



# 2<sup>nd</sup> Annual Emergency Management Seminar

April 14, 2016

Summary Report

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## Background

The Primary Care Emergency Preparedness Network (PCEPN) is a coalition of primary care providers in New York City (NYC), which supports primary care emergency preparedness and response activities. PCEPN's mission is to increase the ability of the NYC primary care community (using its members as proxy for the larger sector) to prepare for, respond to, and recover from a disaster, and to ensure that primary care is represented in citywide planning and response. PCEPN has representatives from Federally Qualified Health Centers (FQHC), including mobile and school-based clinics; hospital based sites, and specialty care centers.

## Introduction

Emergency management (EM) is a managerial function charged with creating the framework within which communities reduce vulnerability to hazards and cope with disasters<sup>1</sup>. It is an important area of knowledge for all healthcare entities, including primary care centers. Expectations for EM activities at health centers align with federal, state, and accreditation standards and regulations (e.g., HRSA PIN 2007-15<sup>2</sup>, Joint Commission, NYC Mayor's report from Special Initiative for Rebuilding and Resiliency<sup>3</sup>). It is, therefore, vital for primary care centers to increase their knowledge in the area of EM and maintain the ongoing EM cycle.

In Budget Period 3, PCEPN identified several areas of interest/need for primary care when it comes to topics on EM. Infection Control, Ebola preparedness and citywide preparedness and response were some of the areas identified. To address these identified gaps in knowledge, PCEPN held its first annual seminar on April 1, 2015 with the main goal to provide an introduction to emergency management concepts for primary care center staff.

PCEPN's second annual EM Seminar was designed to build on the concepts previously introduced to its members. It was also important to address areas that were previously identified as either gaps or areas of interest for the primary care sector. A big focus was placed on the role of primary care in the larger framework of citywide, state and federal EM planning and response. The EM Seminar took place on April 14th, 2016 at Baruch College – 151 East 25<sup>th</sup> Street, New York, NY 10010. This report provides findings from this event.

## Objectives / Goals

The overarching goal of the EM Seminar was to increase knowledge of emergency management concepts among participating organizations. This, in its turn, would allow primary care centers to be able to seek necessary resources and understand how they fit in the larger framework of preparedness in NYC, as well as to continue to provide care to NYC's most vulnerable/ underserved populations during and post disasters. Additionally, PCEPN had the following objectives for this EM Seminar:

<sup>1</sup> Retrieved June 6, 2016, from <https://training.fema.gov>

<sup>2</sup> <http://bphc.hrsa.gov/about/pdf/pin200715.pdf>

<sup>3</sup> <http://www.nyc.gov/html/sirr/html/report/report.shtml>

- Introduce different perspectives on the role of primary care in preparedness and response from city and federal partners;
- Provide information and resources on EM Planning for primary care centers;
- Provide information on topics of interest for primary care (e.g. Points of Distribution, volunteerism, infection control etc.);
- Review resources PCEPN can provide to primary care centers as a coalition within the larger NYC health care coalition structure.

## Results

### Recruitment:

Participants of the EM Seminar were recruited by PCEPN and all levels of staff were encouraged to participate. The recruitment process included email blasts both via PCEPN's own email system (Constant Contact), as well as Community Health Care Association of New York State (CHCANYS) broadcast email system through "Yours CHCANYS" newsletter. In addition to PCEPN's own promotion of the event, partners from the NYC Department of Health and Mental Hygiene (DOHMH) and NYC coalitions helped to promote the event as well. Information about the workshop was posted on PCEPN's website and enabled visitors to register by clicking the link to the registration page. Targeted phone calls were also utilized to invite participants who PCEPN felt would benefit most from attending. PCEPN EM-101 Webinar<sup>4</sup>, was recommended, although not required, as a pre-requisite for this EM Seminar.

### Attendance:

Overall, 76 people registered for this event (see Attachment 1), out of which 60 (78%) attended. Attendees represented 20 primary care networks (14 FQHCs, 6 non-FQHCs), 8 partner organizations, as well as other participants. The audience included clinical staff, administrators, emergency management staff, operations, human resources and other disciplines. Partner organizations included New York City Department of Health and Mental Hygiene (NYC DOHMH,) New York State Department of Health (NYS DOH), Federal Emergency Management Agency (FEMA), US Health and Human Services (HHS), NYC Medical Reserve Corps, New York City Emergency Management (NYC EM), Staten Island and Manhattan borough health care coalitions. Of the 20 primary care networks, 5 organizations (all non-FQHC) were not current PCEPN members. 1 participating FQHC is based in the Hudson Valley (Cornerstone Family Healthcare) and is not eligible to become a PCEPN member. PCEPN membership also includes a tier designation for each member. The tier is assigned by PCEPN after a capabilities-focused assessment process. There are currently 3 tier levels, with Tier I PCN's being "most capable" and Tier III being "least capable". 14 participating PCEPN

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<sup>4</sup> PCEPN EM-101 - <http://bit.ly/1TX8whS>

members represented all three PCEPN Preparedness Tiers (Tier I – 4, Tier II – 8, Tier III – 1)<sup>5</sup>.

