



Hospital Preparedness Program (HPP)  
Budget Period 3 (BP3) Coalition Contracts  
Network Coalitions

*Kick-off Meeting*  
Tuesday, September 14, 2021





Welcome!

# Outline

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- **Introduction and Goal**
- **Hospital Preparedness Program (HPP) Requirements 2019 – 2024**
- **Overview of Program Deliverables BP3 July 1, 2021 – June 30, 2022**
  - Scopes of Work Changes
  - Activities and Required Documentation
  - Recommendations for Design a Deliverable
- **Business Process**
  - Vouchering
  - Emergency Preparedness Coordinator (EPC) and Alternate EPC Contact Update
  - DOHMH Deliverable Contacts

# 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.



# NYC Health Care Coalition (NYCHCC)

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- The purpose of the NYCHCC is to bring together various members of the health system and non-health care partners into a single, integrated, and coordinated health care system emergency planning and response entity that leverages the strengths of each member in activities such as communication, information sharing, planning, and response through coalition resources. This strengthens resiliency of the health system for emergencies and disasters and allows for continuity of health care delivery during, and after, an emergency event occurs within the New York City area, which affects the health care system and/or services.
- Collaboration and preparedness are the essence of the NYCHCC, and membership is open to all NYC health care delivery members, community organizations that support health and wellbeing, surrounding regional health care organizations, government agencies, and community partners that desire to work collaboratively on emergency preparedness, response and recovery, which affect the City's health care system.



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.

# 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 3 (BP3) (7/1/21 through 6/30/22)

(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, Coalition Surge Test (Surge Ex)

- **Budget Period 3 (BP3) requirements:**

- Healthcare Coalition Continuity of Operations Plan (annex to HCC Response Plan)
- Healthcare Coalition Response Plan
- Supply Chain Integrity Assessment
- Crisis Standards of Care ConOps
- Review/revise Healthcare Coalition HVA
- Burn Surge Annex and associated TTX
- Continued preparation for TTXs for previous surge annexes (pediatric and infectious disease)

# 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, templates for DYOD, structured SOWs by HPP capability
- 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/>



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 lights are beginning to glow. The Hudson River is visible on the left, and the East River is on the right. The overall scene is hazy and atmospheric.

# Overview of Network Coalition BP3 Deliverables

# Scopes of Work – Performance Periods

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## **Performance Periods**

- Three standard due dates across the BP3 activity period
- Creates standardization and to track activities completed and funds spent based on performance periods
- Develops an opportunity to capture spend down in a systematic way
- Allows for report to NYCHCC GB on spending activities
- Makes Mid term reporting more accurate
- Identifies earlier on in the budget cycle, activities that may not be completed, so funds may be redirected per ASPR rules and regulations
- Creates opportunity for carryover to be redirected to Coalition priorities



# Scopes of Work – Standardized Template

- Scope of Services
  - Details required functions of subrecipients
- Funded activities grouped by HPP capability
- Deliverable program
- performance periods + due dates:
  - 10/29/21
  - 2/28/22
  - 6/1/22

Capability 1. Foundation for Health Care and Medical Readiness (C1) Participate in NYCHCC Leadership Council Meetings and Emergency Preparedness Symposia (EPS)				
Goals: Increase knowledge and integration of best or promising practices and attend to the business and governance of the NYCHCC. Develop or maintain operational knowledge and skills in emergency management, specific to the NYC region.				
Outcome(s): shared best practices; smooth governing of the NYCHCC				
Deliverable	Required Activities	Required Documentation	Payment Amount	Deliverable Due by Date
C1.1. Participate in NYCHCC Leadership Council Meetings	Ensure attendance and participation of at least one (1) Hospital EPC, or appropriate designee at four (4) NYCHCC LC meetings. NYCHCC LC 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 BP3 HPP grant requirements, including development of NYCHCC governance documents.  <i>Attendee cannot represent more than one (1) HPP-funded entity at NYCHCC Leadership Council meetings.</i>	1. Completed online evaluation survey for one (1) of four (4) NYCHCC Leadership Council meetings occurring in the initial performance period of the contract (July 1 to October 29, 2021).  <i>Note: Attendance at NYCHCC Leadership Council meetings will be verified by DOHMH sign-in sheets/participant rosters.</i>	\$2,000.00	October 29, 2021
		2. Completed online evaluation survey for two (2) of four (4) NYCHCC Leadership Council meetings occurring in the mid-term performance period of the contract (November 1, 2021 to February 28, 2022).  <i>Note: Attendance at NYCHCC Leadership Council meetings will be verified by DOHMH sign-in sheets/participant rosters.</i>	a. \$2,000.00 b. \$2,000.00	February 28, 2022
		3. Completed online evaluation survey for one (1) of four (4) NYCHCC Leadership Council meetings occurring in the final performance period of the contract (March 1 to June 1, 2022).  <i>Note: Attendance at NYCHCC Leadership Council meetings will be verified by DOHMH sign-in sheets/participant rosters.</i>	\$2,000.00	June 1, 2022
<b>Deliverable Subtotal</b>			<b>\$8,000.00</b>	



