



2022-2024

Health Care System Readiness

Hospital Preparedness Program Report

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Contents

6 |

Section 1:
About the Report

22 |

Section 5:
Acute Care

8 |

Section 2:
**NYC Health Care
Preparedness**

28 |

Section 6:
**Borough
Coalitions**

12 |

Section 3:
**BP4 and BP5 by
the Numbers**

32 |

Section 7:
Long-Term Care

14 |

Section 4:
Highlights and Overview

38 |

Section 8:
Nursing Homes

41 |

Section 9:
Home Care

50 |

Section 14:
Dialysis Care

43 |

Section 10:
**Hospice and
Palliative Care**

51 |

Section 15:
**Vision for the Next
Program Period**

45 |

Section 11:
Urgent Care

52 |

Section 16:
Terminology

46 |

Section 12:
Primary Care

54 |

Section 17:
**Report
Contributors**

48 |

Section 13:
Pediatric Care

55 |

Section 18:
Acknowledgments

Section 1:

About the Report

The NYC Department of Health and Mental Hygiene (Health Department) works with NYC's health care system to help it prepare for and respond to health emergencies. This work is supported by the U.S. Administration for Strategic Preparedness and Response's (ASPR) Hospital Preparedness Program (HPP), with additional support from the Centers for Disease Control and Prevention's (CDC) Public Health Emergency Preparedness program.

This report is intended to show the work to improve and expand NYC health care system readiness for emergencies during HPP Budget Periods 4 and 5 (BP4 and BP5), which ran from July 2022 to June 2024. It details this work through the framework of competencies in HPP.

This report first provides an overview of the coordination of health care preparedness citywide, how the Health Department and its health care partners organize preparedness activities, and the scope and scale of health care in NYC. It then highlights key accomplishments in preparedness during the two-year period, as well as the preparedness efforts in each health care sector. Lastly, it shares the Health Department's vision for continued progress to prepare the health care system in the new HPP FY 2024-2028 program period and provides information about key terminology used, report contributors, and partner acknowledgments.



Section 2:

NYC Health Care Preparedness



The federal **Hospital Preparedness Program (HPP)** provides leadership and crucial funding to U.S. states, territories, and some major metropolitan areas. It increases the ability of the health care systems in these locations to plan for and respond to large-scale emergencies. HPP is the only source of federal funding for health care system emergency preparedness.

HPP coordinates preparedness across health care systems by forming **health care coalitions** in specific geographic regions. In NYC, this is the New York City Health Care Coalition (NYC HCC). It brings together leadership from the city's health care sectors, non-health care partners (such as the Fire Department of New York City's Emergency Medical Services), and community partners. The NYC HCC works to build health care system preparedness for all hazards, from a coastal storm to a mass casualty incident. Working together as a single, integrated emergency preparedness planning group, the NYC HCC leverages the strengths of each member to enhance the preparedness of all coalition members. Learn more about the NYC HCC at nychealthcarecoalition.com.

The NYC Health Department administers the distribution of HPP funds to members of the NYC HCC. We also oversee the planning and implementation of HPP-funded citywide health care preparedness efforts. This work is guided by four objectives:

1 |

Ensure health care facilities have the tools, resources, and capabilities to continue to provide essential medical services while responding to emergencies.

2 |

Develop and strengthen connections among facilities and the City government in the NYC HCC to improve our health care system's preparedness.

3 |

Achieve a high level of readiness in the NYC health care system by effectively coordinating among state and local government, first responders, health care stakeholders, and community organizations.

4 |

Promote health care system responses to public health emergencies that prevent and mitigate race-based inequities in health care.

NYC HCC members who receive HPP funding (“subrecipients”) are responsible for meeting certain milestones and completing projects, referred to as “deliverables.” Each HPP Budget Period (BP), the Health Department sets deliverables for subrecipients that:

- Meet the HPP’s requirements
- Meet the Health Department’s health care preparedness objectives
- Are collaboratively developed with NYC HCC leadership and members of each NYC HCC sector

Although specific deliverables are set for each sector and each subrecipient, they typically fall into a few categories applicable to all NYC HCC sectors. These categories are chosen to meet the HPP’s Foundation for Health Care and Medical Readiness guidance.



Coalition Building

- For an effective emergency response, it is crucial that health care partners are familiar with one another and can understand their capabilities, resources, and weaknesses to inform how they collectively prepare.
- Coalition-building deliverables include attending:
 - Leadership Council Meetings, which convene NYC HCC leadership to share best practices in health care preparedness and updates on state and local preparedness planning
 - Emergency Preparedness Symposia, which convene professionals from across all NYC HCC sectors to build collaborative relationships, share information, and mentor new members of the coalition



Exercises and Training

- An emergency plan is only effective if it’s tested and refined in exercises. Subrecipients are required to exercise their emergency plans, ranging from tabletop simulations to full-scale exercises.
- To effectively execute an emergency plan, staff must know what their emergency roles are and how to perform them. This makes training a key deliverable for NYC HCC members.



Situational Awareness and Communication

- During an emergency, health care partners must share information and clearly communicate to effectively coordinate a response.



Design a Deliverable

- Independent hospitals, health care networks, and borough subcoalitions must also design their own deliverable. This may include completing a project to address medical surge at the borough, network, or facility level. These partners consult preparedness planning resources and risk assessments to identify critical preparedness gaps to focus on. This approach helps partners' projects to also strengthen system-wide preparedness.
- Project highlights are included in the sector pages of this report.

Section 3:

BP4 and BP5 by the Numbers



NYC HCC

- 5 borough coalitions
- 8 network coalitions
- 12 independent hospitals
- 10 subject matter expert coalitions



Network Hospitals

Total networks: 8

Total hospitals: 43



Independent Hospitals

Total: 12

With EMS receiving capability: 9

Without EMS receiving capability: 3

By borough

Manhattan: 2

Bronx: 3

Queens: 1

Staten Island: 1

Brooklyn: 5





Independent and Network Hospital Capacity

19 trauma centers, of which 12 are Level 1

2,000+ ICU beds

15,000+ acute care beds

1,000+ pediatric beds

3 DOD hospitals / VA medical centers

5 university academic medical centers



Primary Care

44 NYC-based community health center networks

490 facility sites across NYC

Serving more than 1.2 million patients, or about 14% of NYC residents



Other Health Care Sectors

25 hospice and palliative care facilities

192 urgent care centers

3,000+ independent and chain pharmacies

153 dialysis facilities



Long-Term Care

84 adult care facilities

168 nursing homes

900 home care agencies

Section 4:

Highlights and Overview

Over the past two years, NYC HCC members continued to build on their existing preparedness capabilities. The members focused particularly on preparedness for radiological hazards, such as a **dirty bomb**, and chemical hazards, such as an airborne chemical release from an industrial accident, in the acute care sector.



NYC HCC Continues to Grow

The NYC HCC deepened its relationships with sectors relatively new to preparedness, such as urgent care, home care, and hospice and palliative care.



Significant Engagement of Membership at Coalition Meetings

Leadership Council Meetings (LCMs) convene members of NYC HCC sector leadership.

