



# Health Care System Readiness 2021-2022

New York City Annual Hospital Preparedness  
Program Report, Budget Period 3





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# Table of Contents

6

Section 1:  
**Overview**

20

Section 5:  
**Acute Care**

9

Section 2:  
**Hospital Preparedness  
Program**

24

Section 6:  
**Borough  
Coalitions**

11

Section 3:  
**New York City Health  
Care Coalition**

26

Section 7:  
**Long-Term Care**

15

Section 4:  
**Hospital Preparedness  
Program Focus**

31

Section 8:  
**Primary Care**

32 |

Section 9:  
**Pediatric Care**

36 |

Section 12:  
**Terminology**

33 |

Section 10:  
**Dialysis**

38 |

Section 13:  
**Report  
Contributors**

34 |

Section 11:  
**Conclusion**

39 |

Section 14:  
**Acknowledgments**

## Section 1:

# Overview

With a population of more than 8.8 million, New York City (NYC) is the largest, most densely populated city in the U.S. and an international hub for business, media and tourism. NYC's health care system is vast and complex and includes a wide range of public and private health care providers, from large health care networks – which include multiple ambulatory clinics and hospitals – to independent hospitals, dialysis facilities, home care practices and volunteer ambulance agencies.

## Number of NYC Health Care and Community Providers

### NYC Health Care Coalitions

Network Coalitions	8	Primary Care Coalition
Borough Coalitions	5	North HELP Coalition
Pediatric Disaster Coalition		

NYPD	GNYHA
FDNY	DOHMH
NYCEM	

Hospitals	55	Pharmacies	2,789
Trauma Centers	17	Community Health Centers	400+
Psychiatric Hospitals	8	Urgent Care Centers	103
Neonatal Intensive Care Units	39	Dialysis Centers	160+
Pediatric Intensive Care Units	21	Long-Term Care Associations	10
OB-GYN Centers	39	Nursing Homes	166
Organ Transplant Centers	7	Adult Care Facilities	78
Volunteer Ambulance Agencies	75	Home Care Providers	934
Hospice and Palliative Care Providers	26		





NYC health care providers deliver care to diverse communities with many different health concerns. On a population level, the overall health of NYC communities varies greatly. A history of systemic injustices, including racist policies and practices among City institutions, has produced inequities that lead to worse health outcomes in communities of color compared with white communities. Although NYC has one of the highest levels of health care resources for a local jurisdiction in the country, the distribution of these resources throughout the city is not uniform; it is influenced by broader forces that shape health care, including economic and social policies, development priorities, racism and political systems.

As a prominent national and global city, NYC also faces a high risk of both designed and naturally occurring hazards. A public health emergency in NYC will significantly affect the health, security and economy of the city and the rest of the country, as well as have major international implications. Because the NYC public health and health care systems are the city's front line for detecting and responding to public health emergencies, it is essential for these stakeholders to be prepared in order to save lives.

The New York City Department of Health and Mental Hygiene (NYC Health Department) helps health care providers across the city respond safely and effectively to emergencies.

To further this aim, the NYC Health Department:

- Facilitates collaboration between health care and public health stakeholders to prioritize and address gaps in emergency preparedness and response
- Provides needed tools and resources to all health care facilities to improve care for patients and residents during emergencies
- Supports the NYC health care system to meet acute health and medical needs during and after emergencies

The NYC Health Department's health care system preparedness programs are funded primarily through a cooperative agreement with the **Hospital Preparedness Program** of the Administration for Strategic Preparedness and Response, with additional support from the Centers for Disease Control and Prevention's (CDC) **Public Health Emergency Preparedness (PHEP) Program**.

## About the Report

The organization of this annual report is based on the framework of HPP competencies and requirements. The report summarizes accomplishments in improving and expanding NYC health care system emergency readiness for HPP budget period 3, from July 2021 to June 2022.





## Section 2:

# Hospital Preparedness Program

The Administration for Strategic Preparedness and Response's (ASPR) Hospital Preparedness Program (HPP) provides strategic leadership and crucial funding to states, territories and eligible major metropolitan areas to increase the ability of health care systems to plan for and respond to large-scale emergencies. HPP is the only source of federal funding for health care system preparedness.

HPP's primary approach to coordinating preparedness across health care systems is to form **health care coalitions** (HCCs). Through the use of program funding, HCCs incentivize diverse health care organizations that may normally have different priorities or view each other as competitors to recognize the common threat of emergencies and the importance of working together to prepare the system for an effective response.

In addition, HPP guides the collective efforts of HCCs and their members to meet key competencies in emergency preparedness, including:

- ◆ Creating a foundation of health care preparedness by building strong relationships system-wide, identifying hazards and addressing preparedness gaps through planning, training, exercising and resource management
- ◆ Effectively collaborating and coordinating to share information and resources to provide care to all populations during an emergency
- ◆ Maintaining continuity of care during an emergency
- ◆ Planning for a medical surge in order to provide efficient care, even when patient demand exceeds available capacity



To meet these competencies, HPP requires that jurisdictions perform a series of activities on an annual basis. These activities include:

- Creating plans to ensure the health care system engages and serves populations that are particularly vulnerable to the effects of emergencies
- Expanding partnerships with local community organizations and health care stakeholders to create and exercise emergency plans
- Expanding HCCs to include more health care sectors (for example, home care and hospice and palliative care) to improve preparedness system-wide
- Engaging health care executives and clinicians in preparedness planning
- Ensuring HCC members' compliance with the Federal Emergency Management Agency's (FEMA) **National Incident Management System (NIMS)**
- Creating a common operating picture so HCC members can effectively share information about threats and their possible effects on the health care system
- Performing exercises to test HCCs' capacities to issue emergency notifications, share information and support health facility responses to patient surge events


## Section 3:

# New York City Health Care Coalition

The New York City Health Care Coalition (NYC HCC) brings together leadership from the city's health care sectors as well as from non-health care partners, such as the Fire Department of New York City Emergency Medical Services FDNY EMS, and community partners, such as the Staten Island Community Organizations Active in Disasters coalition, to build health care system preparedness against all hazards and emergencies, from a coastal storm to a mass casualty incident. Working together as a single, integrated and coordinated health care system emergency planning and response group, the NYC HCC leverages the strengths of each member – such as expertise in risk communication, information sharing, and planning and rapid response – to holistically enhance the preparedness of all coalition members.

Membership is open to all NYC health care organizations and community organizations that support health and well-being, as well as to surrounding regional health care organizations and state and local government agencies with a stake in the preparedness of the health care system.

The NYC HCC is made up of multiple subcoalitions of health care organizations that are defined by characteristics of the larger NYC health care system.