*Table 1: EM Seminar Attendance* gives an overview of the overall participation:

Organization	Type	PCEPN Member?	PCEPN Tier	Number of Attendees	Sites in Network
Apicha	FQHC	Yes	1	1	1
Bedford Stuyvesant Family Health Center	FQHC	Yes	2	1	7
Brooklyn Plaza Medical Center, Inc.	FQHC	Yes	2	2	3
Brownsville Multi Svc Family Health Center	FQHC	Yes	2	2	6
CHCANYS	Staff	n/a	n/a	6	n/a
CHNY Health Center	FQHC	Yes	1	2	1
Community Health Center of Richmond	FQHC	Yes	3	1	2
Community Healthcare Network	FQHC	Yes	1	1	14
Coney Island Hospital	Non-FQHC	No	n/a	2	1
Cornerstone Family Healthcare	FQHC	n/a	n/a	1	9
Cuzinga INC.	Other	n/a	n/a	1	n/a
DOHMH	Partner	n/a	n/a	11	n/a
FEMA	Partner	n/a	n/a	1	n/a
Heartshare Wellness	Non-FQHC	No	n/a	1	1
HHS	Partner	n/a	n/a	1	n/a
Housing Works	FQHC	Yes	2	1	3
James Park Consulting	Other	n/a	n/a	1	n/a
Joseph P Addabbo Family Health Center	FQHC	Yes	2	2	6
Metro Community Health Center	FQHC	Yes	2	1	3
Metropolitan College of New York	Other	n/a	n/a	1	n/a
Morris Heights Health Center	FQHC	Yes	1	2	25
NY County Healthcare Resilience Coalition	Partner	n/a	n/a	1	n/a
North Central Bronx Hospital	Non-FQHC	No	n/a	3	1
NYC Health + Hospitals (Gotham)	FQHC	Yes	pending	1	40
NYC Medical Reserve Corps	Partner	n/a	n/a	2	n/a
NYC Emergency Management	Partner	n/a	n/a	1	n/a
NY State Department of Health	Partner	n/a	n/a	1	n/a
Premier HealthCare - Young Adult Institute	Non-FQHC	No	n/a	1	5
SBH Health System	Non-FQHC	Yes	2	1	30
Settlement Health	FQHC	Yes	2	2	1
Staten Island COAD	Partner	n/a	n/a	1	n/a
Union Health Center	Non-FQHC	No	n/a	3	1
Unidentified Organization	Other	n/a	n/a	1	n/a
<b>TOTAL</b>				<b>60</b>	<b>160</b>

**Table 1: EM Seminar Attendance**

<sup>5</sup> 1 participating organization was a newly accepted member of PCEPN (as of Budget Period 4) and does not yet have a Tier designation.

## Seminar Structure:

The Seminar content was mostly delivered by way of presentations by PCEPN partners. It also included opening remarks by NYC DOHMH, as well as one breakout session. (See Attachment 2 for more details). During the lunch break, attendees had an opportunity to “meet and greet” two NYC Borough Coalitions – Staten Island Community Organizations Active in Disaster (COAD) and New York County Health Resilience Coalition (NYCHRC). A pre-test, post-test, and evaluation were administered.

The seminar was designed to provide a perspective on the role of primary care sector in preparedness and response in NYC. Speakers were from PCEPN, NYC DOHMH, NYS DOH, NYC EM, NYC MRC, FEMA and HHS. Conference topics were as follows:

- Citywide planning and response roles for the healthcare system and primary care providers
- Medical Reserve Corps (MRC) and utilizing volunteer resources in NYC
- Infectious disease preparedness: Lessons learned from Ebola
- Infection control as a tool for preparedness
- Points of Distribution (PODs) and planning considerations for primary care providers
- Federal perspective on the role of primary care providers in EM.

In addition to the didactic sessions, attendees participated in one breakout activity on emergency management planning. PCEPN liaisons facilitated the discussion. Participants were asked to discuss their facility’s EM plan structure and maintenance. Each breakout group was then asked to report results of their discussions to the larger group. Participants were also provided with a sample of EM standards and regulations and a list of EM Planning resources, guidelines and considerations (see Attachment 3). Electronic copies of all presentations were posted on the PCEPN website and were available for download. Availability of these resources was communicated to all attendees via email after the event.