BP4

4 LCMs conducted with participation of over 80 members

BP5

3 LCMs conducted with participation of over 75 members

Presentation Topics

- Winter Weather and Burn Surge
- Reporting Burdens Since COVID
- Safe Homes Program
- Hazard Vulnerability Assessment
- Preparedness for Active Shooter Incidents
- Respiratory Protection for Long-Term Care Facilities
- Medical Response and Surge Planning
- Partnerships With the American Red Cross



Significant Engagement of Membership at Coalition Meetings (Continued)

Emergency Preparedness Symposia (EPS) convene members in all NYC HCC sectors.

BP4

2 EPS conducted with participation of over 90 members

BP5

1 EPS conducted with participation of over 100 members

Presentation Topics

- Active Shooter Situational Awareness
- Home Care EM Preparedness
- Violence Prevention
- Evacuation of People With Disabilities
- Burn Surge
- Radiological Hazard Annex
- Climate Change's Impact on Health Hazards in NYC
- Medical Response and Surge Planning
- Chemical Decontamination Considerations for Pediatric Patients
- Best Practices for Response to Utility Outages
- Lessons Learned From Recent Health Care Responses to Hurricanes
- Landscape of Community Health Care in NYC

Coalition Conferences convene members from all NYC HCC sectors to share accomplishments over the BP and conduct in-depth planning for the next HPP program period.

BP5

1 Coalition Conference with participation of 103 members

Presentation Topics

- Vision for Health Care Preparedness in NYC
- Recent Exercises and Lessons Learned Among Brooklyn Health Care Facilities
- HPP 2024-2029 Strategy
- Home Care Emergency Management Training and Exercises



Identified Top 5 Hazards for Risk and Response Challenges

The NYC HCC completed a hazard vulnerability assessment to identify the most significant hazards. These hazards were considered for their risk of overwhelming response capabilities and posing significant challenges to responding across the health care system.

Top 5 Hazards for Risk

1. Cyberattack
2. Active shooter
3. Pandemic/epidemic infectious disease
4. Mass casualty incident (external patient surge)
5. Information systems failure

Top 5 Hazards for Coordination

1. Active shooter
2. Cyberattack
3. Pandemic/epidemic infectious disease
4. Critical medical infrastructure failure/supply chain disruption
5. Information systems failure

Operation HExRaDD 2023

In BP4, the NYC long-term care sector conducted Operation Health Care Exercise for a Radiological Dispersal Device (HExRaDD) 2023, which focused on a response to a radiological weapon, or “dirty bomb,” detonation in Times Square. This type of emergency event would cause many significant challenges, such as widespread panic, multiple health hazards, supply chain disruptions, air quality issues, and radiation issues.

The Health Department hosted four workshops with NYC HCC members to plan and design this exercise. Fifty different health care facilities participated in HExRaDD. The exercise tested key response capabilities following the guidelines of multiple federal agencies, including:

- Foundation for health care and medical readiness (**ASPR**)
- Operational coordination (**FEMA**)
- Health care and medical response coordination (ASPR)
- Operational communication (FEMA)
- Medical surge (ASPR)
- Continuity of health care service delivery (ASPR)
- Situational awareness (FEMA)

Coalition members demonstrated many strengths, including:

- Rapid activation of facility Incident Command Systems and adapting them to meet the specific challenges of a radiological emergency
- Consistent use of incident response planning processes and immediate development of objectives to prevent loss of life
- Effective use of communication equipment
- Consistent reporting on facility capacity and needs to inform system-wide response efforts

The exercise also identified areas for improvement by coalition members, such as:

- Development of planning guides for chemical, biological, radiological, nuclear, or explosive (CBRNE) emergencies before an incident of that type occurs
- Resolution of staffing shortages and turnover that impact the chain of command during response and emergency preparedness training for member organizations' leaders
- Need for more resilient communication infrastructure and training on use of radio equipment
- Greater capability to apply local weather reports and radiological contamination modeling to emergency response decision-making

Work is ongoing in the NYC HCC to address these readiness needs.



Image credit: NYC Health + Hospitals/Bellevue

Medical Response to Surge Exercise (MRSE) 2024

The MRSE was an exercise conducted in 2024 that presented a fictional scenario in which a chemical fire occurred at a nearby industrial plant. In the scenario, the fire resulted in approximately 4,000 patients presenting at health care facilities across NYC with health issues such as respiratory distress, eye and skin irritation, and chemical burns. The two-hour exercise required participating hospitals to contend with simulated conditions that saw the number of patients reach 20% above their bed capacity. This required facilities to share information and resources and coordinate across the system to manage the surge.

The exercise tested the ability of health care facilities to:

- Activate their mass casualty plans quickly.
- Work together as the NYC HCC to notify all coalition members of the incident and facilitate information sharing between members.
- Assess personnel and resource needs and effectively meet these needs.
- Refine facilities' operations to triage patients for treatment or transfer to specialty facilities.
- Coordinate effectively between facilities when clinical resources are strained or depleted.

The Health Department collaborated with health care networks, Greater New York Hospital Association, the Fire Department of New York City, and NYC Emergency Management to plan the exercise, following federal Homeland Security Exercise and Evaluation Program guidance. The MRSE built on lessons learned from recent emergency events that caused a surge of patients to the health care system, including the COVID-19 pandemic and the air-quality event from Canadian wildfires in June 2023. The plans and decision-making tools informed by these emergencies and other emerging health threats were tested during the exercise.

Key strengths that coalition members demonstrated during the exercise included:

- Using multiple channels (such as breakout rooms, chat, and telephone) to collaborate and communicate between facilities and networks
- Clearly delineating roles and responsibilities among personnel leading to smooth operations during the exercise
- Effective use of situational awareness tools to plan, provide baseline capacity data, and communicate and coordinate with receiving facilities

Areas for improvement that the exercise highlighted included:

- Lack of clear understanding among NYC HCC members of roles and responsibilities for HCC during a response
- Demonstrated need for a more robust system for allocating resources during a surge accounting for population density, health care facility capacity, and geographical distribution
- Difficulties coordinating patient transport support during a sufficiently large-scale incident

The following partners participated in the exercise:

- NYC Health + Hospitals
- Montefiore Medical Center
- NewYork-Presbyterian
- Northwell Health
- Maimonides Medical Center
- MediSys Health Network
- NYU Langone Health
- One Brooklyn Health
- Calvary Hospital
- Richmond University Medical Center
- Hospital for Special Surgery
- Lenox Hill Hospital
- SUNY Hospital at Downstate
- Wyckoff Heights Medical Center
- Fire Department of New York City
- NYC Emergency Management

Development of High-Consequence Infectious Disease (HCID) Patient Transfer CONOPS

In November 2023, NYC Health + Hospitals/Bellevue and the NYC Health Department co-hosted a workshop to review and analyze the Concept of Operations (CONOPS) for transferring a patient who has or is suspected to have a high-consequence infectious disease (HCID).