**The mission of the NYC HCC is to promote and support all-hazards preparedness and response activities by sharing situational awareness, information, training and resources with all NYC health care system stakeholders to better prepare for, respond to and recover from emergencies while ensuring continuity of care and the safety of New Yorkers.**

# NYC HCC Subcoalitions

## Borough Coalitions

Partnership and cross-facility coordination based on NYC borough

- ◆ Bronx Emergency Preparedness Coalition
- ◆ The Brooklyn Coalition
- ◆ Emergency Preparedness Coalition of Manhattan
- ◆ Borough of Queens Emergency Preparedness Coalition
- ◆ Staten Island Community Organizations Active in Disaster

## Health Care Networks

Networks of facilities spanning care sectors (for example, acute care, ambulatory care and long-term care)

- ◆ Mount Sinai Health System Emergency Management Partnership
- ◆ MediSys Emergency Preparedness Coalition
- ◆ Montefiore Emergency Preparedness Coalition
- ◆ NYC Health + Hospitals
- ◆ New York University (NYU) Langone Health
- ◆ Northwell Health
- ◆ NewYork-Presbyterian

## Independent Hospitals

Hospital facilities not part of a larger network

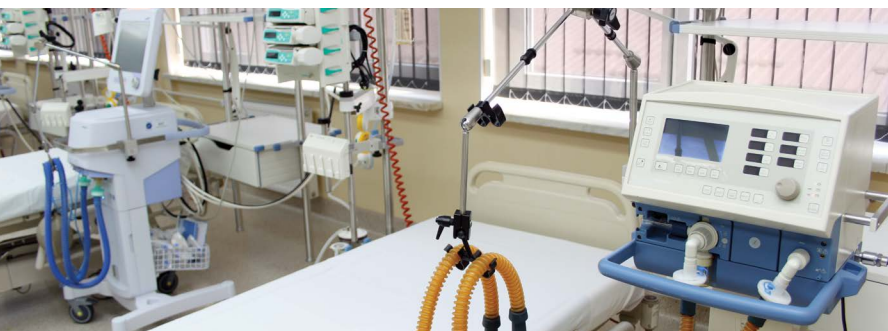
- ◆ BronxCare Health System
- ◆ Calvary Hospital
- ◆ Hospital for Special Surgery
- ◆ Interfaith Medical Center
- ◆ Kingsbrook Jewish Medical Center
- ◆ Maimonides Medical Center
- ◆ Memorial Hospital for Cancer and Allied Diseases
- ◆ New York Community Hospital
- ◆ Richmond University Medical Center
- ◆ St. Barnabas Hospital
- ◆ St. John's Episcopal Hospital
- ◆ SUNY Downstate
- ◆ The Brookdale Hospital Medical Center
- ◆ The Brooklyn Hospital Center
- ◆ Wyckoff Heights Medical Center



## Subject Matter Experts

Groups specializing in preparedness of specific health care sectors or specialties

- ◆ Home Care Association of New York State (NYS)
- ◆ NYS Association of Health Care Providers
- ◆ Hospice and Palliative Care Association of NYS
- ◆ NYS Center for Assisted Living
- ◆ Pediatric Disaster Coalition
- ◆ North HELP Coalition
- ◆ Community Health Care Association of NYS (CHCANYS)
- ◆ Continuing Care Leadership Coalition
- ◆ Southern New York Association
- ◆ Greater New York Health Care Facilities Association
- ◆ NYS Center for Assisted Living



# NYC HCC Governance Board

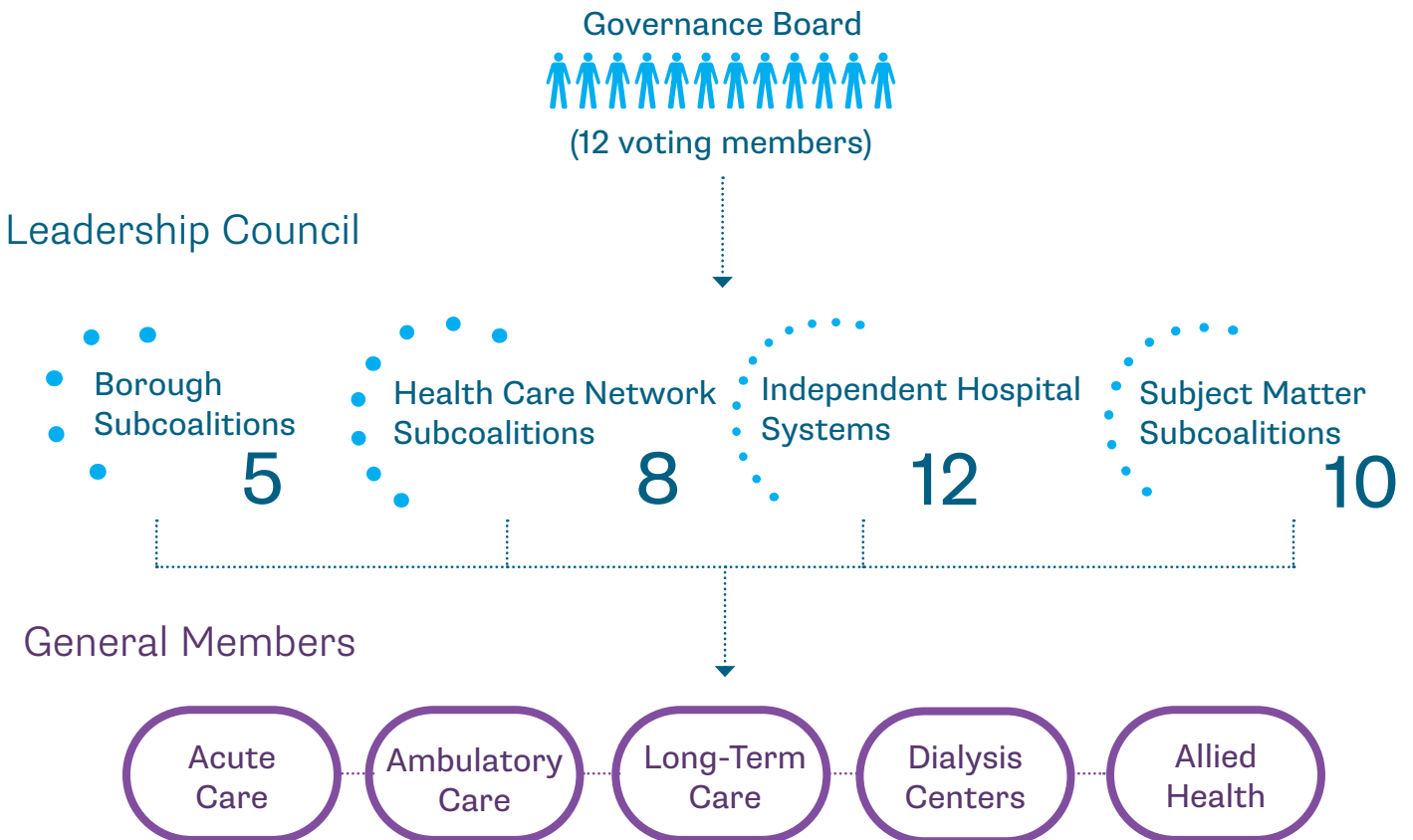
The Governance Board provides oversight and guidance for the NYC HCC. Board directors:

- Identify policy, planning and response issues that require input from NYC HCC members, and coordinate a timely resolution
- Provide direction to NYC HCC members that support citywide Emergency Support Function 8 (ESF-8) emergency planning, response and recovery
- Advise NYC ESF-8 leadership on actions to achieve health-related response objectives

The Governance Board comprises 12 voting positions, including 11 NYC HCC members and one representative from the NYS Department of Health (NYSDOH).

