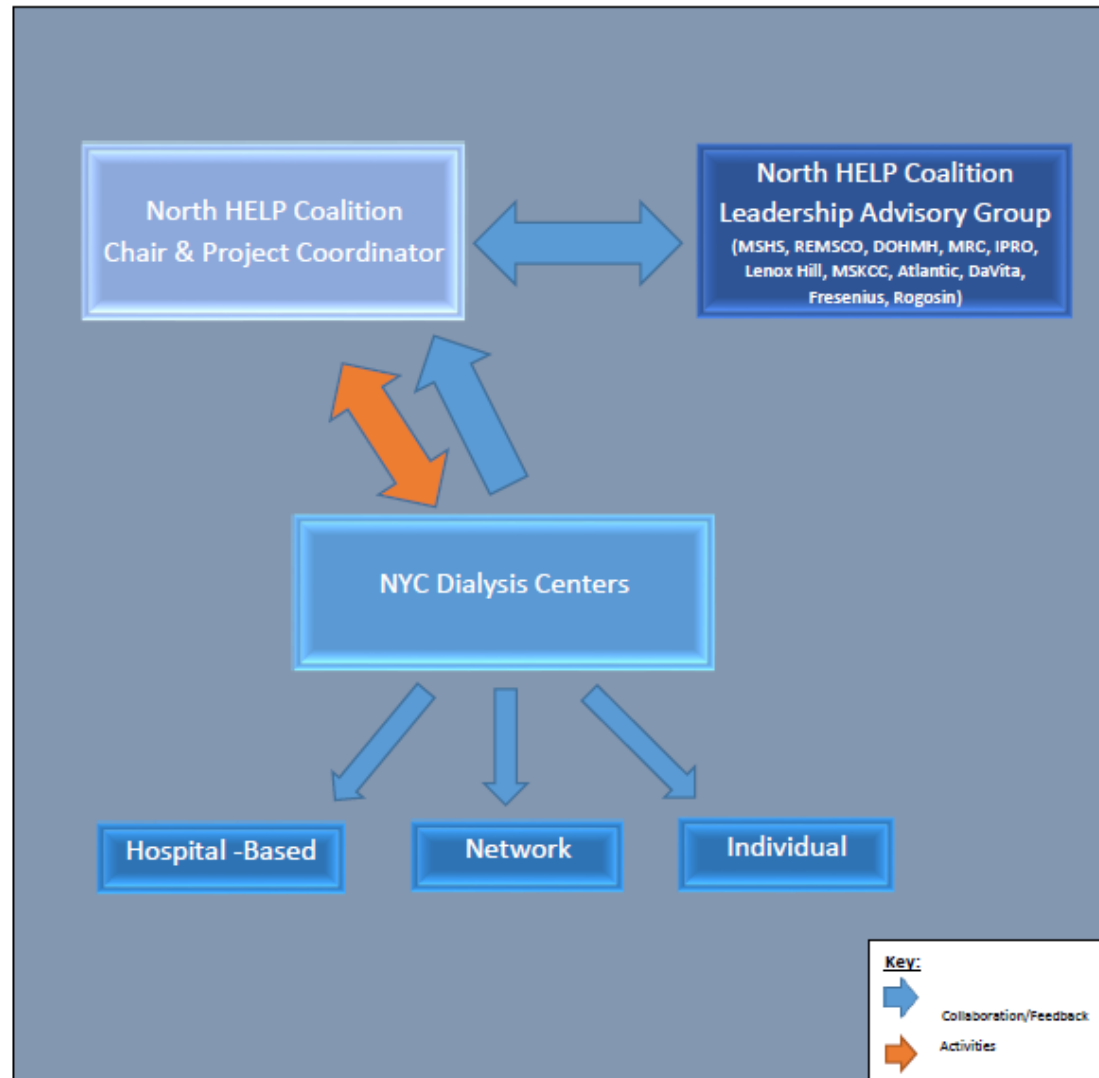
Yosef Travis, MPH

Project Coordinator, North HELP Coalition
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**Mount
Sinai**

What is the North HELP Coalition?



- ▶ The Coalition’s mission is to improve the emergency preparedness of medically vulnerable populations.
- ▶ The Coalition brings together community partners and agencies to improve the resiliency of the NYC outpatient dialysis (OPD) sector through preparedness activities and advocacy efforts.
- ▶ Initiatives include:
 - Workshops
 - Drills and exercises
 - Training
 - Advocacy

NYC OPD Sector



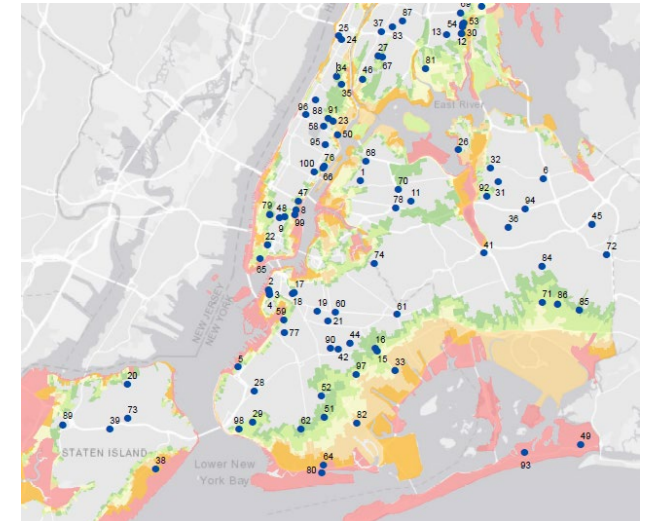
▶ Outpatient dialysis includes: center-based hemodialysis, **home-based hemodialysis**, and **home-based peritoneal dialysis**.