Bellevue is the Regional Emerging Special Pathogen Treatment Center for the Department of Health and Human Services Region 2 and serves as the regional hub for the National Special Pathogen System, which supports health care readiness for infectious diseases, trains health care staff, and provides technical assistance. In addition to the capabilities at Bellevue, there are six Special Pathogen Treatment Centers in the region that can also treat patients with HClDs in their biocontainment units, located in NYC, New York State, and New Jersey.¹

Starting in June 2023, the Region 2 CONOPS steering committee held meetings to update the existing CONOPS plan. Key elements of the plan illustrate some of the steps that should be taken when treating a patient with an HCID:

- When a patient with a suspected HCID is identified at a frontline facility, that facility will immediately notify local and state health departments.
- That facility, along with local and state health departments, will determine whether the patient will be transported to Bellevue or to a closer facility with biocontainment capabilities.
- If patient transport is needed, the sending jurisdiction will notify the NYC Health Department, which will then notify Bellevue to begin preparations for an incoming patient.
- The Fire Department of New York City (FDNY), which is the primary transport agency, will transport patients within a two-hour driving distance from NYC.
- For longer-distance transports, provisions will be made for the patient to be transferred via ground ambulance or medical air flight to John F. Kennedy Airport, from which FDNY will transport them to Bellevue.

¹ For more information, visit netec.org/about-netec/partners-regional-contacts.

The CONOPS workshop was attended by representatives from ASPR, Region 2 state and local public health departments and hospital associations, the National Emerging Special Pathogen Training and Education Center, emergency medical service (EMS) agencies, and Special Pathogen Treatment Centers from across the region. Over the course of the full-day workshop, participants discussed the transport process and several scenarios of how a patient would move from various locations in the region to the main treatment center at Bellevue.

The workshop objectives included:

- Bringing together a wide array of stakeholders from state and local health departments, emergency managers and directors of infectious disease programs at regional health care facilities, and representatives from EMS agencies
- Having stakeholders validate the inter- and intra-jurisdictional notifications and communication protocols for the transport of a patient who has or is suspected to have an HCID
- Identifying planning gaps for the transport of a patient in Region 2
- Providing an opportunity for key stakeholders to network and establish relationships that could ease coordination in the event of the need to transport these patients

In the afternoon, attendees participated in scenario-based discussions to play through a patient's journey. Throughout the workshop, players worked to identify areas for further improvement and how the CONOPS could be refined to improve the coordination required to support the safe care of patients with HClDs.

One success of the workshop was that it presented an opportunity for stakeholders to connect with one another and familiarize themselves with their HCID patient-transfer counterparts across regions and different levels of health care and government. Participants shared their perspectives, discussed roles and responsibilities, and fostered relationships that will continue to enhance the region's readiness for high-consequence infectious diseases.

Under the leadership of the Region 2 Regional Emerging Special Pathogen Treatment Center's CONOPS steering committee (including Mary Foote, Andrew Wallach, Vikramjit Mukherjee, Nang Kyaw, Laura Hillard, and Melissa Cairo) and key regional stakeholders, the HCID patient-transport plan has been updated to advance the special pathogen preparedness of the region. Many lessons learned from responses to the COVID-19 pandemic and mpox outbreak were used to inform the updated plan. This work is possible thanks to ASPR's vision to devote resources to the development of HCID preparedness across the country and the empowerment of preparedness professionals.



Section 5:

Acute Care

Coalition Building

- ✓ Attended Leadership Council Meetings, Emergency Preparedness Symposia, and an End of Program Period Conference

Situational Awareness and Communication

- ✓ Contributed to a shared data system of facility contact information to enhance information sharing between hospital networks and facilities

Exercises and Training

BP4

Participated in a citywide tabletop exercise focused on a response scenario of a surge of burn patients from a fire at an entertainment venue

- The Burn Surge tabletop exercise objectives included:
 - Validate that participants could activate their mass casualty plans within the first 12 hours of the incident.
 - Identify methods that participants would employ to triage burn patients for treatment or transfer to specialty facilities within the first 12 hours of the incident.
 - Review how participants would coordinate during the response when resources are strained or depleted.
- Twelve independent hospitals and eight network hospitals participated in the exercise and demonstrated key response strengths including:
 - Operational mass casualty plans with informed staff capable of plan execution
 - Effective coordination of operations between participating coalition members
 - Support from participants' institutional leadership and citywide health and medical leadership

- The Burn Surge full-scale exercise objectives included:
 - Activate mass casualty plans in a short period of time.
 - Collaborate to notify all coalition members of the incident and facilitate information sharing.
 - Assess personnel and resource needs and effectively meet these needs.
 - Refine patient triage operations for treatment or transfer to specialty facilities.
 - Coordinate effectively between facilities when resources are strained or depleted.
- Seven independent hospitals, seven hospital networks, NYC Emergency Management, FDNY, and the NYC Health Department participated in the exercise and demonstrated key response strengths including:
 - Utilization of multiple channels (such as breakout rooms, chat, and telephone) to collaborate and communicate between facilities and networks
 - Clear understanding of roles and responsibilities, which facilitated smooth response operations during the exercise
 - Effective use of situational awareness tools to provide baseline capacity data and communicate and coordinate with receiving facilities

Radiation Resilience

- ✓ Developed resilience for hospital radiation management staffing

Design a Deliverable

- ✓ Network and independent hospitals designed and fulfilled deliverables focused on gaps in preparedness



Network Highlights

BP4

MediSys Health Network

Created a modified Incident Command structure that the system will use after a large-scale emergency event, such as the COVID-19 pandemic. This structure is meant to restore facilities' standard physical plants after an enhanced capacity state deployed to mitigate surges from the emergency event.

Montefiore Einstein

Incorporated pandemic recovery planning considerations into the network's comprehensive emergency management plan.

Mount Sinai

Created a standardized tool for critical resource and contingency planning to improve their health system's capabilities to recover from an emergency.

Northwell Health

Enhanced their hazard vulnerability assessment tool to better characterize risks and hazards to the network and clarify essential recovery operations.

BP5

Mount Sinai

Conducted multiple trainings on responding to chemical, biological, radiological, nuclear, and explosive (CBRNE) hazards at seven network facilities. This resulted in improved competency for PPE use, updated information on physical fitness and PPE sizing for response staff, and an increased roster of staff certified to respond to these hazards.

NYC Health + Hospitals

Based on its experience evacuating Woodhull Hospital in September 2023, the network assessed its current evacuation equipment, established an approach to purchasing standardized equipment across hospital and long-term care sites, and created funding plans for hospitals to support coverage of post-acute care equipment gaps.

NYU Langone Health

Developed a network-wide family incident crisis center plan, including a toolkit, activation protocol, and location designation for these centers. The plan can be activated at any network hospital emergency department to provide needed support to an influx of patients' family and friends arriving at a hospital during a significant emergency incident. NYU Langone conducted multiple tabletop exercises to test the plan and refined it based on identified weaknesses.

One Brooklyn Health

Trained 10 staff members across three network facilities on hazmat operations and conducted a review and replenishment of the existing cache of PPE and other hazmat equipment to improve readiness for chemical, biological, radiological, nuclear, and explosive (CBRNE) emergencies.