- Board Chairperson (1)
- Permanent Directors (4)
- Up to one Appointed Director (1)
- NYSDOH representative (1)
- Elected Directors (5) serving two-year terms
  - Acute Care (2)
  - Long-Term Care (1)
  - Ambulatory Care (1)
  - Borough Coalition (1)

## Coalition Administration





# NYC HCC Governance

## Board Members

### Greater New York Hospital Association

**Andrew Dahl, MPA**

Vice President, Emergency Preparedness and Response

### NYC Health + Hospitals

**David Silvestri, MD, MBA, MHS**

Assistant Vice President,  
Emergency Management  
Medical Director,  
Utilization Management and Care Transitions  
Attending Emergency Physician  
NYC Health + Hospitals | Office of  
Quality and Safety

### Fire Department of the City of New York

**Dario Gonzalez, MD**

Deputy Medical Director, FDCNY  
Medical Director, NYC Emergency Management

### NYC Department of Health and Mental Hygiene

**David J. Miller Jr., MPH, CPH, CEM,  
NHDP-BC, FRSPH**

Executive Director, Healthcare  
System Readiness  
Bureau of Healthcare and Community  
Readiness  
Office of Emergency Preparedness and  
Response

### Health Care Network Coalition

**Jack Finkelstein, MPA, CEM, NREMT-P, CIC**

Director of Emergency Services,  
Interfaith Medical Center  
One Brooklyn Health System

### Independent Hospitals Coalition

**Jennifer Guzman**

Emergency Manager  
Director of Emergency Preparedness Training,  
SUNY Downstate Medical Center

### Borough Coalition

**Greg Wayrich**

Emergency Preparedness  
Coordinator,  
NewYork-Presbyterian Queens  
Chair, Borough of Queens Emergency  
Preparedness Coalition

### Long-Term Care Coalition

**Lisa Fenger, BS, AMLS, MPA**

Senior Project Manager,  
Continuing Care Emergency Preparedness  
Greater New York Hospital Association

### Primary Care Coalition

**Harold Jorge**

Director, Emergency Management  
Community Health Care Association of  
NYS

### Pediatric Disaster Coalition

**Michael Frogel, MD, FAAP**

Co-Principal Investigator, NYC Pediatric  
Disaster Coalition  
Chairman, National Pediatric Disaster Coalition  
Medical Director, Pediatric Disaster Mental  
Health Intervention

### NYSDOH Representative

**Kate Butler-Azzopardi, MS**

Healthcare Facility Preparedness Manager,  
Office of Health Emergency Preparedness  
New York State Department of Health

## Section 4:

# Hospital Preparedness Program Focus

The NYC Health Department oversees the planning and implementation of HPP-funded citywide health care preparedness efforts. Program work is guided by the following objectives:



Ensure health care facilities have the tools, resources and capacity to respond to emergencies while continuing to provide essential medical services



Achieve robust health care system preparedness and response in NYC by coordinating readiness efforts with state and local governments, first responders, health care stakeholders and community organizations



Foster the development of a health care coalition that connects facilities to one another and to City government, strengthening preparedness across the health care system



Interface with and support the NYC health care system during public health emergencies, with the aim of promoting responses that prevent and mitigate race-based inequities in health care delivery

# Program Organization

The NYC Health Department organizes the HPP program into two areas.

**1. Planning and Programs** focuses on strengthening NYC health care system preparedness and response capacities by:

- Managing NYC's HPP cooperative agreement to build and holistically enhance health care system readiness citywide with a focus on assessment, planning, training, communications and exercise
- Expanding public health and health care collaboration to additional health care sectors and non-health care stakeholders
- Aligning NYC HCC preparedness work with the **Centers for Medicare and Medicaid Services Emergency Preparedness Rule**
- Offering sustainable, cross-sector preparedness programming and sharing best practices across the NYC HCC



**Primary Care and Urgent Care Centers**  
Community health centers and clinics



**Long-Term Care**  
Nursing homes, adult care facilities, home care, and hospice and palliative care



**NYC Health Care Coalition and Subcoalitions**  
Governance board, borough coalitions, subject matter experts



**Acute Care**  
Network systems and independent hospitals (stand-alone facilities)

**2. Health Care Systems Operations** improves how health care facilities connect to and interface with existing federal, state and local emergency response by:

- Building partnerships between the NYC Health Department and other NYC agencies comprising the local ESF-8 to optimize health care system response and recovery, using an all-hazards approach
- Coordinating with Planning and Programs and with health care stakeholders to operationalize, exercise and evaluate emergency plans



Assists with the coordination of ESF-8 emergency preparedness and response activities



Provides oversight for the Health Systems Support Branch (HSSB) and Incident Response



Utilizes data analysts and resources to provide situational awareness of current threats to the health system



Provides training exercise coordination and oversight for medical response and surge and tabletop exercises



Manages small and medium enterprise grants (Pediatric Disaster Coalition and North HELP)

# Highlights

## 93%

of NYC HCC members participated in four LCMs

**Leadership Council Meetings (LCMs)** convene all NYC HCC sector leadership and serve as a forum to share best practices in health care emergency preparedness and to provide updates and situational awareness on preparedness planning at the state and local levels.

Overall, 127 coalition members participated in the LCMs and EPS. Topics of discussion included:

- Mass casualty incident (MCI) response
- Coastal storm preparedness
- Preparing for emergencies that impact pediatric patients, and how to effectively care for this population
- COVID-19 pandemic preparedness

## 99%

of NYC HCC members participated in two EPS

**Emergency Preparedness Symposia (EPS)** convene all NYC HCC sectors, including health care and non-health care professionals, to build collaborative relationships, share best practices and data, and mentor new coalition partners.

## 94%

of facilities participating in MRSEs reported the ability to set up transfer centers to assist with patient load balancing when there is medical surge

**Medical Response and Surge Exercises (MRSEs)** test NYC HCC members' ability to coordinate and mitigate the impact of patient surges. In the winter of 2021, the surge of patients from the COVID-19 omicron variant served as a real-world response to a patient surge.