▶ Patients

- ~14.5k patients/31k statewide
- May seek care locally or travel
- Access facilities through:
 - Private vehicles/For Hire Vehicles
 - Public transportation/Access-A-Ride
 - Non-emergency medical transportation (NEMT)

▶ Providers

- ~142 sites/330 statewide
- Independent or organized
 - 50% LDO; 50% MDO or SDO/Independent
- Freestanding or connected to a hospital or skilled nursing facility.
 - 20 SNF-based
 - 17 Hospital-based



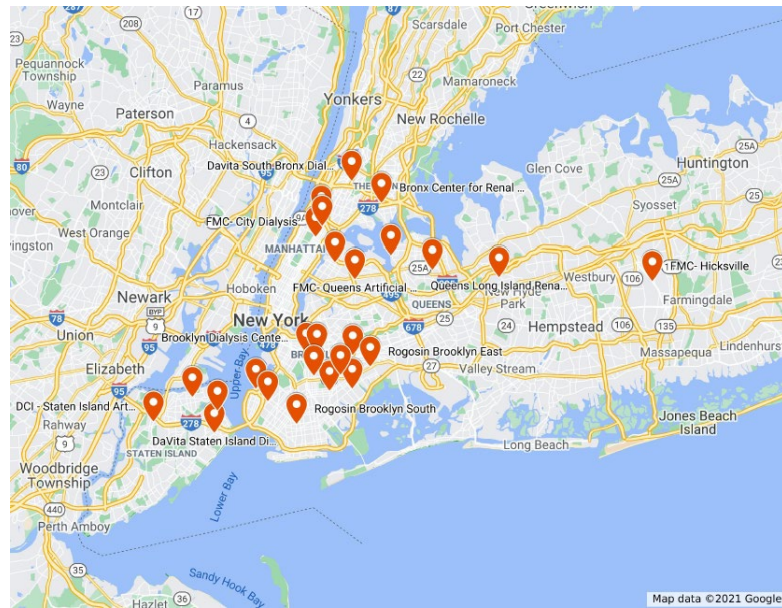
Virtual Tabletop Exercise

Exercise Plan
North HELP Coalition

Power Disruption Tabletop

Exercise Plan North HELP Tabletop Exercise

March 15, 2021



What Worked?

What Did Not Work?

Relevant Suggestions

- ▶ Establish a working group for dialysis centers and their hospital, skilled nursing facilities, and ER partners to establish ongoing relationships and planning partnerships.
- ▶ Encourage hospital-based dialysis centers to establish working groups with their parent hospitals to promote ongoing relationships and planning partnerships.
- ▶ Establish a working group of dialysis centers and response agencies to establish ongoing relationships and planning partnerships.
- ▶ Coordinate with GNYHA for a dialysis center specific view in SitStat and provide dialysis centers with the GNYHA Emergency Contact Directory as it is made available.

Future Work

- ▶ NYCHCC meetings
- ▶ Coalition Surge Test Planning
- ▶ Support Borough Coalitions
- ▶ Share capacity information for increased situational awareness

Thank You!

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GREATER NEW YORK HEALTH CARE FACILITIES ASSOCIATION



**New York City Nursing Homes:
COVID-19 and BP2
June 2, 2021**



GNYHCFA, SNYA, GNYHA CC

NURSING HOMES and COVID-19

Strength: Infection Control

Prior to COVID-19, Nursing Homes did not require the variety of PPE to care for their residents.

- Our Nursing Home Trade Associations processed over 2200 emergency requests for PPE before NYC DOHMH arranged weekly distributions and use of Medline.



NYS DOH began Infection Control Surveys of all Long Term Care Facilities beginning in March 2020.*

- Out of 2286 Infection Control Surveys that transpired in NYS, only ~8% resulted in citations statewide
- Vast majority of citations were for causing “minimal harm” or “potential for minimal harm”

Nursing homes successfully established and maintained COVID-only facilities for COVID+ patients discharged from hospitals

NURSING HOMES and COVID-19

Challenge: Staffing

During the height of the pandemic , NYC Nursing Homes were unable to obtain emergency staffing to fulfill their needs.

- Hospitals had priority access to the collective staffing pool at the start of the pandemic.
- Candidates are inclined to work within their borough of choice: opportunity to work with borough coalitions to establish pool of eligible job candidates.

NURSING HOMES and COVID-19

Additional Challenges

- Federal, State and City guidance for nursing homes have not always aligned:
 - State vaccination plans vs. city vaccination plans
 - CMS Waivers and State Executive Orders
 - Changes in policy for testing, employee furloughs, varying definitions of “outbreak.”

Additional Strengths

Our Associations have:

- Been a liaison for nursing homes to interpret and operationalize evidenced based practice to stop COVID-19 spread
- Put forward Infection Control webinars; summarized and presented Fatality Management policies for the industry; trained and assisted on Facility Evacuation Planning Application (FEPA) completion; conducted a tabletop exercise; assisted in Sit Stat development and recruitment; provided additional timely webinars and training.

NURSING HOMES and COVID-19

Nursing Homes are proving they are safe places, despite the negative media and issues at the beginning of pandemic.

Long Term Care Trade Associations are continuing to work collectively to ensure the well-being of long term care residents and staff throughout the pandemic.



Open Forum / Q&A



Adjournment
