

**New York State Department of Health (NYSDOH)
Office of Health Emergency Preparedness (OHEP)
Hospital Preparedness Program**

**2016 – 2017 Hospital Deliverables
Deliverable Coordination Tool**

Introduction:

The 2016 -12017 contract year deliverables include three categories:

- **Time Sensitive/Required Deliverables:** must be completed by the date indicated.
- **Priority Deliverables:** must be completed during this contract period if not completed in a previous period.
- **Additional Deliverables:** includes non-priority plans, exercises and trainings, at the discretion of the hospital and after the Required and Priority Deliverables have been completed.

All hospital deliverable documentation, including guidance documents, can be found on the Health Commerce System (HCS). To access, follow the below instructions:

- 1.) Log on to HCS
- 2.) Click Documents tab (Top of page)
- 3.) Click Hospitals
- 4.) Click Preparedness
- 5.) Click Hospital Deliverables
- 6.) Open the folder for the 2016 – 2017 Grant Year
- 7.) There will be two folders:
 - Deliverable documents
 - Guidance documents

Once you have navigated to the desired folder, you can then add that folder to your favorites, which will save you from having to click through all of the folders each time:



Unless otherwise stated, all elements of completion, with the exception of HERDS surveys and data transmission files, are to be submitted as a PDF file using the Deliverable Upload Tool.

TIME SENSITIVE/REQUIRED DELIVERABLES

The Time Sensitive/Required Deliverables necessitates the element of completion to be submitted electronically by the due date indicated in Deliverable Coordination Tool (DCT) and on the 2016-2017 Hospital Deliverable Contract Plan. The element of completion must be submitted by the hospital to the NYSDOH OHEP **by 11:59 p.m. on the due date to be considered as having met the deadline and be eligible for payment. Submissions received after the deadline will not be eligible for payment.**

If OHEP receives your element of completion after the deadline due to: (1) Network or system failure, 2) emergency response event, or 3) natural disaster, you will be given the opportunity to submit documentation that justifies the late submission. If the documentation verifies one of the three conditions, OHEP will consider the Outcome as having been received by the deadline.

Deliverable 1: Mid-Year National Incident Management System Tracking Tool \$2,500

Hospitals will complete the **National Incident Management System (NIMS) Compliance Tracking Tool**, describing activities to achieve compliance with the 11 elements **OR**, if already achieved, describing activities to maintain compliance. The Tracking Tool will be available in the HERDS application on HCS.

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Target audience: Hospital Emergency Management Coordinator in their respective coalition region or other staff as authorized by the hospital

Due Date: **December 1, 2016**

Payment: **\$2,500 on** or before the due date, **0\$ after December 1, 2016**

Element of Completion: Completed NIMS tracking tool submitted in the HCS HERDS application.

Note: Hospital staff completing the tracking tool must indicate the hospital's operating name/site (not health system or group names) to be eligible for payment.

Deliverable 2: End of Year National Incident Management System Tracking Tool \$2,500

Hospitals will complete the National Incident Management System (NIMS) Compliance Tracking Tool, describing activities to achieve compliance with the 11 elements **OR**, if already achieved, describing activities to maintain compliance.

Target audience: Hospital Emergency Management Coordinator in their respective coalition region or other staff as authorized by the hospital

Due Date: **May 3, 2017**

Payment: **\$2,500 on** or before the due date; **\$0 after May 3, 2017**

Element of Completion: Completed NIMS tracking tool submitted in the HCS HERDS application.

Note: Hospital staff completing the tracking tool must indicate the hospital's operating name/site (not health system or group names) to be eligible for payment.

PRIORITY DELIVERABLES

All Priority Deliverables should be completed **prior** to conducting Additional Deliverables.

PLANNING

Deliverable 3: Coalition Business Meetings \$500 pp

Hospitals will send staff to attend their respective coalition's regular quarterly business meeting. It is recommended that attendance and participation be **face to face** and may be at the **full or sub region level**, providing the meeting is **authorized and conducted** by the coalition. Face to face attendance is highly encouraged; however, if travel restrictions or other barriers exist, virtual participation is permitted.

Provider: NYSDOH Health Emergency Preparedness Coalitions (HEPC)

Delivery of Sessions: In person and/or virtual.

Target audience: Hospital Emergency Management Coordinator in their respective coalition region or other staff as authorized by the hospital

Target Dates: **Quarterly – by September, December, March, and June**

Payment: **\$500 per person. At least one representative must participate in each of the quarterly meetings.**

Element of Completion: Sign in sheet from coalition lead (full or sub region) regular business meetings including virtual participants or other evidence of participation.

Note: Sign-in sheets/documentation must include the event name, event sponsor, date and time. Participant names must be legible and indicate the hospital's operating name/site (not health system or group names) that they are representing for the hospital to be eligible for payment. Participants cannot request payment from more than one agency for their participation.

Deliverable 4: Coalition Work Group Meetings \$500/\$1000 pp

Hospitals may participate in coalition led, topic specific work group(s) meetings during the contract period.