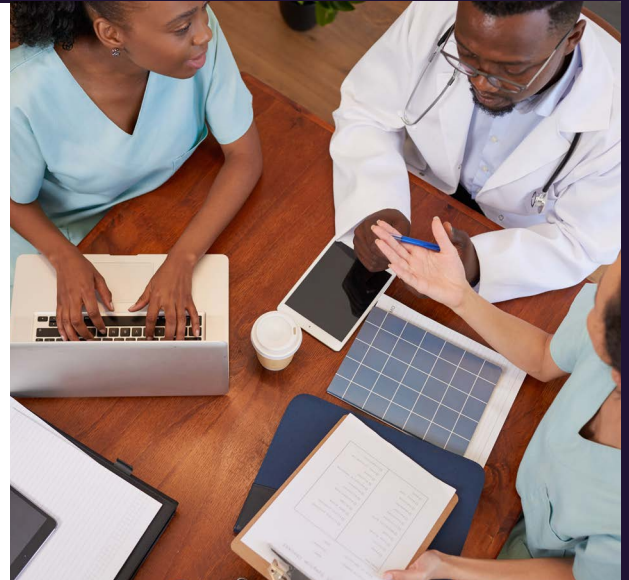
Independent Hospital Highlights

BP4

Calvary Hospital

Improved their administrative systems to conduct background checks and help staff recover from incidents. In addition, the hospital:

- Conducted drills to train staff on how to respond to emergency incidents and access post-incident recovery services such as counseling
- Improved staff training on how to report suspicious behavior to prevent or mitigate workplace violence



SUNY Downstate

Participated in a project focused on the implementation of policies, procedures, and access to resources to help staff and visitors deal with the aftermath of an active shooter or violent incident.

Independent hospitals trained staff in:

- Business continuity
- Use of New York State facility evacuation data systems
- De-escalation techniques for an active shooter scenario
- Use of hospital Incident Command System
- Use of PPE for infectious disease scenarios
- How to respond to mass casualty incidents



Richmond University Medical Center

Updated the hospital's chemical, biological, radiological, nuclear, or explosive (CBRNE) decontamination protocol by:

- Redefining the decontamination team to incorporate security and EMS staff
- Identifying roles and responsibilities during activation and deactivation
- Providing FEMA-certified training to all decontamination team members



Memorial Sloan Kettering Cancer Center

Reviewed and updated its measles response plan and trained 20 staff members on the revised plan. Conducted drills to practice key infection control and response operations and improve organizational readiness to emerging pathogens.

Maimonides Medical Center

Conducted hazmat training for staff to improve proficiency with safely using PPE, performing decontamination procedures, and teaching response roles and responsibilities. Conducted drills to exercise lessons learned from training and enhance readiness for hazmat responses.



St. John's Episcopal Hospital

Performed an Ebola-response tabletop exercise with hospital infection control, emergency department, administration, accreditation, security, and emergency management teams to review the emergency department's response policy to Ebola and required PPE, which improved facility readiness for high-consequence infectious disease (HCID) cases.



Section 6:

Borough Coalitions

Coalition Building

- ✓ Attended and hosted seven Leadership Council Meetings, three Emergency Preparedness Symposia, and an End of Program Period Conference

Situational Awareness and Communication

- ✓ Shared information on borough coalition membership to the entire NYC HCC

Exercises and Training

- ✓ Conducted at least one emergency notification “call down” drill to test bidirectional communication channels with all borough coalition members
- ✓ Created a Borough Coalition Communications Plan



Coalition members developed a plan for how and when to share key information among members to increase situational awareness. The plan describes scenarios in which structured communication procedures would be activated. Its development considered coalition members' communication needs, how to engage with community partners, and how the plan will be maintained in the long term.

Design a Deliverable

- ✓ Borough coalitions designed and achieved deliverables focused on identified gaps in preparedness.

The Bronx Emergency Preparedness Coalition

BP4

Members participated in a training to use the National Fire Prevention Association 3000 standard to improve facility response to an active shooter or other hostile event. As part of the training, tabletop exercises were organized for coalition members to apply the standard in planning responses to different hostile event scenarios.

BP5

Hosted the Bill Lane Social Work Disaster Response Conference that, based on key gaps identified from Bronx Emergency Preparedness Coalition facilities' hazard vulnerability assessments, focused on: active shooter preparedness; the mental health needs in the recovery phase of a mass shooting; considerations around death notifications; trauma-informed language; longitudinal support for families; and psychological first aid. Over 100 staff attended from member facilities including Jacobi, North Central Bronx, Montefiore, Lincoln, and Kings Harbor. The conference material was well received, with 100% of course evaluation respondents answering either "Good" or Excellent" on their confidence that they will use the knowledge gained from the training.

The Brooklyn Coalition

BP4

Members identified that a majority of their radiation detection equipment required servicing to maintain readiness for response to a radiological hazard. As a result, members executed a contract with a company that specializes in servicing this equipment to calibrate their radiation detection systems and ensure they were in proper working order. The calibration and servicing was completed within three months.

BP5

Offered a web-based OSHA (Occupational Safety and Health Administration) workplace violence prevention certificate course, which resulted in 14 staff members from 14 different facilities receiving certification.

The Emergency Preparedness Coalition of Manhattan (EPCOM)

BP4

Since NYC hospitals have a greater than average likelihood of encountering a patient presenting with symptoms of a high-consequence pathogen, such as the Ebola virus, NYU Langone Health provided a training to all EPCOM members on highly infectious disease awareness. The training educated health care staff on signs and symptoms, transmission pathways, and prevention and treatment of this type of infectious disease to improve capabilities to identify cases. NYU Langone administered the training through three sessions, which were attended by over 100 staff members.

BP5

Conducted a survey of all EPCOM facilities to determine what emergency management and business continuity data are routinely collected and what they are used for, to identify gaps and trends in metrics that facilities track.

Borough of Queens Emergency Preparedness Coalition (QEPC)

BP4

In response to data on increases in violent events and increases in opioid drug use within the borough, QEPC members have prioritized the delivery of train-the-trainer programming to help prevent or mitigate negative outcomes associated with these public health issues. QEPC engaged with the national Stop the Bleed program to provide community-based preparedness training to stop life-threatening blood loss among emergency survivors. It also held trainings on the administration of naloxone to reverse opioid overdose. The goal of these efforts is to expand the capacity of the coalition to provide staff and community groups with these lifesaving skills.

BP5

Commenced planning for a project to develop a simplified data-collection tool and regular reporting process for pediatric unit census data in hospitals serving Queens, which aims to:

- Improve rapid primary and secondary transport and load leveling based on effective matching of resources to needs.
- Inform planning on the NYC Pediatric Medical Operations Coordination Center (which is being spearheaded this year by this Pediatric Disaster Coalition).
- Improve overall pediatric hospital readiness in Queens.

Staten Island Community Organizations Active in Disaster

BP4

Organized trainings for members to enhance preparedness in key areas, including:

- Emergency blood loss treatment through the national Stop the Bleed program
- Active shooter response through the U.S. Cybersecurity and Infrastructure Agency
- All-hazards disaster response through the New York State Citizen Preparedness Corps and American Red Cross
- CPR and automated external defibrillator (AED) training in partnership with the Office of the Staten Island Borough President
- Cybersecurity 101
- Mass care training through the American Red Cross
- Mental health first aid training through the NYC Health Department
- Ready New York emergency preparedness trainings through NYC Emergency Management



Section 7:

Long-Term Care

Long-Term Care (LTC) Programs at a Glance

LTC Comprehensive Emergency Management Training and Technical Assistance 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, covering topical areas related to assessment, planning, and training, and assists participants in enhancing their facility's comprehensive emergency management plans.

Webinar and Workshops

- **Essentials of Emergency Management Webinar**
 - This training webinar covers the fundamental concepts of health care emergency management; key elements of a model all-hazards long-term care emergency management program; the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Final Rule requirements; compliance approaches; and the National Incident Management System (NIMS) and Incident Command System applications for long-term care facilities.