# Design a Deliverable

## Independent Hospitals | Network Coalitions | Borough Coalitions

The NYC Health Department instructed independent hospitals and network and borough subcoalitions to design their own deliverable, which was to include implementation of a project to address medical surge at the borough, network or facility level.

Each of the groups used the following resources to identify critical preparedness gaps on which to focus their deliverables, strengthening system-wide preparedness:

- Facility-specific strategic plans or recent risk assessment findings
- COVID-19 pandemic response planning resources
- Hazard vulnerability assessments or FEMA's After-Action Report/Improvement Plan

Results of subcoalition projects are included in this report's highlights for each sector (see Sections 5 and 6).

## NYC HCC Gaps Identified and Addressed

### Borough Coalitions

- Community Ambassador Program – COVID-19
- Continuity of operations and resiliency
- Active shooter and Stop the Bleed training
- Community outreach and education
- Highly infectious diseases awareness and response training

### Independent Hospitals

- Pediatric surge plan
- Patient movement assessment
- Surge planning – staffing, space and resources
- Urban flash floods
- Mass casualty incidents

### Network Coalitions

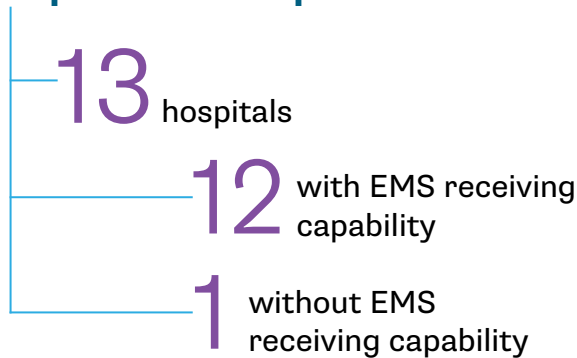
- Medical surge in long-term care settings
- Non-ambulatory patient evacuation
- Comprehensive emergency management
- Mass casualty incidents

## Section 5:

# Acute Care

The NYC HCC's acute care stakeholders are composed of two groups: independent hospitals and health care networks.

### Independent Hospitals



### Health Care Networks



**19**  
trauma centers, of  
which 12 are Level 1

**15,000+**  
acute care beds

**2,000+**  
ICU beds

**1,000+**  
pediatric beds

The independent hospitals subcoalition is made up of 13 hospital facilities that are not part of larger networks of health care facilities. Independent hospitals are a crucial part of the larger system, often serving as safety-net institutions for communities with limited acute care services nearby. Hospital capabilities may vary in the types of specialty care available and whether the facility has an emergency department and is able to receive patients by ambulance.

Given both their important role and limited resources, it is critical that independent hospitals share their expertise with the NYC HCC and enhance their expertise, interorganizational relationships and access to resources through coalition participation.

NYC's seven health care networks deliver care to a significant portion of the city's population and represent most of the available health care delivery capacity in the city. Given their prominent role and considerable resources, it is essential that health care networks are ready to respond to public health emergencies and collaborate effectively with both public health and health care stakeholders to save lives. Participation in the NYC HCC provides networks with opportunities to enhance coordination of preparedness activities across the health care system and collectively plan with local and state governments and other key stakeholders.



## Program Deliverables

### **Coalition Building**

- Attend LCMs
- Attend twice-yearly EPS

### **Continuity of Operations**

- Networks review their Continuity of Operations Plan (COOP) at least once per year. Plans are updated after:
  - Exercises and real-world events
  - Reviews reveal that plans no longer work for the facility
  - Networks report having succession plans in place, redundancy in communication capabilities, and trained and exercised COOP personnel

### **Exercises and Training**

- Participate in citywide MRSEs
- Design a deliverable to address gaps identified in surge response

### **Situational Awareness and Communication**

- Contribute to a shared data system of facility contact information that enhances communication system-wide

# Network Hospital Highlights

## MediSys

Established a 15-bed medical surgical unit to enhance care for acute and long-term care patients recovering from surgery and conserve ICU capacity

## Montefiore

Created a comprehensive patient surge response strategy to increase capacity and improve resiliency for future surges

## Mount Sinai

Improved response capabilities for a mass casualty incident by training staff, assessing equipment, identifying resource needs and developing response protocols using evidence-based approaches

## Northwell

Enhanced system-wide capability to share critical emergency communications with staff and updated system-wide surge plans

## NYC Health + Hospitals

Created robust pediatric health surveillance infrastructure to improve how the system makes staffing decisions and shares information on pediatric operations

## NewYork-Presbyterian

Conducted system-wide exercises to test and improve early activation of hospital incident command systems to more effectively respond to emergencies

## NYU Langone

Trained more than 300 staff on how to safely evacuate nonambulatory patients from facilities and maintain continuity of care

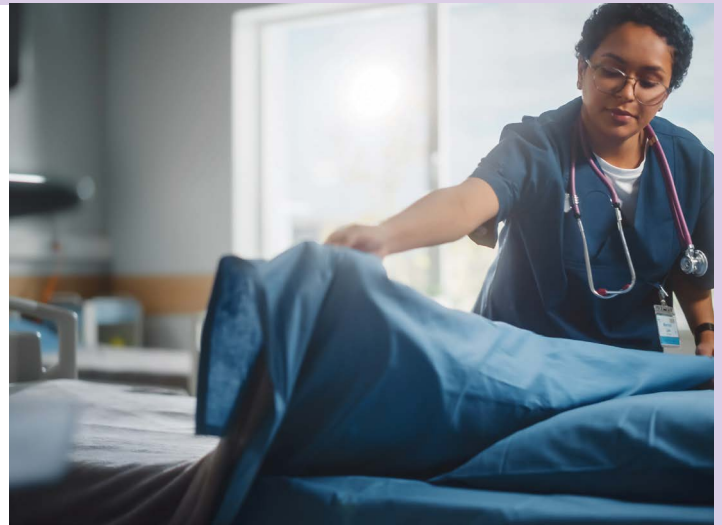




# Independent Hospital Highlights

## Brooklyn Hospital Center improved how patients are moved and discharged

- Created a patient tracking process
- Made teams to improve patient transport and bed access
- Developed protocols to expedite exam room cleaning
- Increased communications to coordinate patient bed access
- Clarified plans to set up emergency accommodations for pediatric patients



## Calvary Hospital enhanced its capacity to respond to severe weather emergencies

- Updated its hazard vulnerability assessment to include flash floods
- Developed response plans and procedures and trained staff on response to flash floods
- Improved communication and coordination across the organization to maintain care continuity during surge events and facility evacuations due to severe weather

## Independent Hospitals trained 141 staff in:

- Business continuity
- Use of NYS facility evacuation data systems
- De-escalation techniques for an active shooter scenario
- Use of Hospital Incident Command System
- Use of personal protective equipment (PPE) for infectious disease scenarios
- How to respond to mass casualty incidents





## Section 6:

# Borough Coalitions

The NYC health care system includes five borough-based coalitions that facilitate collaboration, coordination and resource sharing among health care organizations located near each other.