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Additional information:

- Hospitals should choose/be recruited to work groups on a best fit basis.
- Coalitions will establish work group topics, meeting frequency, method, scope and product.
- Hospitals can participate in work groups as a regular **member or a work group leader**.
- **Work group leaders** must be identified by their respective OHEP regional representative.
- **Work group leaders** are responsible for:
 - Scheduling work group meetings
 - Developing and distributing the meeting agenda
 - Developing and distributing meeting notes to group participants
 - Ensuring that all attendees have evidence of their participation, whether face to face or virtual and documentation is legible and accurate (this documentation is required for record retention of contract documents by each hospital)
 - Providing their respective OHEP regional representative with the documentation/sign in sheet, agenda and meeting notes in a timely manner following the meeting
- Hospitals may participate in more than one work group providing meeting schedules do not conflict.
- Sessions are in addition to, and separate from, the regular coalition business meetings.
- Face to face attendance is highly encouraged; however, if travel restrictions or other barriers exist, virtual participation is permitted.

Provider: NYSDOH HEPC

Delivery of Sessions: In person and/or virtual. Sessions may be scheduled in coordination with the HEPC meetings and may coincide with the day of the HEPC meeting, but cannot be combined with the HEPC meeting.

Target audience: Hospital Emergency Management Coordinator in their respective coalition region or other staff as authorized by the hospital.

Target Dates: **Quarterly - by September, December, March, and June**

Payment: **\$500 per person, \$1,000 per work group leader per meeting;** one leader per work group.

Element of Completion: Member: Sign in sheet or other evidence of participation from work group meetings including virtual participants.
Leader: work group meeting agenda, sign in sheet (or other evidence of participation) and meeting notes. Documentation must indicate the work group leader name, title and hospital. All documentation is to be provided to their respective OHEP regional representative.

Note: Sign-in sheets/documentation must include the event name, event sponsor, date and time. Participant names must be legible and indicate the hospital’s operating name/site (not health system or group names) that they are representing for the hospital to be eligible for payment. Participants cannot request payment from more than one agency for their participation.

TRAINING

Identify and train staff to improve and enhance hospital preparedness and response capabilities.

| <u>Priority Trainings</u> | | | |
|----------------------------------|--|-------------------------------|----------------|
| Del. # | Priority Training | Recommended # of Staff | Payment |
| 5 | Disaster Mental Health (DMH) Training - Mental Health Consequences of Infectious Disease Outbreaks | At least 1 staff | \$500/pp |
| 6 | eFINDS Train the Trainer (to build or replace Facility Trainer Capacity) | At least 1 staff | \$500/pp |

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|----------|--|-----------------------|-----------------|
| 7 | eFINDS Application Updates Training (eFINDS facility based trainers only) | All facility trainers | \$500/pp |
| 8 | eFINDS Facility Based Application Update Training (Only for staff members who were previously trained on eFINDS) | Conduct 1 session | \$2,000/session |
| 9 | Continuity of Operations Plan Training – Phase 2 | At least 1 staff | \$500/pp |

Description of Priority Trainings

Deliverable 5: Mental Health Consequences of Infectious Disease Outbreaks \$500 pp

Description of Training: While the medical aspects of infectious diseases are increasingly well understood, far less attention has been paid to the emotional distress they create for all involved. Anxiety among seriously ill patients and their families is not surprising, but what are the emotional effects of being kept in isolation while ill, or of being quarantined while waiting to find out if one is actually infected? How can healthcare providers balance their professional responsibilities with their own fears of infection and with the concerns of their families? How can the public be educated not to stigmatize patients and their helpers when it comes to deeply feared diseases like Ebola? While the mental health issues may seem secondary to the medical demands produced by these events, understanding and addressing anxiety is essential to improving compliance with public health measures like quarantine recommendations and Points of Dispensing, maintaining workforce resilience among healthcare workers and reducing traumatic reactions for all involved. This training will identify the diverse groups who are likely to be impacted during, and after, an infectious disease outbreak and provide guidance on how to address these complex emotional needs.

Provider: SUNY New Paltz Institute for Disaster Mental Health
Delivery of Training: To be determined
Target Audience: Mental Health professionals.
Location and Dates: A training announcement with date and registration information will be forthcoming.
Payment: **\$500 per person.**
Target Date: **June 1, 2017**
Element of Completion: Sign in sheet or other evidence of participation.
Note: Sign-in sheets/documentation must include the training event name, event sponsor, date and time. Participant names must be legible and indicate the hospital’s operating name/site (not health system or group names) that they are representing for the hospital to be eligible for payment. Participants cannot request payment from more than one agency for their participation in this event.

Deliverable 6: Evacuation of Facilities in Disasters System (eFINDS) – TtT \$500/pp

Hospitals that need to build capacity or need to replace an eFINDS facility based trainer who can no longer fulfill this responsibility will need to send staff person(s) to an eFINDS **Train-the-Trainer** (TtT) session offered in their region.

Description of Training: According to regulation, eFINDS is required to be used by healthcare facilities in the event of an emergent, urgent or planned evacuation. Under the 2015–2016 HPP contract, all participating hospitals were required to assure that at least one staff person was trained to serve as their facility-based, eFINDS trainer. In this role, facility-based eFINDS trainers were expected to serve as the facility’s ongoing, in-house, eFINDS training resource to provide eFINDS training for staff with the ultimate goal of ensuring 24/7/365 eFINDS capability commensurate with facility size. During the 2016-2017 HPP contract the expectation is that facility-based eFINDS trainers will continue to conduct facility based eFINDS training without HPP contract reimbursement.