BP4

Total participants: 107

60 facilities enrolled in program

BP5

Total participants: 91

55 facilities enrolled in program

- **Emergency Management Assessment Training Workshop**

- Topics Covered:
 - CMS Emergency Preparedness Final Rule and the LTC Facility
 - Facility Emergency Management Program Self-Assessment
 - Maintaining Situational Awareness
 - Hazard and Risk Assessment
 - Hazard Vulnerability Assessment

BP4

Total participants: 107

65 facilities enrolled in program

BP5

Total participants: 105

58 facilities enrolled in program

- **Emergency Management Planning Training Workshop**

- Topics Covered:

- Planning Overview
 - Plan Construction
 - Existing Planning Resources and Information
 - Medically Complex Patients/Residents: Context and Planning Implications
 - Plan Improvement Process and Tools
 - Plan Management

BP4

Total participants: 88

65 facilities enrolled in program

BP5

Total participants: 91

60 facilities enrolled in program

- **Continuity of Operations Plan (COOP) Training Workshop**

- Topics Covered:

- COOP Overview
 - COOP Planning Process: Identification of Essential Functions
 - Essential Function Resources Identification and Analysis
 - Identifying and Organizing COOP Planning Tasks
 - Other COOP-Related Planning Elements

BP4

Total participants: 97

64 facilities enrolled in program

BP5

Total participants: 90

62 facilities enrolled in program



LTC Facilities Participating in the Training and Technical Assistance Program

BP4	Total: 65	
	By borough Bronx: 19 Brooklyn: 14 Manhattan: 9 Queens: 19 Staten Island: 3 Not specified: 1	By facility type Skilled nursing facility: 43 Home care: 18 Assisted living facility: 1 Hospice and palliative care: 1 Adult care facility: 2
BP5	Total: 62	
	By borough Bronx: 16 Brooklyn: 19 Manhattan: 8 Queens: 14 Staten Island: 5	By facility type Skilled nursing facility: 40 Home care: 18 Assisted living facility: 3 Hospice and palliative care: 1

LTC Exercise Program

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. Exercises assisted participants with **CMS compliance**.

BP4

Operation Health Care Exercise for a Radiological Dispersal Device (HExRaDD) 2023

The LTC sector conducted Operation Health Care Exercise for a Radiological Dispersal Device (HExRaDD) 2023, which focused on a response to a radiological weapon, or “**dirty bomb**,” detonation in Times Square. This type of emergency event would cause many significant challenges, such as widespread panic, multiple health hazards, supply chain disruptions, air quality issues, and radiation issues.

Four workshops were held to design the exercise. Exercise objectives included:

- Review facility emergency operations plans and any relevant response guides or annexes developed to respond to a community-wide radiological emergency.
- Discuss how to organize and adjust response using the health care Incident Command System to manage the emergency.

- Understand the value of a health care-specific facility command center to support emergency operations.
- Discuss how to gain situational awareness and provide situational status updates and projected impacts on services.
- Understand the health and safety challenges of field staff and homebound patients in a community-wide radiological emergency.

Participants

Government stakeholders	New York State Department of Health
	NYC Health Department
	NYC Emergency Management
Private sector	Incident Management Solutions
Health care associations	Greater New York Health Care Facilities Association
	Greater New York Hospital Association Continuing Care
	Health Care Association of New York State
	Southern New York Association
Home health agencies	Bronx: 1
	Brooklyn: 7
	Manhattan: 3
	Queens: 3
Hospice and palliative care	Queens: 1

BP5

Health Care Exercise for Chemical Emergency (HEXChEm) 2024

The LTC sector conducted an operations-based functional exercise that tested facilities' incident-related communications, coordination, information sharing, and emergency management operations in three three-hour sessions over two days in BP5. The exercise scenario focused on a cyberattack on borough-based wastewater treatment plants that triggered a toxic chemical release into the atmosphere and caused mass casualties.

Seven workshops were held to design and evaluate the exercise. Exercise objectives included:

- Activate facility emergency operations plans in response to a citywide chemical emergency within 30 minutes of incident notification.
- Use the Incident Command System to manage an evolving emergency.
- Activate and staff a health care-specific facility command center after activation of the facility emergency operations plan.
- Develop an initial incident action plan that includes incident response objectives, protective actions, immediate resource needs, and other key information.

- Demonstrate the ability to communicate with local response partners, including City government stakeholders, local health care organizations, community organizations, and others using interoperable communications technologies.
- Develop situational awareness and provide situational status updates and projected impacts on services.
- Adjust facility and clinical operations in response to impacts from the emergency.
- Track staff, patients, residents, and clients during the emergency.

Participants

Government stakeholders	New York State Department of Health
	NYC Emergency Management
	NYC Department of Environmental Protection
	NYC Health Department
Private sector	Incident Management Solutions
Health care associations	Greater New York Health Care Facilities Association
	Greater New York Hospital Association Continuing Care
	Health Care Association of New York State
	Southern New York Association
LTC facilities	Bronx: 14
	Brooklyn: 13
	Manhattan: 4
	Queens: 19
	Staten Island: 4
Home care and hospice	Bronx: 3
	Brooklyn: 3
	Manhattan: 2

Expanding Respiratory Protections in NYC LTC Facilities

In March 2023, the NYC Health Department launched Expanding Respiratory Protection Programs in NYC Long-Term Care and Congregate Residential Facilities. Staff and residents in these settings are at high risk for COVID-19 and other respiratory infections, and many are lacking in personal protective equipment and training to protect themselves. This program provided:

- Respiratory protection program (RPP) **templates and training resources** tailored to different types of LTC facilities
- On-site mobile fit testing for over 5,600 facility staff members, primarily in nursing homes
 - Facilities with low rates of fit testing (below 30%) or with large COVID-19 or flu outbreaks were prioritized.
- Training for 141 personnel from over 45 facilities and organizations on respiratory protection, with hands-on fit-testing practice and qualitative fit-testing kits
- Fit-testing train-the-trainer for 17 Federally Qualified Health Centers in partnership with the Community Health Care Association of New York State to increase protection of community health care facility staff while caring for patients
- Procurement of critical respiratory protection supplies and equipment during the 2023-2024 respiratory season for:
 - Fifty-nine organizations representing nearly 300 group homes for people living with developmental disabilities
 - Thirty-five nursing homes and six adult care facilities

Program Outcomes

- The number of program participants who indicated that they know about respiratory protection and fit testing increased from 68% before the program to 89% after the program.
- 95% were confident they will be able to fit-test staff at their facilities
- 93% were confident they will be able to train others
- 94% had a good understanding of RPPs and how they benefit facilities
- 86% found the RPP helpful
- 77% of mobile fit-testing participants found the fit-testing services helpful
- 83% of train-the-trainer participants used the knowledge to develop or deliver staff training on respiratory protections
- 97% believe the free supplies have improved respiratory protections

Section 8:

Nursing Homes



Coalition Building

- ✓ Attended Leadership Council Meetings, Emergency Preparedness Symposia, and an End of Program Period Conference
- ✓ Held six Long-Term Care Disaster Preparedness Council meetings with topics including:
 - Preparedness considerations for weather hazards
 - Metropolitan Transit Authority (MTA) emergency preparedness priorities
 - Response to active shooters
 - The functions of key partners, including the NYC Office of Chief Medical Examiner (OCME) and Regional Emergency Medical Services Council of NYC (REMSCO)
 - The role of the Healthcare Facility Evacuation Center during emergency response

85%

of nursing homes are represented by an association. The Long-Term Care Preparedness Program engages directly with this group of nursing home facilities to provide training and technical assistance.