The collective planning and coordination performed in borough coalitions enable these local partners to work together more effectively during a response – from quicker low-acuity patient transfers to more easily connecting patients to needed social services in their community.

Borough coalition membership comprises various organizations, including long-term care providers, ambulatory care services and community-based organizations (CBOs) that partner with health care organizations in the borough.



## Program Deliverables

### Coalition Building

- Attend LCMs
- Attend twice-yearly EPS
- Lead and present key preparedness information at NYC HCC meetings

### Exercises and Training

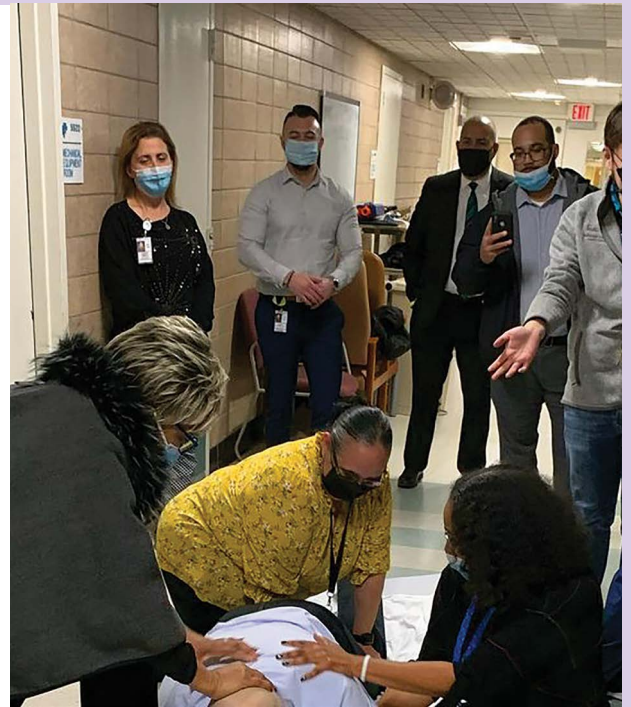
- Conduct at least one call-down drill to test bidirectional communication channels with all members of the borough coalition
- Address gaps in the borough coalition's response capabilities identified during the COVID-19 pandemic

### Situational Awareness and Communication

- Report to NYC HCC on current borough coalition membership and completed preparedness activities for the current budget period

# Highlights

- The Bronx Emergency Preparedness Coalition hosted a training on active shooter preparedness and health care response strategies for violent workplace incidents, which also identified training gaps against violent incidents at coalition facilities. Participants were connected to train-the-trainer activities to enhance facility-level preparedness in these areas, and also enhanced their sharing of resources among coalition members.
- The Brooklyn Coalition provided a train-the-trainer session to members to be prepared against active shooter scenarios, which included how to apply tourniquets and pressure dressings, instruction in defensive actions for disarming an active shooter, and how to carry out the run-hide-fight response strategy in these events.



- The Emergency Preparedness Coalition of Manhattan trained 120 members on highly infectious diseases awareness and response, which improved knowledge about proper response and care for people under investigation for a highly infectious disease in all health care settings.
- The Community Ambassador Program, led by Staten Island Community Organizations Active in Disaster, engaged more than 50 community leaders to enhance community preparedness by facilitating the circulation of preparedness information and resources to community members and by streamlining communication between CBOs.

- Borough of Queens Emergency Preparedness Coalition partnered with the North HELP Coalition, the Rogosin Institute and NewYork-Presbyterian Queens to train 15 community stakeholders on how to administer naloxone to reverse opioid overdoses and provide first aid to injured community members in the event of an emergency.



## Section 7:

# Long-Term Care

**78** Adult Care  
Facilities

**166** Nursing  
Homes

**920** Home Care  
Agencies

The NYC Health Department is committed to strengthening the emergency preparedness and response capabilities of long-term care (LTC) facilities so they can better serve and maintain continuity of care for residents with complex health needs. To advance this effort, the NYC Health Department created the Long-Term Care Emergency Management Program (LTCEMP) and assessment tool, which allows facilities to progressively build on the capabilities developed during annual programs in order to enhance their emergency management capacity and adhere to Centers for Medicare and Medicaid Services (CMS) preparedness regulations.

The nationally recognized LTCEMP leverages expertise from city and state government agencies, private sector partners and CBOs to support and inform a curriculum that is responsive to the needs of the LTC sector and enhances facility-level preparedness planning.

### Program Partners

- NYC and NYS Nursing Home Associations
- NYS adult care facility associations
- NYS home care associations
- NYSDOH
- NYC Emergency Management
- NYC Health Care Coalition members
- Incident Management Solutions



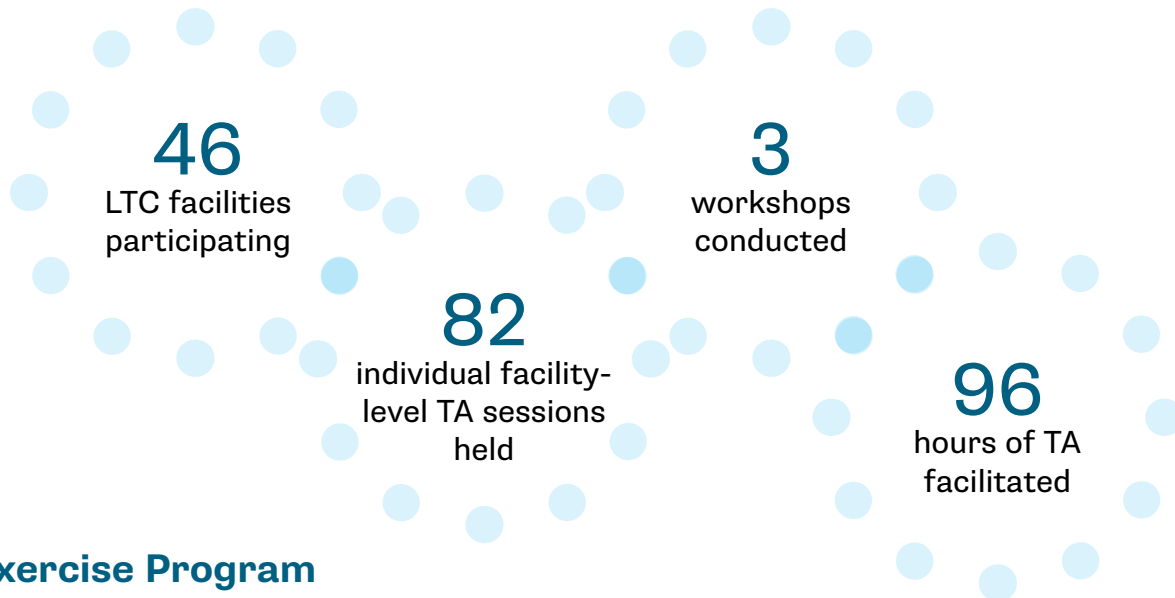
# 85%

of the LTC sector is represented by an association and is engaged directly through programming