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The NYSDOH, the Regional Training Centers (RTCs) and other Master Trainers will continue to offer training sessions that provide comprehensive, hands-on training in the use of the eFINDS application so that hospitals can meet this requirement and maintain personnel to serve as this training resource. The training utilizes expanded teaching materials and aids which include:

- eFINDS concept of operations
- access to eFINDS: communications directory role assignments
- scenarios, based on actual events and lessons learned
- hospital-based training template
- hands-on application demonstrations and training
- teach-back, practice session

Recommended Prerequisite: eFINDS web-based training available on the NYSDOH Learning Management System (LMS) (LMS CTI-500 or CTI-501- see Appendix A: Pre-approved Training List). The TtT course will build on the knowledge and skills included in the web-based training.

Provider: RTCs and other eFINDS Master trainers
Delivery of Training: In person sessions.
Location and Dates: This course will be offered at multiple sites and times beginning July 2016. Training announcements with date and registration information will be forthcoming.
Target Audience: Facility trainers/educators, Emergency Management Coordinator, Emergency Department Staff, Facilities Management Personnel, Registration/intake personnel; those staff members who may be involved with the evacuation of a hospital.
Payment: **\$500 per person.**
Target Completion: **June 1, 2017**
Element of Completion: Sign in sheet, certificate of completion or other evidence of participation.
Note: Sign in sheet/documentation must include the event name, event sponsor, date, and time. Participant names must be legible and indicate the hospital's operating name/site (not health system or group names) that they are representing for the hospital to be eligible for payment. Participants cannot request payment from more than one agency for their participation.

Deliverable 7: eFINDS Application Updates (facility based trainers only) \$500/pp

Hospitals will ensure that each of their current, facility-based eFINDS trainers participates in an application update training.

Due to the extensive nature of anticipated updates to eFINDS, it is essential that each facility based trainer be aware of these changes, understand how to utilize these changes in the system and be able to train facility staff on the updates. Upon completion of this training, facility based trainers are expected to provide eFINDS Facility-Based Application Update Training to all staff who have previously been trained (see Deliverable 8 below). Facility trainers are also expected to incorporate the updates into any future eFINDS facility-based training sessions for staff. Facility based trainers that do not participate in this eFINDS Application Update Training (Deliverable 7) will not be eligible for payment for Deliverable 8: eFINDS Facility-Based Application Update Training.

Description of Training: As a result of actual use of eFINDS, a number of updates have been made to improve the system including:

- easier extracting and printing of reports;
- expanded availability of charts and tables for facilities that simplify tracking patients or residents;
- improved labels;

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- combination of multi-step processes onto one screen instead of several screens; and
- a built in, step by step flow, showing the status of each evacuee

Immediately following the update training, all participants will be required to complete a hands-on, web-based practicum in the eFINDS demo application. The practicum is a post-test to demonstrate knowledge and competency in use of the application updates and new material presented. The practicum feedback will be provided via email to all trainers for their review.

Mandatory Prerequisite: Completion of the in-person eFINDS Train-the-Trainer sessions provided by RTCs or other Master Trainers.

Provider: NYSDOH OHEP
Delivery of Training: Webinar and web based practicum
Location and Dates: This course will be offered multiple times beginning July 2016. Training announcements with date and registration information will be forthcoming once eFINDS application updates have been implemented.
Target Audience: Facility-based eFINDS trainers who attended TtT sessions that did not include soon to be released updates
Payment: **\$500 per person**
Target Completion: **June 1, 2017**
Element of Completion: Completion of the web-based practicum.

Note: Sign-in sheets/documentation must include the event name, event sponsor, date and time. Participant names must be legible and indicate the hospital's operating name/site (not health system or group names) that they are representing for the hospital to be eligible for payment. Participants cannot request payment from more than one agency for their participation.

Deliverable 8: eFINDS Facility-Based Application Update Training \$2,000/session

Due to a number of significant modifications and updates that are described in Deliverable 7, it is necessary that facility-based eFINDS trainers provide an eFINDS facility-based application updates for staff who were previously trained on eFINDS. Reimbursement for the eFINDS facility-based application updates will only be reimbursable during the 2016-2017 HPP contract period.

Mandatory Pre-requisite: Staff participating in this training session must have previously participated in a facility based training as well as an eFINDS pre-approved training courses: LMS (CTI-500 or CTI501).

Description: Trainees will be instructed on all modifications and updates that have been made to the eFINDS application (See description in Deliverable 7 above).

Delivery of Training: Hospital-based, in-person.
Payment: **\$2,000 per training session** for up to two (2) training sessions. Each session **must include no fewer than four trainees.**
Target Completion: **June 30, 2017**

Element of Completion: Sign in sheet, certificate of completion or other evidence of participation.
Note: Sign in sheet/documentation must include the event name, event sponsor, date, and time. Participant names must be legible and indicate the hospital's operating name/site (not health system or group names) that they are representing for the hospital to be eligible for payment. Participants cannot request payment from more than one agency for their participation.

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Deliverable 9: Continuity of Operations Plan Development Training – Phase 2 \$500/pp

Hospitals will send appropriate staff to attend a **Continuity of Operations Plan (COOP) development** training.

This session is the second in a series of trainings to be offered over the next several contract years and will be designed to build on the training offered during 2015-2016. This session will be conducted in a workshop format that will include “hands on - how to” training on a number of key continuity procedures that can be applied in your facility as you build or revise your continuity plans. Subject areas will include components of continuity program management, conducting a mission essential function work shop and performing a business process and business impact analysis.

Consistent with last year’s guidance, it is strongly recommended that personnel who expect to attend this workshop complete on line COOP trainings such as; IS 524: Continuity of Operations (COOP) Planer Workshop, IS 256 Mission Essentials Function (MEF) workshop, and IS 548, Continuity of Operations (COOP) Program Manager as a prerequisite.