Situational Awareness and Communication (SitStat)

- ✓ Encouraged nursing home facilities to use the SitStat electronic information sharing platform, and conducted three drills where facilities were required to use SitStat to share information for emergency response scenarios on winter weather, severe weather, and a radiological hazard event
- ✓ In BP5: Began incorporation of 17 dialysis facilities into SitStat as part of a pilot project

SitStat has been used by health care partners to inform decision-making for real world emergency responses. Use of SitStat has been integrated into health care system preparedness exercises and used to obtain facility and network-level feedback on preparedness priorities.

Impact of SitStat

89

nursing homes
enrolled

56

average number of facilities that
responded to three SitStat drills

300+

credentialed
facility-level users

166+

facilities participated in webinars on:

- Infection Control
- New York State's **Facility Evacuation Planning Application**
- Response to Active Shooters
- New Compliance Requirements for Nursing Homes
- Addressing the LTC Staffing Crisis
- Expanding Respiratory Protection Programs in the LTC Sector

Exercises and Training

BP4

- ✓ Designed and conducted three tabletop exercises for nursing home sector members, which focused on cybersecurity best practices and response to cyberthreats

94%

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

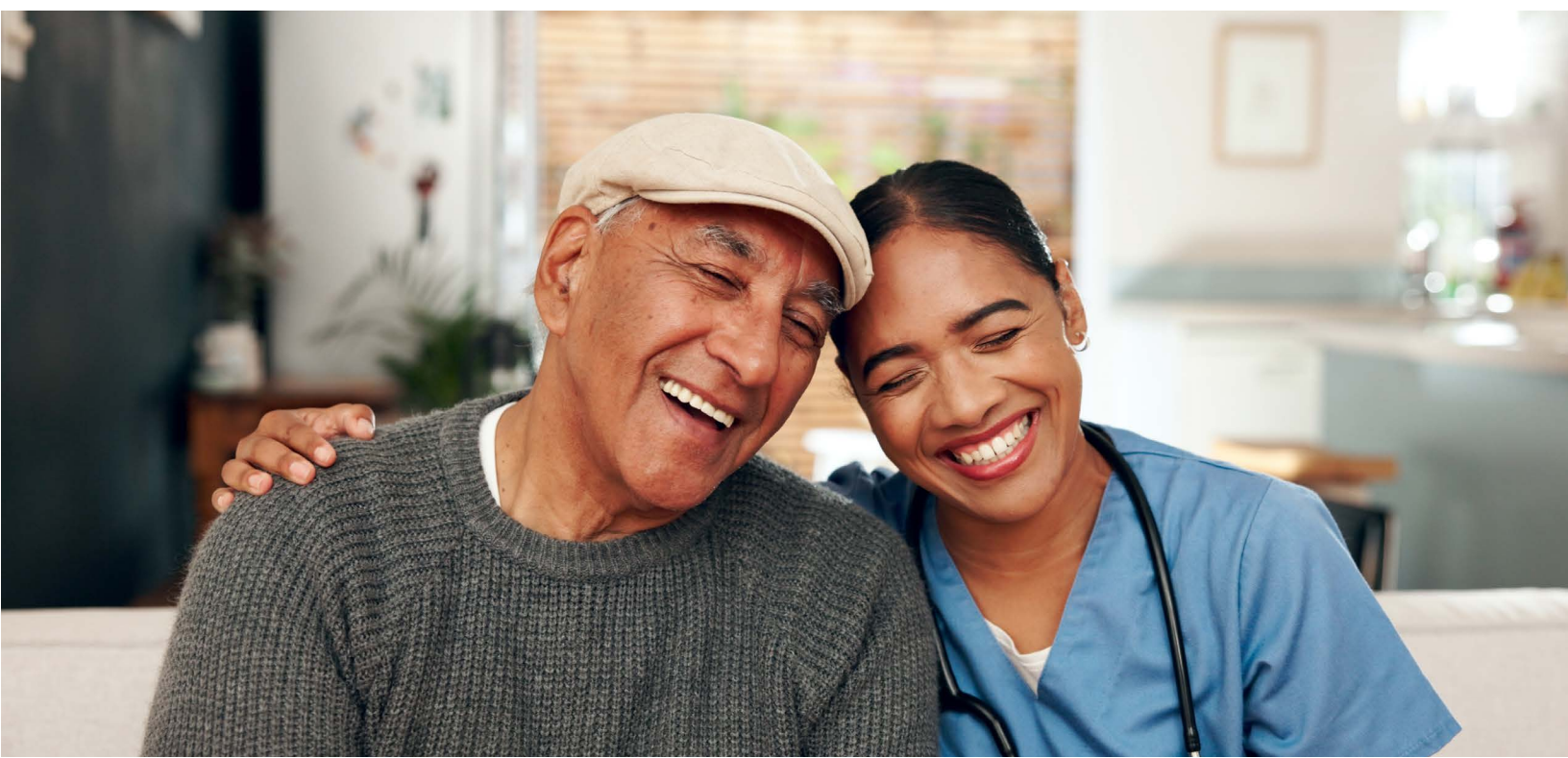
- ✓ Participated in Operation HExRaDD 2023, which included:
 - Recruitment of nursing home facilities to participate in the exercise
 - Contribution to the exercise after action report and identification of improvement areas based on exercise outcomes

BP5

- ✓ Participated in HExChEm 2024, which included:
 - Recruitment of nursing home facilities to participate in the exercise
 - Contribution to the exercise after action report and identification of improvement areas based on exercise outcomes
- ✓ Conducted a tabletop exercise on water contamination
 - The LTC sector conducted the Drip Stop tabletop exercise in three three-hour sessions over two days, with the goal of examining the coordination, communication, response, and operational capabilities of LTC facilities during a citywide water contamination event lasting three days. The exercise scenario focused on the impact on NYC of the remnants of a major hurricane with high winds and heavy rainfall, which resulted in power loss to water treatment facilities and contamination of the water supply throughout the city.
 - Key objectives of the exercise included:
 - Assess the functioning of facility Incident Command Systems in response to the emergency.
 - Assess the development of facility incident action plans to establish priorities, procedures, and actions for the emergency response.
 - Evaluate facility efforts to notify stakeholders (for example, staff, residents, family, government agencies, media) about the incident and communicate response plans.
 - Evaluate facility capabilities to maintain operations for a minimum of three days.
 - Assess facility capabilities to identify factors for triggering a facility evacuation.
 - Participants in the Drip Stop tabletop exercise included the New York State Department of Health, the NYC Health Department, NYC Emergency Management, long-term care associations, Incident Management Solutions – the contractor supporting planning and implementation of the exercise – and participants from 90 nursing home and adult care facilities.