# BP3 Deliverables

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- **BP3 Budget: \$90,000 baseline for Network Coalitions and \$50,000 per hospital within Network Coalitions**
- **Capability 1: Foundation for Health Care and Medical Readiness**
  - Participate and present at the quarterly NYC HCC Leadership Council meetings, bi-annual Emergency Preparedness Symposia
  - Support Borough Coalitions
  - Participate in the 2022 Coalition Surge Test (CST) Exercise
- **Capability 2: Health Care and Medical Response Coordination**
  - Support Collection of Network Emergency Contact Data
- **Capability 4: Medical Surge**
  - Design a Deliverable to Address Network-level Surge Related to Identified Hazards

# Participate in NYCHCC Leadership Council Meetings

## Required Activities

- Ensure attendance and participation of at least one (1) Network EPC, or appropriate designee, at four (4) NYCHCC LC meetings. NYCHCC LC 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 BP3 HPP grant requirements, including development of NYCHCC governance documents.
- Present an overview of Network's emergency management work (can include successes and challenges from previous budget period(s)) at one (1) NYCHCC LC meeting OR at one (1) EPS.

## Required Documentation

- Completed online evaluation surveys for each of the **four (4) NYCHCC Leadership Council meetings**.
- Final PowerPoint Presentation of Network's emergency management work overview at NYCHCC LC meeting or EPS, **due in the final performance period of the contract (March 1 to June 1, 2022)**.

# Participate in Emergency Preparedness Symposia (EPS)

## Required Activities

- Ensure attendance and participation of at least one (1) Hospital EPC, or appropriate designee from each Network acute care facility at two (2) 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. Networks are also strongly encouraged to invite non-acute care staff involved in emergency management.
- *Note: Individual attendees cannot represent more than one (1) HPP funded entity at EPS.*

## Required Documentation

- Completed online evaluation surveys from EPC/designee from each Network acute care facility for each of the **two (2) EPS**.



# Support Borough Coalitions

## Required Activities

- Submit a proposal detailing plans to have representatives from each Network acute care facility engage and collaborate with NYCHCC borough coalition(s) activities in the borough(s) in which the facility is situated. Subrecipient should also include affiliated non-acute care facility emergency preparedness partners in these meetings/activities.
- Develop a summary report of engagement in borough coalition activities.
- Hospitals cannot use attendance at EPS or Leadership Council Meetings to meet this requirement.

## Required Documentation

- Proposal detailing plans for representative from each Network acute care facility to attend at least two (2) borough coalition meetings/ activities in the boroughs in which the facility is situated **due in the mid-term performance period of the contract (November 1, 2021 to February 28, 2022).**
- Final summary report of engagement in borough coalition(s) activities **due in the final performance period of the contract (March 1 to June 1, 2022).**

# Participate in 2022 Coalition Surge Test (CST) Exercise

## Required Activities

- Participate and contribute to the 2022 CST exercise by having a Network representative participate in one (1) meeting combining exercise development and surge and evacuation steering committee duties to identify, prioritize, plan, and address surge and evacuation requirements for NYCHCC and develop **concepts and objectives for 2022 CST** exercise.
- Participate and contribute to the 2022 CST exercise by having a Network representative participate in one (1) meeting combining exercise development and surge and evacuation steering committee duties to identify, prioritize, plan, and address surge and evacuation requirements for NYCHCC and **initial planning** for 2022 CST exercise.

## Require Documentation

- Sign-in sheet provided by DOHMH's exercise vendor documenting participation in meeting AND track changes in MS Word document, with clear attribution, contributing to **exercise strategy document due in the initial performance period of the contract (July 1 to October 29, 2021)**.
- Sign-in sheet documenting participation in meetings AND track changes in MS Word document, with clear attribution, contributing to **exercise objectives document due in the initial performance period of the contract (July 1 to October 29, 2021)**.

# Participate in 2022 Coalition Surge Test (CST) Exercise

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### Required Activities

- Participate and contribute to the 2022 CST exercise by having a Network representative participate in one (1) meeting combining exercise development and surge and evacuation steering committee duties to identify, prioritize, plan, and address surge and evacuation requirements for NYCHCC and **midterm planning** for 2022 CST exercise.
- Participate and contribute to the 2022 CST exercise by having a Network representative participate in one (1) meeting combining exercise development and surge and evacuation steering committee duties to identify, prioritize, plan, and address surge and evacuation requirements for NYCHCC and **final planning** for 2022 CST exercise.

### Require Documentation

- Sign-in sheet documenting participation in meetings AND track changes in MS Word document, with clear attribution, contributing to exercise **midterm planning document due in the mid-term performance period of the contract (November 1, 2021 to February 28, 2022).**
- Sign-in sheet documenting participation in meetings AND track changes in MS Word document, with clear attribution, contributing to exercise **final planning document due in the mid-term performance period of the contract (November 1, 2021 to February 28, 2022).**

# Participate in 2022 Coalition Surge Test (CST) Exercise

## ..cont.

### Required Activities

- Participate and contribute to the 2022 CST exercise by having a Network-level and all Network acute care facility representatives **participate in conduct and collection of data for the 2022 CST exercise**, using all available discussion materials and templates.
- Provide the name of one **(1) staff per Network acute care facility** to function as **trusted agent** (exercise evaluator/controller) in support of 2022 CST exercise and hot wash.