It is also highly recommended that the following roles or their equivalent be represented at this training:

1. Emergency Management Coordinator
2. Facilities Management personnel
3. Hospital Administration personnel
4. Information Technology personnel

Provider: RTCs, NYSDOH OHEP
Delivery of Session: In-person.
Location and Dates: A training announcement with dates and registration information will be forthcoming.
Target Date: **June 30, 2017**
Payment: **\$500 per person. At least one representative must participate in this training.**

Element of Completion: Sign in sheet or other evidence of participation.

Note: Sign in sheet/documentation must include the event name, event sponsor, date, and time. Participant names must be legible and indicate the hospital’s operating name/site (not health system or group names) that they are representing for the hospital to be eligible for payment. Participants cannot request payment from more than one agency for their participation.

EXERCISES

Priority Exercises are listed in this section and are required deliverables. Other Additional – Optional exercises are described under the Additional Deliverables section.

Deliverable 10: HEPC Healthcare Facility Evacuation Center (HEC) Seminar \$500/pp

Hospitals will participate in one **HEPC Healthcare Facility Evacuation Center (HEC) Plan seminar**. The seminar level exercise will focus on discussion of the HEC plan, including its Concepts of Operation, roles and responsibilities of the partners, and information sharing processes.

It is recommended that attendance and participation be **face to face** and may be at the **full or sub region level**, providing the meeting is **authorized and conducted** by the coalition. Attendance is highly encouraged; however, if travel restrictions or other barriers exist virtual attendance is permitted.

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Provider: NYSDOH Regional Point of Contact for the HEPC
Delivery of Session: In person and/or virtual. Seminars will be scheduled in coordination with the HEPC meetings, and may coincide with the day of the HEPC meeting, but cannot be combined with the HEPC meeting.
Target audience: Hospital Emergency Management Coordinator in their respective coalition region or other staff as authorized by the hospital
Target Date: **December 31, 2016**
Payment: **\$500 per person. At least one representative must participate in this seminar in their respective HEPC region.**
Element of Completion: Sign in sheet or other evidence of participation.
Note: Sign in sheet/documentation must include the event name, event sponsor, date, and time. Participant names must be legible and indicate the hospital's operating name/site (not health system or group names) that they are representing for the hospital to be eligible for payment. Participants cannot request payment from more than one agency for their participation.

Deliverable 11: Infectious Disease HEPC Exercise **\$12,000**

Hospitals will participate in a HEPC Exercise coordinated by OHEP, and inclusive of local health departments, EMS, and emergency managers. States continue to be tasked with increasing and enhancing preparedness for handling cases of highly infectious communicable diseases. This exercise is a follow-on to the Ebola exercises conducted between 2014 and 2016. The exercise will be an infectious disease scenario.

Hospitals will identify controller/evaluator role(s), participate in the exercise, complete Exercise Evaluation Guides, and participate in both a hospital and a coalition level exercise hot wash session. All exercise activities are to be conducted between July 1, 2016 to June 30, 2017, and in accordance with HSEEP principles and guidance. Hospitals will complete a pre-populated HPP HSEEP-compliant After Action Report/Improvement Plan (AAR/IP) which will be provided.

Guidance:

NYSDOH-OHEP will provide the following materials:

1. Informational sessions
2. EEGs, including those required to be an HPP-qualifying exercise
 - a. Emergency Operations Coordination
 - b. Information Sharing
 - c. Medical Surge
 - d. Healthcare System Preparedness and Recovery – COOP objectives
 - e. At-risk populations
3. EXPLAN
4. Controller/Evaluator Handbook
5. Pre-populated HPP AAR/IP template (includes the required HPP capabilities and objectives).

Provider: NYSDOH OHEP
Delivery of Exercise: In-person at regional or sub-regional level
Location and Times: Specific announcements, including location, date and registration information will be forthcoming.
Target Audience: Emergency Management Coordinator, Infection Control staff, Local Health Departments, Emergency Managers, Emergency Medical Services
Payment: **\$12,000**
Target Date: **March 1, 2017** – Target Date for Completion of Exercise

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Element of Completion: Completed HPP AAR/IP template. All highlighted components must be completed and submitted within 90 days of completing the exercise (June 1, 2017). Additional objectives should be shared with the design team before inclusion in the exercise.

ADDITIONAL DELIVERABLES

Additional deliverables are available for hospitals that have completed the Required and Priority Deliverables.

Deliverable 12: Pre-Approved Training – See Appendix A **\$500/pp**

Identify and train staff per facility needs to increase emergency preparedness capacity and capabilities. All training must be on the **Pre-approved Training list (see Appendix A)** to be eligible for payment. The title on the documentation must match the title on the list.

Target Dates: July 1, 2016 - June 30, 2017

Payment: \$500 per person/session

Element of Completion: Documentation of attendance or participation.

Note: Sign-in sheets/documentation must include the training event name, event sponsor, date and time. The title of the training shown on the documentation must match the title listed on the Pre-approved Training list in Appendix A. Participant names must be legible and indicate the hospital's operating name/site (not health system or group names) that they are representing for the hospital to be eligible for payment. Participants cannot request payment from more than one agency for their participation.