Section 9:

Home Care



Coalition Building

- ✓ Attended Leadership Council Meetings, Emergency Preparedness Symposia, and an End of Program Period Conference
- ✓ Participated in three Long-Term Care Disaster Preparedness Council meetings
- ✓ Home Care Association of New York State and New York State Association of Health Care Providers conducted two home care sector-focused emergency preparedness forums that reached nearly 200 home care providers

Situational Awareness and Communication

- ✓ Continued to assess the home care sector's emergency management needs by conducting a survey of home care sector members in March and April 2023, which collected information from a total of 71 home care agencies, including 16 Certified Home Health Agencies (22.5% response rate) and 55 Licensed Home Care Services Agencies (77.5% response rate)
- ✓ Engaged transportation providers to plan how best to collaborate on home care patient evacuation procedures during an emergency

Exercises and Training

BP4

- ✓ Conducted three webinars for home care sector members that covered key preparedness topics including:
 - Reporting suspicious activity
 - Staying safe during home visits and responding to a critical incident
 - Increasing cybersecurity awareness

These webinars reached over 215 home care providers that care for patients across NYC.

- ✓ Participated in and supported the execution of Operation HExRaDD 2023, which included:
 - Attendance of all exercise planning meetings
 - Recruitment of home care personnel to participate in the exercise
 - Contribution of guidance in the development of a post-exercise improvement plan

BP5

- ✓ Conducted four webinars for home care sector members on the following topics:
 - Preparing for weather hazards
 - Artificial intelligence and its impacts on emergency preparedness
 - Utilizing mass notification applications
 - Supporting home care staff
- ✓ Conducted two home care emergency preparedness forums on the following topics:
 - Comprehensive emergency management plan training
 - Electricity dependence planning and the HHS emPOWER Program

Section 10:

Hospice and Palliative Care

The hospice and palliative care sector, which started participating in HPP-funded preparedness efforts in BP4, is one of the newest sectors to the NYC HCC.

Coalition Building

- ✓ Attended Leadership Council Meetings, Emergency Preparedness Symposia, and an End of Program Period Conference
- ✓ Participated in three Long-Term Care Disaster Preparedness Council meetings

Situational Awareness and Communication

- ✓ Supported the administration of the home care sector's emergency management needs assessment by recruiting hospice providers into the assessment, ultimately collecting information from five out of the eight hospice providers in the NYC service area

Exercises and Training

BP4

- ✓ Conducted a webinar for sector partners that oriented this audience to the roles of the New York State Department of Health and NYC Health Department in preparing the sector for emergencies.

33

participants representing four different hospice providers attended the webinar

- ✓ Participated in and supported the execution of Operation HExRaDD 2023, which included:
 - Attendance of all exercise planning meetings
 - Recruitment of home care personnel to participate in the exercise
 - Contribution of guidance in the development of a post-exercise improvement plan

- ✓ Conducted Flood Force, a virtual tabletop exercise with hospice and palliative care providers, which focused on discussing the response to an emergency scenario in which a Category 2 hurricane makes landfall in NYC causing extensive flooding, power outages, transportation disruption, and a mandatory evacuation of health care facilities in Flood Zones 1-3. A total of 19 hospice and palliative care providers participated. Key objectives for the exercise included:
 - Discuss communication protocols, including check-ins and updating patient electronic medical records during widespread power outages.
 - If agency or patient care areas are within flood areas, discuss the priorities for either sheltering in place or evacuating.
 - Describe potential risks associated with specific locations where home visits will occur.
 - Determine resource needs of patients and the community, and evaluate potential sources of support and resources as appropriate.
- ✓ Conducted two emergency preparedness forums for the hospice and palliative care sector on the following topics:
 - Hospice and Palliative Care Association of New York State 2023 emergency management capacity assessment
 - Planning for the hospice and palliative care virtual tabletop exercise
 - Federal and state emergency preparedness regulations
 - A review of emergency preparedness activities conducted to address gaps identified in the 2022-2023 hospice and palliative care needs assessment
- ✓ Conducted one webinar on crisis de-escalation skills for hospice and palliative care staff
 - Over 70 participations representing over 25 hospice and palliative care providers attended.

Section 11:

Urgent Care

A new sector to the NYC HCC, urgent care started participating in HPP-funded preparedness activities in BP4.

Coalition Building

- ✓ Attended Leadership Council Meetings, Emergency Preparedness Symposia, and an End of Program Period Conference

Situational Awareness and Communication

- ✓ Provided a report on a survey conducted by the North East Regional Urgent Care Association (NERUCA) and the NYC Health Department of the approximately 305 urgent care centers in NYC in operation between April and June 2023, which assessed the level of emergency planning and preparedness among these centers. The report pointed to opportunities to enhance urgent care practices by:
 - Incorporating the urgent care sector in the NYC HCC
 - Providing staff training opportunities and resources on emergency planning, including conducting hazard vulnerability assessments, physical plant retrofit and new build considerations for preparedness, and supporting access to critical supplies
 - Enhancing emergency communication readiness by identifying points of contact between facilities and NYC HCC partners and establishing redundancy in communication systems (for example, radio and satellite)
 - Supporting development of critical supply lists for urgent care facilities and assisting with resource procurement during emergencies

Exercises and Training

- ✓ Conducted webinars that covered approaches to supply chain preparedness and workplace violence prevention and mitigation

Section 12:

Primary Care



Coalition Building

- ✓ Attended Leadership Council Meetings, Emergency Preparedness Symposia, and an End of Program Period Conference

BP4

- ✓ Developed, conducted, and evaluated a full-day emergency management seminar for NYC's 44 community health center networks

BP5

- ✓ Convened four emergency preparedness peer group meetings comprising 14 NYC-based Federally Qualified Health Center networks across the five boroughs. Peer group meetings covered a range of community health preparedness topics, including Incident Command System (ICS) roles and responsibilities, enhancing use of the software Veoci and improving health centers' connections with the system, and lessons learned from past emergency responses.

Exercises and Training

- ✓ Conducted a functional exercise with the community health center networks to test coordination and communication capabilities during an emergency. The exercise focused on testing members' use of a web-based communication platform to share information in real time. Approximately 70 health center staff attended a pre-exercise workshop to train on the platform and test sharing information for situational awareness. In total, 23 health centers participated in the exercise.

BP4

- ✓ Conducted two facility notification call-down drills with the 44 NYC-based community health networks
- ✓ Performed a community health center respirator fit-test training with personnel from over 22 different community health centers in NYC

BP5

- ✓ Conducted a webinar that reviewed community health preparedness challenges identified in the BP4 functional exercise, which was attended by 28 staff representing 19 community health networks
- ✓ Conducted a facility notification call-down drill with 34 NYC-based community health networks
- ✓ Held a community health emergency preparedness seminar attended by over 80 representatives from the 44 NYC-based community health networks. The seminar covered a series of topics of key importance to community health center preparedness including:
 - Human resources and emergency management
 - De-escalation strategies in the workplace
 - The impacts of climate change to health in NYC
 - Response and recovery to flooding
 - Emergency management training needs at health centers
 - Considerations for patients with disabilities in health center emergency plans
- ✓ Conducted a functional exercise with the community health center networks that tested communication and coordination, adequacy of plans and resources, direction and control of emergency management activities, and emergency response decision-making. The exercise scenario focused on severe winter weather impacting NYC, resulting in suspension of public transportation, school closures, and a nonemergency statewide travel ban. Exercise objectives included:
 - Testing the Community Health Care Association of New York State's (CHCANYS) ability to send an initial emergency notification to health centers within 30 minutes of the decision to do so
 - Demonstrating the ability of community health centers to activate their ICS and convene their full predefined ICS team within 60 minutes of the decision to do so
 - Validating community health centers' policies, procedures, and tools for communicating operational changes in response to the scenario
 - Demonstrating that facilities' designated contacts can submit emergency response-related information via Veoci – the sector's electronic information sharing tool – within 30 minutes of facilities completing their initial ICS meeting
 - Testing CHCANYS' ability to collect, compile, and report data from health centers to CHCANYS leadership and partners within three hours of receiving all data