# LTC Programs at a Glance

## LTC Comprehensive Emergency Management Training and Technical Assistance (TA) Program

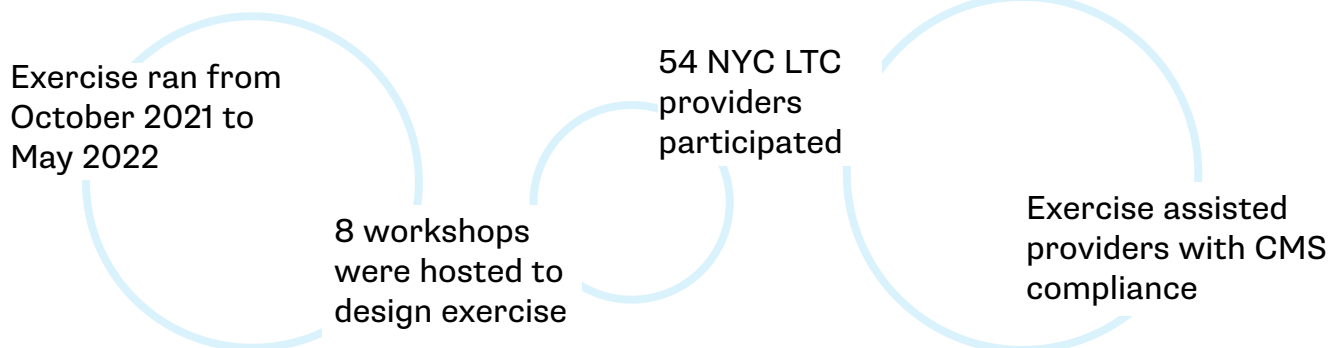
This foundational program has been offered to all nursing homes, adult care facilities and home care agencies in NYC, more than 1,100 facilities in total. Program content focuses on core emergency preparedness competencies, covers three topical areas related to assessment, planning and training, and assists participants with enhancing their facility's comprehensive emergency management plans.



## LTC Exercise Program

Now in its seventh year, the LTC Exercise Program is designed to improve the emergency preparedness of NYC LTC facilities by instructing facility emergency management teams on how to design, develop, conduct and evaluate meaningful emergency exercises.<sup>1</sup> These exercises are important both for identifying facility strengths and as opportunities to evaluate response capabilities under simulated conditions.

The exercise this year was titled Operation Health Care Exercise for Inundation of Stormwater 2022. The exercise scenario depicted an all too familiar situation, a severe weather event during a pandemic, which was meant to mirror the real-world conditions in 2021 around the confluence of Hurricane Ida and the COVID-19 pandemic.



<sup>1</sup> A core requirement of the **CMS Emergency Preparedness Rule**.

# LTC: Nursing Home Preparedness

The NYC Health Department partners with the three NYC nursing home associations – the Greater New York Hospital Association/Continuing Care (GNYHA/CC), Southern New York Association and the Greater New York Health Care Facilities Association – to enhance the emergency preparedness capabilities of nursing home facilities citywide.

GNYHA/CC represents the three NYC nursing home associations and helps ensure LTC sector accountability to perform preparedness activities throughout the budget period.

## Program Deliverables

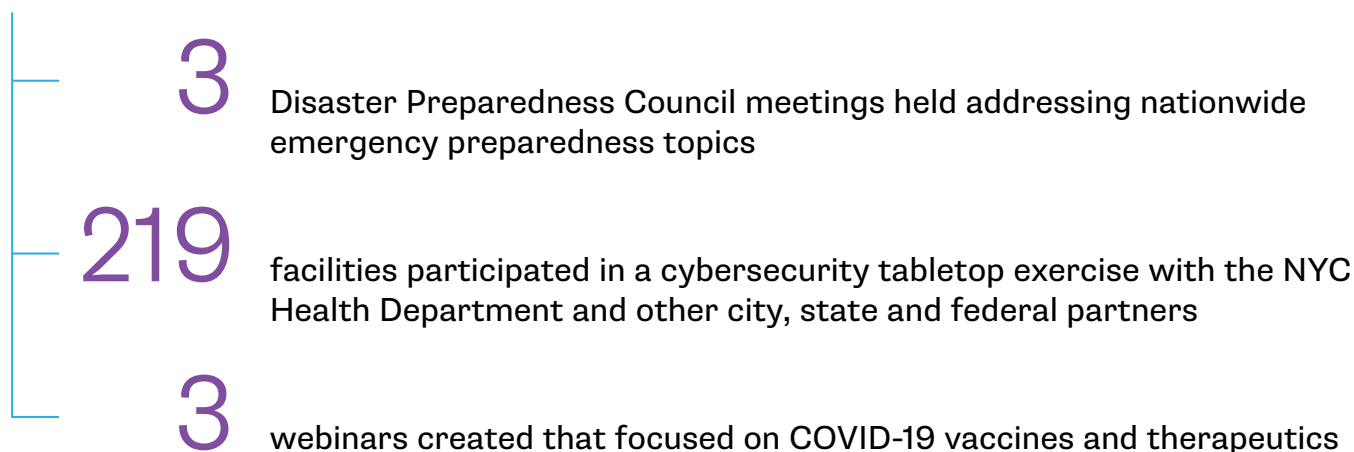
### Coalition Building

- Attend LCMs
- Attend twice-yearly EPS

### Exercises and Training

- Participate in citywide MRSE
- Ensure LTC emergency management program content accuracy and appropriateness
- Hold LTC tabletop exercises
- Develop emergency preparedness webinars to educate nursing home facility staff on preparedness practices
- Hold LTC Disaster Preparedness Council meetings
- Provide continuing education for all LTC events

### Impact Snapshot



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# 94%

of surveyed participants in the cybersecurity tabletop exercise indicated they were better prepared to respond to cyber-related incidents



# System-wide Information Sharing

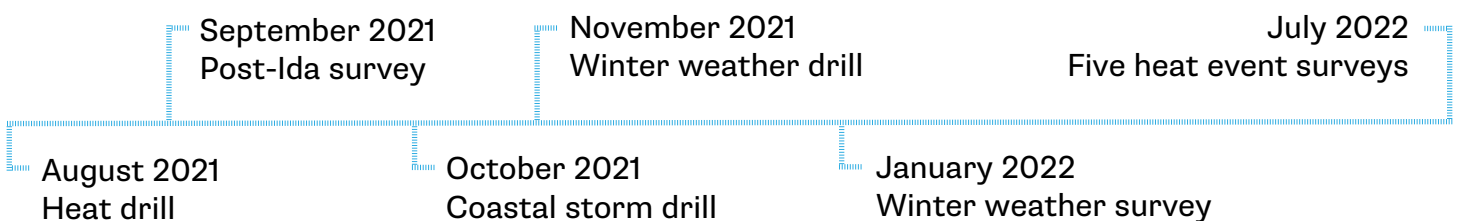
## What is Sit Stat?