Deliverable 13: Hospital to Nursing Home Decompression Project - Webinar **\$500 pp**

Background: In 2014, a Hospital to Nursing Home Pilot Project was conducted with a number of nursing homes and hospitals. The pilot was successful and demonstrated the need to develop a comprehensive decompression response plan for transfer and admission of low acuity patients from hospitals to nursing homes during a catastrophic event (e.g. pandemic influenza). Working with Yale-New Haven Health System Center for Disaster Preparedness and Response, NYSDOH has developed a set of guidance documents and template tools that will be used by hospitals and nursing homes to develop decompression plans as the project is rolled out. Training sessions for this roll out was divided into a two year outreach.

Hospitals in the roll out regions for this year, **Western and Central NY**, can choose to participate in this webinar session. The objectives of the session are to:

- Provide all hospitals in these regions with a basic overview of this new project.
- Provide potential hospital participants with information to guide their decision with respect to future full project participation.

Only hospitals in the roll out regions can participate during the 2016-2017 contract period.

It is highly recommended that the following staff roles or equivalent be represented at this informational session:

- | | |
|------------------------------------|----------------------------------|
| • Emergency Management Coordinator | • Director of Risk Management |
| • Nursing Services Representative | • Chair of Disaster Committee |
| • Discharge Planner | • Infection Control Practitioner |

Provider: NYSDOH OHEP

Delivery of Training: Virtual

Training Dates: The informational webinars will occur in fall 2016. A webinar announcement with date, time and registration information will be provided.

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Payment: \$500 per person
Target Date: October 2016
Element of Completion: Certificate, sign in sheet or other evidence of participation.

Note: Sign-in sheets/documentation must include the training event name, event sponsor, date and time. The title of the training shown on the documentation must match the title listed on the Pre-approved Training list in Appendix A. Participant names must be legible and indicate the hospital's operating name/site (not health system or group names) that they are representing for the hospital to be eligible for payment. Participants cannot request payment from more than one agency for their participation.

Deliverable 14: Hospital to Nursing Home Decompression Project Work Shop \$500/pp

Background: As described in Deliverable 1 working with Yale-New Haven, NYSDOH has developed a set of guidance documents and template tools that will be used by hospitals and nursing homes to develop decompression plans. This session will provide specific instructions on the use of these templates and tools to develop decompression plans.

Hospitals in the roll out regions, **Western and Central NY** that choose to participate in the project will need to attend an in-person joint hospital and nursing home work shop. These sessions will be conducted at the regional level from **March 2017 – May 2017**. The purpose of the workshop will be to:

- Establish overall participant roles and responsibilities.
- Review project plan development processes and products.
- Review protocols for hospital and nursing home preplan discussions.
- Participate in a facilitated pre-planning dialogue between designated hospitals and associated nursing homes.
- Review specific guidance on how to complete the hospital plan. Participating hospitals would be eligible, but are not required, to submit this plan through Deliverable 18; New/Revised Plan, Annex, Appendix/Assessment

Only hospitals in the roll out regions can participate in this deliverable during the **2016-2017** contract period.

It is highly recommended that the following staff roles or equivalent attend the workshop:

- Emergency Management Coordinator
- Nursing Services Representative
- Discharge Planner
- Director of Risk Management
- Chair of Disaster Committee
- Infection Control Practitioner

Provider: NYSDOH OHEP in partnership with Yale New Haven Center for Emergency Preparedness
Delivery of training In-person, six hour work shop.
Location and Dates: Training will occur in the Spring of 2017. A training announcement with date and registration information will be forthcoming.
Target Audience: Management, Chair of Disaster Committee, Infection Control Practitioner
Payment: \$500 per person
Target Date: May 2017
Element of Completion: Certificate, sign in sheet or other evidence of participation.

Note: Sign-in sheets/documentation must include the event name, event sponsor, date and time. Participant names must be legible and indicate the hospital's operating name/site (not health system or group names) that they are representing for the hospital to be eligible for payment. Participants cannot request payment from more than one agency for their participation.

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Deliverable 15: New/Revised Plan, Annex, Appendix, Assessment **\$4,500/\$2,500**

Hospitals may submit new health emergency preparedness related plans or update an existing health emergency preparedness plan/annex, appendix or assessment. Plans, annexes, appendices or assessments submitted as a revision must identify ALL changes as compared to the original document, and must include an up to date signature page which verifies that the changes have been accepted by the institution and include a summary of changes and how gaps were identified.

Examples of plans/assessments that may fit this deliverable include:

- New or revised **Hospital Volunteer Management Plan** based on the Integrating Emergency Volunteers During Medical Surge Hospital Tool Kit and using ServNY, the NYSDOH - Volunteer Management System guidance, posted on the HCS.
- New or Revised **Active Shooter Plan** for hospital and their extension clinics, based on the Incorporating Active Shooter Incident Planning Into Health Care Facility Emergency Operations Plans, ASPR and FEMA, 2014 guidance, posted on the HCS.
- New or revised communications or evacuation plans that include eFINDS,
- Revisions to existing **Mutual Aid Agreements (MAA)**,
- Revisions to hospital **CHEMPACK** plans,
- Revisions to hospital **hazard vulnerability analysis (HVA)** assessments, performed with community partners
- **Continuity of operations** plan (COOP)
- **Hospital to Nursing Home** Decompression Project plan.

Target Dates: **July 1, 2016 - June 30, 2017**

Payment: **New plan, annex, appendix or assessment will be paid \$4,500. Revisions will be paid \$2,500.**

Element of Completion: Submission of New Plan, Annex, Appendix, Assessment. Revised Plans and assessments must include a summary of changes and how gaps were identified.