Section 13:

Pediatric Care

Coalition Building

- ✓ Attended Leadership Council Meetings, Emergency Preparedness Symposia, and an End of Program Period Conference
- ✓ Participated in the meetings of all five borough coalitions to provide pediatric disaster preparedness subject matter expertise
- ✓ Conducted quarterly pediatric clinical advisory group meetings

Situational Awareness and Communication

- ✓ Maintained a roster and schedule of on-call physicians on the NYC Pediatric Incident Response Team (PIRT), which provides prioritization triage consultation service to EMS for interfacility transfers of patients as well as pediatric emergency response subject matter expertise during disasters.

BP4

- ✓ Collaborated with home care associations to develop pediatric-specific survey questions. These were used in home care sector emergency management needs assessment to identify pediatric care strengths and weaknesses for the sector.
- ✓ Created a self-use tabletop exercise template for outpatient and urgent care settings based on a model from a tabletop exercise the NYC Pediatric Disaster Coalition conducted in the previous budget period

BP5

- ✓ Collaborated with the Queens Emergency Preparedness Coalition to develop a data collection tool for facilities to use to regularly assess their overall surge capacity for pediatric patients. The following hospitals used this tool to collect data daily on key pediatric care capacity measures (for example, number of total and occupied general pediatric, behavioral pediatric, and pediatric ICU beds; number of boarded pediatric patients in ED settings; and number of pediatric patient transfers):
 - Cohen Children's Medical Center
 - NYC Health + Hospitals/Elmhurst
 - NewYork-Presbyterian Queens
 - Flushing Hospital
 - Jamaica Hospital
 - St. John's Episcopal Hospital
 - NYC Health + Hospitals/Queens

The purpose of this data collection project was to:

- Enhance situational awareness and data sharing between Queens-based hospitals
- Improve rapid primary and secondary transport and load leveling by leveraging the collected capacity data to match resources to needs
- Inform the planning and development of an NYC medical operations coordination cell
- Improve overall pediatric hospital readiness in Queens

Exercises and Training

BP4

- ✓ Conducted a webinar for pediatricians, school nurses, and other child care providers to address pediatric mental health concerns, which reached more than 275 participants
- ✓ Conducted two no-notice notification call-down drills for all PIRT personnel to test response readiness and rapid communication abilities
- ✓ Conducted a virtual tabletop exercise with NYC HCC members on a pediatric surge event in NYC as preparation for a full-scale citywide pediatric catastrophic event exercise in BP5

BP5

- ✓ Conducted a webinar for EMS, primary care, and urgent care facility staff that focused on how to manage behavioral health emergencies in prehospital and primary care settings
- ✓ Conducted a webinar for coalition members on championing pediatric readiness highlighting key programs, including the National Pediatrics Readiness Project, the Always Ready for Children program, and the role of the emergency department and EMS Pediatric Emergency Care Coordinator
- ✓ Conducted two no-notice notification call-down drills for all PIRT personnel to test response readiness and rapid communication abilities
- ✓ Conducted a full-scale exercise focused on an emergency event that resulted in a surge of pediatric patients with injuries. Participating hospitals included Northwell Cohen Children's Medical Center, NewYork-Presbyterian Weill Cornell Medical Center, and NYC Health + Hospitals/Jacobi. The NYC Health Department provided technical assistance and other support for the exercise. The exercise tested the ability of health care facilities to:
 - Activate their mass casualty plans in a short period of time
 - Assess personnel and resource needs and effectively meet these needs
 - Review internal and external communications
 - Refine facilities' operations to triage patients for treatment or transfer to specialty facilities
 - Coordinate effectively between facilities when clinical resources are strained or depleted

Section 14:

Dialysis Care

Coalition Building

- ✓ Attended Leadership Council Meetings, Emergency Preparedness Symposia, and an End of Program Period Conference
- ✓ Convened a leadership advisory group, which included members from the end-stage renal disease care community, the **NYC Medical Reserve Corps**, nephrology providers, and community care providers. This group provided subject matter expertise on the preparedness needs of dialysis providers and patients, which guided planning and development of the BP4 NYC HCC Emergency Management Conference and a tabletop exercise to prepare dialysis providers for emergencies.

Situational Awareness and Communication

- ✓ Partnered with the Greater New York Hospital Association to create a pilot program to improve situational awareness among NYC-based dialysis centers
- ✓ Shared NYC-based dialysis facility capacity information within the NYC HCC to improve situational awareness on available resources and coordination between facilities

Exercises and Training

- ✓ Conducted a patient outreach preparedness training program using the **Guide to Emergency Preparedness for Dialysis Patients**

36

dialysis centers participated in program activities to enhance the personal preparedness of end-stage renal disease patients

44

dialysis staff trained

372

patients trained

- ✓ Held three dialysis preparedness workshops covering topics in resiliency, mental health, and in-center hemodialysis

68

dialysis facility staff participated

- ✓ Conducted a tabletop exercise to test dialysis facility response plans for severe weather events, which focused on a blizzard that required a shelter-in-place order for three days

33

dialysis facilities and external partners participated

Section 15:

Vision for the Next Program Period

Protecting the health of New Yorkers from all hazards is a collective effort that requires public health and partners from all health care sectors to invest resources and expertise to prepare for and respond to emergencies. As the NYC HCC moves into its next program period, we plan to focus on enhancing the capabilities of NYC HCC members to coordinate with one another by bringing all of them – from acute care to long-term care – together to plan and conduct exercises, collectively assess performance, and address identified preparedness gaps and weaknesses. As the coalition continues to grow, its ability to coordinate will be essential for capitalizing on the diverse strengths of each sector to build a more resilient and responsive system together.

For more information about the NYC HCC, visit nychealthcarecoalition.org.

Section 16:

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

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

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 public health emergencies



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 17:

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 18:

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
- Island Peer Review Organization (IPRO) (CMS Contractor)
- NYC Health Department
- NYC Health + Hospitals
- New York State Department of Health
- NYC Emergency Management
- Regional Emergency Medical Services Council of NYC (REMSCO)

Subject Matter Expertise Coalitions

- Community Health Care Association of New York State
- Greater New York Health Care Facilities Association
- Greater New York Hospital Association
- Southern New York Association
- Greater New York Hospital Association Continuing Care
- Home Care Association of New York State
- New York State Association of Health Care Providers
- Northern Manhattan Healthcare Emergency Liaison Partnership (North HELP) Coalition
- Pediatric Disaster Coalition

Vendors

- Incident Management Solutions
- Westchester Meetings and Events

Health Care Networks and Independent Hospitals

- BronxCare Health System
- Calvary Hospital
- Hospital for Special Surgery
- 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 (Mount Sinai Health System)
- 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 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