Sit Stat is a comprehensive web-based information sharing and situational awareness platform that enhances preparedness and response capabilities at facility, system and regional levels.

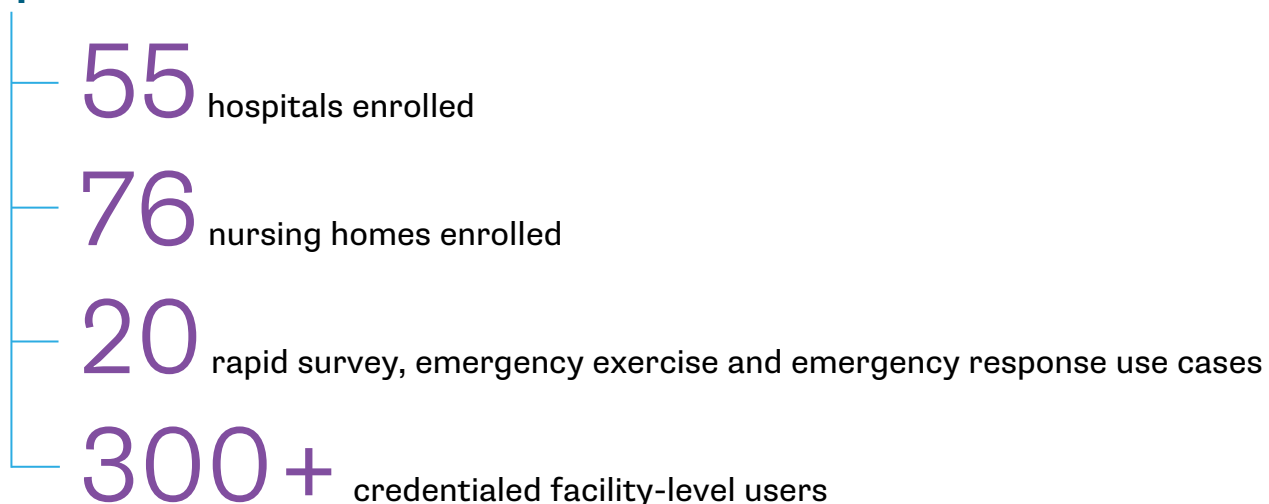
Health care stakeholders that participate have access to all available facility-level data, such as bed numbers and types, as well as dynamic information collected during an emergency, such as notices of staff and supply shortages and safety issues.

GNYHA manages Sit Stat and ensures facility access, technical support and integration of facility information systems with the platform. As of June 2022, 55 GNYHA-member hospitals throughout NYC share information using Sit Stat. In addition, with support from NYC nursing home associations, 76 GNYHA-member nursing home facilities have begun to share information in Sit Stat with the goal of expanding the use of the platform to all NYC nursing homes.

In budget period 3 (BP3), Sit Stat has been used by health care stakeholders, in coordination with local community-based partners, to inform response decision-making for real-world emergencies. For example, during the COVID-19 pandemic, data on bed availability and health care staffing for hospitals across NYC were used to make effective patient load-balancing decisions and coordinate patient transfers between hospital facilities – streamlining and expediting these complex actions. Sit Stat has also been integrated into health care system preparedness exercises and used to obtain facility and network-level feedback on preparedness priorities via electronic surveys.



## Impact of Sit Stat



# LTC: Home Care Preparedness

During the response to the first wave of the COVID-19 pandemic in 2020, home care sector operations were significantly impacted by the geographic dispersal of staff and patients, variable patient care needs and lack of emergency preparedness and response plans, as well as limited access to guidance and resources for COVID-19 testing, quarantine and isolation, and PPE.

To improve this sector's preparedness for emergencies and address gaps identified during the pandemic response, the NYC Health Department included home care associations in BP3 activities.

## BP3 Highlights

### Home Care Emergency Management Assessment

- Launched an assessment of the home care sector's existing emergency management and preparedness capabilities with 109 agencies, including both Certified Home Health Agencies and Licensed Home Care Services Agencies. These agencies provide service to more than 156,000 patients throughout NYC.
- This assessment identified gaps in preparedness, including the need to:
  - Enhance education on performing hazard vulnerability analyses
  - Increase training on patient management during emergency evacuations, infection control and incident command

### Emergency Management Webinar

- Conducted a webinar on advancing workplace safety that reached more than 100 home care providers

### LTC Exercise Program Pilot for Home Care

- Five agencies piloted the LTC Exercise Program for home care in BP3. Participants were able to practice setting up organization command centers, testing communication plans, and sheltering in place while maintaining continuity of care for patients and testing systems for staff and patient tracking.

## Section 8:

# Primary Care

**44** NYC-based community health center networks

**490** facility sites across NYC

**1.2** million+ patients served, ~14% of NYC residents

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In partnership with Community Health Care Association of New York State (CHCANYS), the NYC Health Department engaged all 44 NYC-based Federally Qualified Health Center (FQHC) networks, providing technical assistance and training and organizing exercises to advance primary care sector preparedness planning.

## BP3 Highlights

### Situational Awareness: Veoci

- CHCANYS launched the Veoci software platform for FQHCs to share situational awareness in public health emergencies.
- The Veoci software system reached 270 contacts during two call-down notification drills.
- Sixty-nine clinic personnel attended the Veoci workshop to test situational awareness.



### Emergency Preparedness Resources

- A PPE Practice Guide was created to improve facility PPE management capabilities, covering inventory management, safe storage and inventory security.
- A Communications Toolkit was developed to test and improve emergency messaging to employees.
- Participants represented all 44 of the NYC-based FQHCs.

### Education and Training

- CHCANYS and the NYC Health Department organized a seminar to share best practices for building resiliency for community health organizations, addressing pandemic preparedness gaps and strengthening organizational response to health emergencies.
- Seventy-six clinic personnel participated, representing 44 NYC-based FQHCs.

## Section 9:

# Pediatric Care

The NYC Health Department and Maimonides Medical Center work together to support the NYC Pediatric Disaster Coalition (NYC PDC) to prepare the city for a mass casualty event affecting children. NYC PDC helps the health care system match its pediatric resources to its needs so that pediatric patients receive the best care possible during an emergency. In addition, NYC PDC develops and distributes guidance and educational resources to inform pediatric disaster planning and response activities at local, national and international levels.