Note: New or revised plans and assessments must be dated (**final approval**) within the contract period to be considered for payment. Draft documents are not payable. The resigning of a MAA without substantive changes to the body of the plan (e.g., changes to the concept of operations, participant roles and responsibilities, etc.) will not be considered for this deliverable.

Deliverable 16: New Mutual Aid Agreements **\$10,000**

Hospitals may participate in the development of a new mutual aid plan that is developed, signed and executed by all participants within the contract period in the development process.

The below provides the minimum planning elements required for this deliverable. Allowing for formatting variations, these elements **MUST** be clearly identifiable in the final product submitted as the Outcome. Other elements and supportive documents (algorithms, annexes, attachments etc.) may be included as considered necessary by the plan developers:

- Executive Summary
- Purpose and Objectives of the Plan
- Legal Authority For the Plan – this would include the Memorandum of Understanding (MOU) between the plan participants.
- List of Plan Participants with relevant contact information
- Participant signature page and date
- Relevant Situations and Assumptions
- Activation, Notifications and Plan associated methods of Communications
- Concept of Operations

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- Participant Roles, Responsibilities and Obligations
- Training and Exercising
- Plan Maintenance and Updating

A complete guide to plan development is provided by the NYS Office of Emergency Management (SOEM) Guide to a Comprehensive Emergency Management Plan.

Target Dates: June 30, 2017

Payment: \$10,000

Element of Completion: Signed and dated New Mutual Aid Agreement including all minimum planning elements.

Note: Agreements must be dated (**final approval**) within the contract period to be considered for payment. Draft documents are not payable. Signatory names must be legible and indicate the hospital's operating name/site (not health system or group names) for the hospital to be eligible for payment.

Deliverable 17: Enhanced Automated Bed Availability Data Transmission \$6,000

Perform all the activities necessary to set up and/or increase the frequency of an ongoing electronic data feed to NYSDOH for bed availability. Data must conform to the national HAvBED standard. Additional guidance will be provided by NYSDOH. For hospitals that were not able to complete the "Automated BMS File (HAvBED)" deliverable offered in the past, a complete set up will be required. For hospitals that are currently sending bed availability data to NYSDOH, the activities involved in completing this deliverable will only include the steps required to increase the frequency of data transfer from twice daily to an hourly feed.

Guidance: Automated Data Submission for Situational Awareness Project Guidance.

Target Date: June 30, 2017

Payment: \$6,000

Element of Completion: Receipt of Bed Availability data via automated electronic data transfer on an hourly basis and according to specifications. Data must be sent in an automated fashion, must meet specifications outlined in the Automated Data Submission for Situational Awareness Project Guidance document and be validated by the NYSDOH HAvBED Project Team.

Additional Exercises

*Note: Hospitals must declare their intention to use funds for an additional exercise **in advance** by completing the **Additional Deliverables Request Form (Contract Plan Attachment 1)**, and submitting it with their Contract Plan for approval.*

Deliverable 18: Other Regional Coalition Exercises \$12,000

Hospitals may participate in other regional exercises as an additional deliverable. If this deliverable is selected, each hospital will be expected to participate with other partners in planning and participation for a functional or full-scale level exercise, as well as evaluate the exercise at the hospital.

Hospitals will identify controller/evaluator role(s), conduct the exercise, complete Exercise Evaluation Guides, and participate in both a hospital and a coalition level exercise hot wash session. All exercise activities are to be conducted between July 1, 2016 to June 30, 2017, and in accordance with HSEEP principles and guidance. Hospitals will submit the pre-populated HPP HSEEP-compliant AAR/IP which will be provided.

**New York State Department of Health (NYSDOH)
Office of Health Emergency Preparedness (OHEP)
Hospital Preparedness Program**

Guidance

OHEP will provide the following to any coalition conducting an “Other Regional Exercise”:

1. EEGs, including those required to be an HPP-qualifying exercise
2. Pre-populated HPP AAR/IP template (includes the required HPP capabilities and objectives).

Delivery of Exercise: In-person at regional or sub-regional level
Payment: \$12,000
Target Date: March 1, 2017 – Target Date for Completion of Exercise
Element of Completion: Completed HPP AAR/IP template. All highlighted components must be completed and submitted within 90 days of completing the exercise (June 1, 2017). Additional objectives should be shared with the design team before inclusion in the exercise.

Note: Sign in sheet/documentation must include the event name, event sponsor, date, and time. Participant names must be legible and indicate the hospital’s operating name/site (not health system or group names) that they are representing for the hospital to be eligible for payment. Participants cannot request payment from more than one agency for their participation.

Regional Representative Contact Information

| Region | Name | Phone | Email |
|------------------------------------|-------------------|--------------------------------------|--|
| Capital District | Carol Killian | (518)-408-5163 (518)-461-0586 (c) | carol.killian@health.ny.gov |
| Central | Judy Homer | 315-477-8442 315-440-5113 (c) | judy.homer@health.ny.gov |
| Metropolitan – Long Island | Drew Fried | (631) 851-4310 (646)-483-2497 (c) | drew.fried@health.ny.gov |
| Metropolitan – Lower Hudson Valley | Gyongyi Mcqueston | 914-654-4995 518-491-2982 (c) | gyongyi.mcqueston@health.ny.gov |
| Western – Buffalo | Diana Volkman | (716)-847-4658 (716)-481-9735 (c) | Diana.volkman@health.ny.gov |
| Western – Rochester | Patrick Byrne | (585) 423-8066 (585) 472-3122(c) | patrick.byrne@health.ny.gov |