### Require Documentation

- For each Network acute care facility and for the Network level: exercise and hotwash sign-in sheets, hotwash comments, surge and evacuation data collected (includes pediatric planning and bed surge planning) using Sit Stat 3.0 and [SurveyMonkey®](#) and completed After Action Review template clearly demonstrating participation in 2022 CST exercise (templates to be provided by DOHMH) **due in the mid-term performance period of the contract (November 1, 2021 to February 28, 2022).**
- Document or email with name of one (1) staff as trusted agent for each Network acute care facility **due in the mid-term performance period of the contract (November 1, 2021 to February 28, 2022).**



# Participate in 2022 Coalition Surge Test (CST) Exercise

## ..cont.

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### Required Activities

- Participate and contribute to the 2022 CST exercise by having a Network representative participate in one (1) meeting combining exercise development and surge and evacuation steering committee duties to identify, prioritize, plan, and address surge and evacuation requirements for NYCHCC and develop **After Action Report (AAR) and Improvement Plan (IP)** for 2022 CST exercise..

### Require Documentation

- Sign-in sheet documenting participation in meetings AND track changes in MS Word document, with clear attribution, contributing to **AAR and IP due in the final performance period of the contract (March 1 to June 1, 2022).**

# Participate in 2022 Coalition Surge Test (CST) Exercise ..cont.

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## **Key Dates**

- Concept and Objectives - September 9, 2021
- Initial Planning Meeting - October 21, 2021
- Mid-Term Planning Meeting - December 2, 2021
- Final Planning Meeting - January 27, 2022
- Coalition Surge Test Exercise - February 2022
- Coalition Surge Test Hotwash - March 2022
- Coalition Surge AAR-IP - May 2022

# Support Collection of Network Emergency Contact Data

## Required Activities

- Update and/or confirm contact information for each Network acute care facility by updating the hospital detail view semiannually in Sit Stat 3.0. Advise DOHMH of changes and updates to service contact information on an ongoing basis.

## Required Documentation

- DOHMH-generated email acknowledging contact information updates completed and verified for each Network acute care facility **due in the initial performance period of the contract (July 1 to October 29, 2021).**
- DOHMH-generated email acknowledging contact information updates completed and verified for each Network acute care facility **due in the final performance period of the contract (March 1 to June 1, 2022).**

# Design a Deliverable to Address Network-level Surge Related to Identified Hazards

## Required Activities

- Using strategic plan and/or recent (e.g., from BP2) risk assessment finding(s), COVID-19 and pandemic response planning, HVA and/or AAR/IP, design a deliverable that includes implementing a project or conducting an exercise to address surge related to at least three (3) gaps or identified hazards.
- Develop and submit a deliverable proposal for DOHMH approval (DOHMH to provide template).
- Describe overall approach to Network level continuity of operations (COOP) (template to be provided by DOHMH).
- Upon completion of the DOHMH-approved deliverable, develop and submit a final summary report, including description of how completion of the deliverable has advanced progress on the strategic plan or surge planning

## Required Documentation

- DOHMH-approved deliverable proposal (template to be provided by DOHMH) **due in the initial performance period of the contract (July 1 to October 29, 2021).**
- Overall approach to Network-level COOP **due in the mid-term performance period of the contract (November 1, 2021 to February 28, 2022).**
- Final summary report **due in the final performance period of the contract (March 1 to June 1, 2022).**



# Recommendations for Design a Deliverable

- Update Pediatric Surge Plans
- Update ED Surge Plans
- Update Burn 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 Freedom Tower 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



# DOHMH Deliverable Contacts

## BP3 Deliverable

## Deliverable PM

Participate in the quarterly NYC HCC Leadership Council meetings, bi-annual Emergency Preparedness Symposia

Chanukka Smith  
[csmith29@health.nyc.gov](mailto:csmith29@health.nyc.gov)

Support a Borough Coalition(s)

Chanukka Smith  
[csmith29@health.nyc.gov](mailto:csmith29@health.nyc.gov)

Participate in the 2022 Coalition Surge Test (CST) Exercise

Lesley Welsh  
[lwelsh@health.nyc.gov](mailto:lwelsh@health.nyc.gov)

Support Collection of Hospital/Network Emergency Contact Data

Chanukka Smith  
[csmith29@health.nyc.gov](mailto:csmith29@health.nyc.gov)

Design a Deliverable to Address Hospital/Network-level Surge Related to Identified Hazards

Chanukka Smith  
[csmith29@health.nyc.gov](mailto:csmith29@health.nyc.gov)



Thank you!

▶ We look forward to working with you in BP3!