NYC PDC's ongoing work enhances the emergency response capacity of health care, government and community stakeholders on behalf of the city's 2 million children (22% of NYC's population) and their families.

## BP3 Highlights

### Pediatric Webinar

- Conducted a webinar for pediatricians and other child care providers to address vaccine hesitancy for infectious diseases, which reached more than 400 participants

### Pediatric Mental Health Planning

- Created a mental health planning resource to prepare caregivers to support children during large-scale infectious disease outbreaks

### Pediatric Tabletop Resource

- Created pediatric surge annex tabletop exercise **materials**, which guide hospitals and community partners on how to run exercises that focus on pediatric emergencies to better prepare for these events

## Section 10:

# Dialysis

North HELP Coalition, led by Mount Sinai Health System, works with end-stage renal disease (ESRD) partners, including the **Island Peer Review Organization (IPRO)**, CMS's ESRD Network of New York (Network 2) and the **Regional Emergency Medical Services Council of New York City (REMSCO)**, to build capabilities for preparedness, response and resilience among more than 150 dialysis centers in NYC.

These centers and ESRD partners are included in coalition-level planning to ensure plans, priorities and tools address key sector needs and vulnerabilities.

## BP3 Highlights

### Patient Outreach Preparedness Training Program

- Conducted a training program using the Guide to Emergency Preparedness for Dialysis Patients
- Thirty-six dialysis centers participated in program activities to enhance the personal preparedness of ESRD patients.
- Trained 44 dialysis staff and 372 patients

### Dialysis Preparedness Workshops

- Held three workshops covering topics in resiliency, mental health and in-center hemodialysis
- Sixty-eight staff from dialysis facilities participated.

### Dialysis Tabletop Exercise

- Conducted a tabletop exercise – a blizzard requiring a three-day shelter-in-place order – to test response plans for severe weather events
- Thirty-three dialysis facilities and external partners participated.



## Section 11:

# Conclusion

Special thanks to the NYC HCC members for their efforts to improve NYC health care system readiness for future emergencies. It is essential for all preparedness stakeholders – health care facilities, community organizations, public health organizations and first responders – to collaborate effectively and share expertise to improve our collective abilities and protect New Yorkers from health threats. As a growing coalition, we look forward to expanding partnerships to other parts of NYC’s vast health care system, including additional hospice and palliative care providers, so we can continue to build a more resilient and responsive system.

For more information about the NYC HCC, visit [nyhealthcarecoalition.com](https://nyhealthcarecoalition.com).



## Section 12:

# Terminology

This report uses specific terms to describe components of the NYC health care system and its many stakeholders. Note the terms and definitions listed below.

### **ASPR**

Administration for Strategic Preparedness and Response

### **CDC**

Centers for Disease Control and Prevention

### **Coalition member**

An organization, or representative from that organization, that participates in the NYC Health Care Coalition

### **Emergency Support Function 8 (ESF-8)**

A grouping of public health and medical services organizations, including governmental public health, emergency management and first responder agencies, that coordinate federal, state and local resources in response to public health emergencies

### **First responder**

Organizations and associated professionals with specialized emergency response training and capabilities that are the first to arrive or respond to an emergency incident; first responder organizations include fire departments, police departments and emergency medical services

### **Hospital preparedness program (HPP)**

A federal health care emergency preparedness program administered by ASPR that provides grant funding, technical support and guidance to states and directly funded localities for improving the readiness of the health care system to respond to a public health emergency

### **Health care coalition (HCC)**

A collaborative group of health care, governmental, emergency management and community-based organizations in a specific geographic setting that serves as the primary coordinating body to prepare the health care system and associated stakeholders to respond to public health emergencies and to integrate with ESF-8 public health and medical services activities

### **Health care facility**

The individual, physical site of a health care operation, such as a hospital, ambulatory care clinic or nursing home



### **Health care provider**

A general term for any organization, association, network or other body that delivers health care services to patients

### **Non-health care stakeholder**

A general term for organizations that interface with, depend on or support health care providers but do not deliver health care services themselves

### **NYC HCC**

New York City Health Care Coalition

### **Public Health Emergency Preparedness (PHEP) program**

A federal public health emergency preparedness program administered by the CDC that provides grant funding, technical support and guidance to states and directly funded localities for improving the readiness of public health departments and partners to respond to public health emergencies

### **Subcoalition**

A smaller group of health care providers within the larger NYC HCC that share similar characteristics or provide the same or similar types of care, such as borough coalitions (health care facilities located within one NYC borough) or independent hospitals (hospital facilities not affiliated with a large health care network)



## Section 13:

# Report Contributors

The following team members from the NYC Health Department, Office of Emergency Preparedness and Response contributed to the development of this annual report.

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## Section 14:

# Acknowledgments

Thank you to all NYC HCC partners for their collaboration, expertise and tireless work to improve health care readiness system-wide.

### Government Partners

- Fire Department of the City of New York
- NYC Department of Health and Mental Hygiene
- NYC Health + Hospitals
- NYS Department of Health
- NYC Emergency Management
- Regional Emergency Medical Services Council of NYC

### Subject Matter Expertise Coalitions

- Community Health Care Association of NYS
- Greater New York Health Care Facilities Association
- Greater New York Hospital Association
- Southern New York Association
- Home Care Association of NYS
- NYS Association of Health Care Providers
- North HELP Coalition and IPRO
- Pediatric Disaster Coalition

### Vendors

- Incident Management Solutions
- Westchester Meetings and Events
- Yale New Haven Health

### Health Care Networks and Independent Hospitals

- BronxCare Health System
- Calvary Hospital
- Hospital for Special Surgery
- Interfaith Medical Center
- Kingsbrook Jewish Medical Center
- Maimonides Medical Center
- MediSys Health Network
- Memorial Hospital for Cancer and Allied Diseases
- Montefiore Emergency Preparedness Coalition (Montefiore Health System)
- Mount Sinai Health System Emergency Management Partnership
- New York Community Hospital
- NYU Langone Hospitals (NYU Langone Health)
- NYC Health + Hospitals
- NewYork-Presbyterian Healthcare System
- Northwell Health
- Richmond University Medical Center
- St. Barnabas Hospital
- St. John's Episcopal Hospital
- SUNY Downstate Medical Center
- The Brookdale Hospital Medical Center
- The Brooklyn Hospital Center
- Wyckoff Heights Medical Center

### Borough Coalitions

- Bronx Emergency Preparedness Coalition
- The Brooklyn Coalition
- Emergency Preparedness Coalition of Manhattan
- Borough of Queens Emergency Preparedness Coalition
- Staten Island Community Organizations Active in Disaster