APPENDIX

Appendix A: Pre-Approved Training List

Appendix A
New York State Department of Health
Office of Health Emergency Preparedness
Hospital Preparedness Program
Hospital Deliverables 2016 – 2017
Pre-Approved Training

Criteria for Additional Training

- Training must address ASPR Healthcare Preparedness Capabilities and Functions:
 - Healthcare System Preparedness
 - Healthcare System Recovery
 - Emergency Operations Coordination
 - Fatality Management
 - Information Sharing
 - Medical Surge
 - Responder Safety and Health
 - Volunteer Management
- Funds cannot be used to supplant costs for training that is a condition of employment.
- Funds cannot be used to supplant costs for training if it is a requirement for professional certification, recertification, or licensure.
- Conferences will be evaluated on an individual basis and should be:
 - A training or workshop;
 - Topics and materials addressed should be specifically relevant and applicable to New York, i.e., lessons learned, case scenarios; and
 - Address HHS Healthcare Preparedness Capabilities and functions.
- The request to add an additional training to the list must be submitted during the first month (July, October, January and April) of each quarter of BP5 contract year.
 - Request to add an additional training must include justification that should address:
 - Name of training
 - Description of training
 - Target Audience
 - HHS Capabilities and Functions.

Appendix A
New York State Department of Health
Office of Health Emergency Preparedness
Hospital Preparedness Program
Hospital Deliverables 2016 – 2017
Pre-Approved Training (7/1/16)

Advanced Burn Life Support (ABLS)
Advanced Burn Life Support (ABLS) Now©
Advanced Disaster Life Support (ADLS)
Advanced Disaster Life Support (ADLS) Instructor Course
Advanced Hazmat Life Support (AHLS)
Advanced Medical Life Support (AMLS)
Advanced Public Information Officers Course: Health and Hospital Emergencies (MGT 902)
Advanced Trauma Care for Nurses
Advance Trauma Life Support (ATLS)
Awareness and Response to Biological Events - Train the Trainer (AWR118-1)
Basic Hazmat Life Support (BHLS)
Basic Disaster Life Support (BDLS)
Biological Incidents Awareness: Ebola Virus Disease (AWR 324/118J)
Bioterrorism Awareness: Collaboration among Rural First Responders and Health Professionals (AWR 305)
CDC/ACEP Mass Casualties/Bombings: Injury Patterns and Care
Certified Hospital Emergency Coordinator (CHEC)
Community Healthcare Planning and Response to Disasters (MGT 409)
Continuity of Operations (COOP) Planner's Workshop (IS -524)
Continuity Planners Train-the-Trainer Workshop (E/L 550)
Crisis Leadership & Decision-Making for Elected Officials (MGT 340)
Disaster Preparedness for Hospitals & Healthcare Organizations within Community Infrastructure (MGT 341)
Disaster Mental Health (DMH): A Critical Response
Disaster Mental Health (DMH): Assisting Individuals Exposed to Radiation
Disaster Mental Health (DMH): Assisting Individuals with Mental Illness
Disaster Mental Health (DMH): Assisting Families and Children
Disaster Mental Health (DMH): Assisting Children - Recorded Session (OHEP-DMH06-Rec)
Disaster Mental Health (DMH): Response to a Mass Shooting Incident: Victims, First Responders & Community-
Recorded Session (OHEP-DMHRec-2016)
Disaster Triage
Disaster Triage TtT
Ebola PPE Train-the-Trainer
eCDLS & tSALT Triage Course - NDLS
Emergency Incident Management Software Training
Emergency Operations Center Operations and Planning for All Hazards Events (MGT 346)
Emergency Operations Plans for Rural Jurisdictions (MGT 383)
Emergency Response to Domestic Biological Incidents (PER 220)
Emergency Nurse Pediatric Course (ENPC)
EMS Mass Casualty Incident Management - DHSES
Enhanced Incident Management/Unified Command Course (MGT 314)
Enhanced Threat and Risk Assessment (MGT 315)
E-Team – Nassau & Suffolk County Hospitals
Evacuation of Facilities in Disasters Systems (eFINDS) (CTI 500)
Evacuation of Facilities in Disasters Systems (eFINDS) Self-Paced Learning (CTI-501)
Evacuation of Facilities in Disasters Systems (eFINDS) Train the Trainer (TtT)
Fundamentals of Disaster Mental Health Practice Train-the-Trainer
Framework for Healthcare Emergency Management (FRAME)
Ham Radio
HazMat for First Responder/Receiver Awareness Level
HazMat for First Responder/Receiver Awareness Level Refresher
HazMat for First Responder/Receiver Operations Level
HazMat for First Responder/Receiver Operations Level Refresher
HazMat for First Responder/Receiver Operations Level Train the Trainer
HazMat First Responder/Receiver Operations Level Train the Trainer Refresher
Health Communications Directory Certification (CTI-200)
Healthcare Leadership for Mass Casualty Incidents (MGT 901)

Healthcare Active Shooter: Readiness, Response and Recovery (Center for Personal Protection and Safety)
Homeland Security Exercise and Evaluation Program (FEMA)
Hospital Emergency Response Training: Basic, Indirect Delivery (HERT B-2)
Hospital Emergency Response Training for Mass Casualty Incident (HERT)
Hospital Command Center Course
Hospital Emergency Response Training for Mass Casualty Incidents (PER 902)
Hospital Emergency Response Training for Mass Casualty Incidents TtT (PER 903-1)
Hospital Evacuation: Principles & Practices
Hospital Incident Command System (HICS)
Hospital Management of Radiation Accident Victims (ORISE REACT/S)
Incident Command: Capabilities, Planning and Response Actions for All Hazards (MGT 360)
Incident Command Systems Forms Review (MGT 347)
Integrated Data Reporting in HERDS v.3 (CTI 120)
Introduction to Computer Aided Management of Emergency Operations (CAMEO) Suite (PER 229)
Isolation and Quarantine for Rural Communities (MGT 433)
ICS-300 Intermediate Incident Command System
ICS-400 Advanced Incident Command System for Command and General Staff
IS-1.a Emergency Manager: An Orientation to the Position
IS-3 Radiological Emergency Management
IS-29 Public Information Officer Awareness
IS-42 Social Media in Emergency Management
IS-56 Hazardous Materials Contingency Planning
IS-100.b Introduction to Incident Command System
IS-100.HCb Introduction to Incident Command System
IS-120.a Introduction to Exercise Design
IS-130 Exercise Evaluation and Improvement Planning (IS 120.a is a prerequisite and a certificate must be submitted when vouchering for IS-130)
IS-200.HCa Applying ICS to Healthcare Organizations
IS-200.b ICS for Single Resources and Initial Action Incidents
IS-235.b Emergency Planning
IS 244.b Developing and Managing Volunteers
IS-346 An Orientation to Hazardous Materials for Medical Personnel
IS-317 Introduction to Community Emergency Response Teams (CERT) – 8 modules
IS-520 Introduction to Continuity of Operations Planning for Pandemic Influenza
IS-546.a Continuity of Operations Awareness Course
IS-547.a Introduction to Continuity of Operations
IS-548 Continuity of Operations (COOP) Program Manager
IS-660 Introduction to Public-Private Partnerships
IS-662 Improving Preparedness and Resilience through Public-Private Partnerships
IS-700.a National Incident Management System, an Introduction
IS-701.a NIMS Multiagency Coordination System (MACS) Course
IS-702.a NIMS Public Information Systems
IS-703.a NIMS Resource Management Course
IS-800.b National Response Framework, an Introduction
IS-808 Emergency Support Function (ESF) #8 – Public Health and Medical Services
IS-907 Active Shooter – FEMA
IS-914 Surveillance Awareness: What You Can Do
Mass Fatality Incident Response – DHSES
Mass Fatalities Planning and Response for Rural Communities (AWR 232)
Mass Prophylaxis Preparedness and Planning (MGT-319)
Medical Management of Chemical, Biological, Radiological, Nuclear Explosive Events (PER 211)
Medical Preparedness and Response to Bombing (PER 233 & MGT 348)
Methamphetamine Awareness Workshop
Mobile PALS – University of Rochester Medical Center
NDLS Certified Hospital Emergency Coordinator (CHEC) Course
Natural Disaster Awareness for Community Leaders (AWR-310)
Pediatric Advanced Life Support (PALS)
Pediatric Care after Resuscitation (PCAR)
Pediatric Disaster Response and Emergency Preparedness (MGT439)
Pediatric Education for the Pre Hospital Professional (PEPP) – BLS
Pediatric Education for the Pre Hospital Professional (PEPP) – ALS
Pediatric Emergency Assessment, Recognition and Stabilization Course (PEARS)

Personal Protective Measures for Biological Events (PER 320)
Prehospital Trauma Life Support (PHTLS)
Preparing the States: Implementing Continuity of Operations Planning (MGT 331)
Readiness: Training Identification Preparedness Planning (MGT 418)
Respiratory Protection: Program Development and Administration (PER 263)
Response Planning for People with Access and Functional Needs in Rural Communities (MGT 403)
Rural Isolation and Quarantine for Public Health and Healthcare Professionals (PER 308)
Social Media for Natural Disaster Response and Recovery (PER 304)
SOEM Basic Emergency Public Information Officer Course (G 290)
SOEM Incident Action Plan (I-300 Review) Workshop
Standardized Awareness Training (SAT) Indirect
Standardized Awareness Authorized Training Program (SAAT) Train-the-Trainer
Technical Emergency Response Training for CBRNE Incidents (TERT) (PER 260)
Trauma Care after Resuscitation (TCAR)
Trauma Nursing Core Course (TNCC) – Provider
Trauma Nursing Core Course (TNCC) – Instructor
University of Rochester Kessler Burn Center Burn Care On-Line Program (must complete all modules)
 Module 1 - Initial Evaluation & Triage (FLRRC-008.1)
 Module 2 – Airway Management (FLRRC-008.2)
 Module 3 - Transporting Burn Victims (FLRRC-008.3)
 Module 4 – Fluid Resuscitation (FLRRC-008.4)
 Module 5 – Wound Care & Dressing (FLRRC-008.5)
 Module 6 – Physical Therapy (FLRRC-008.6)
 Module 7 – Nutrition (FLRRC-008.7)
Weapons of Mass Destruction (WMD) Awareness Level Training (AWR 160)
Weapons of Mass Destruction Radiological/Nuclear Awareness Course (AWR 140)
Weapons of Mass Destruction Radiological/Nuclear Awareness Course Train-the-Trainer (AWR 140-1)
Weapons of Mass Destruction Threat and Risk Assessment (MGT 310)
Weapons of Mass Destruction Radiological/Nuclear Responder Operations (PER 240)
Western Region HEPC Emergency Management Workshop
Winter Weather Hazards: Science and Preparedness