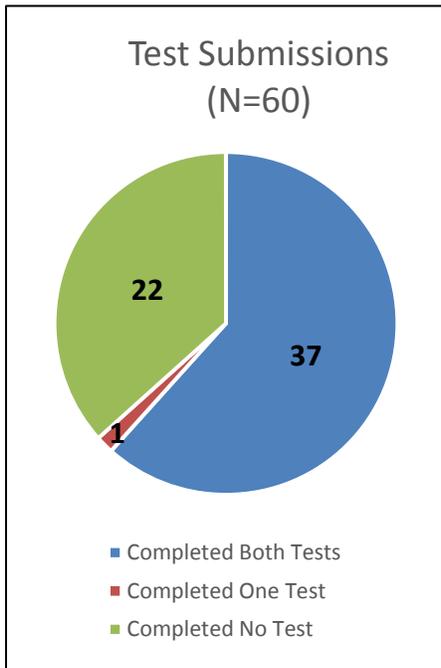
## Assessment:

A pre-test, post-test, and evaluation were administered. A total of 38 participants submitted the pre- and post- assessment materials<sup>6</sup>. One participant turned in only a pre-test. 37 participants (62%) completed both tests. (See Chart 1. EM Seminar Participants Completion of Pre- and Post-Test Evaluation).

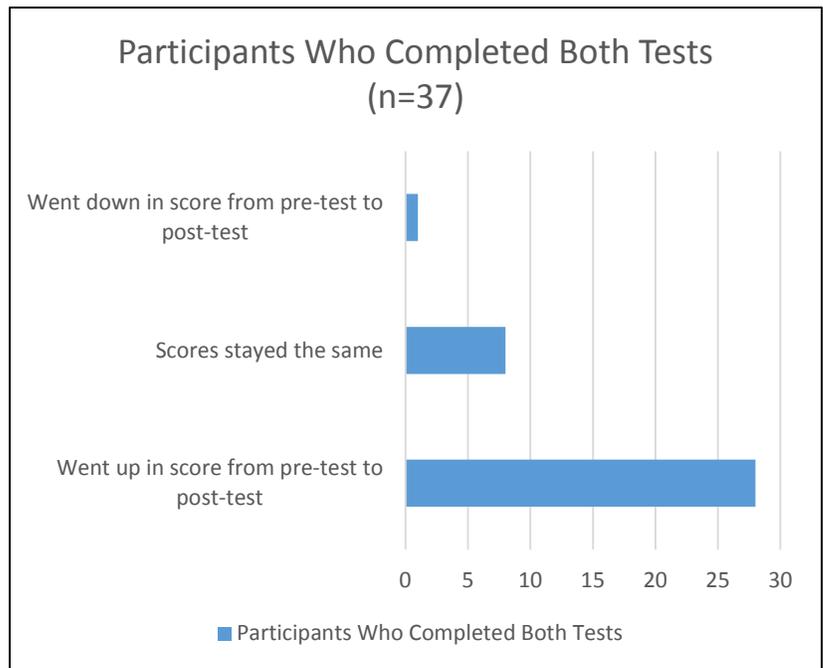
Of the 37 participants who submitted both tests, 28 (or ~76%) achieved higher test scores at the end of the training as compared to their initial test. An additional 8 (or ~21%) respondents saw no change in their scores, with 1 participant’s (~3%) score showing a decrease in knowledge. Target score for increase in knowledge based on the post-test was 75%. (See Chart 2: Pre- and Post-Test Results based on completed tests).

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<sup>6</sup> Staff, presenters and some of the partners were not asked to complete the pre- and post- tests.



**Chart 1:** EM Seminar Participants Completion of Pre- and Post-Test Evaluation



**Chart 2:** Pre- and Post-Test Results based on completed tests

## Evaluation:

Participants gave generally high marks for the content of the EM Seminar. (See Attachment 2 for a detailed list of EM Seminar sessions). A total of 35 evaluation forms were collected at the end of the Seminar, although not every attendee was able to rate each session.

Attendees were invited to evaluate each individual session in three domains: 1) Overall value, 2) Effectiveness and 3) Length of the session. *Table 2: Number of responses by Workshop and Question Type* gives further details of the responses gathered. Based on the answers received, the majority of participants felt that the length of each of the presentations was gauged correctly. Looking at both the overall value and the effectiveness of the session, NYC MRC presentation was the most favorite, closely followed by the DOHMH POD and the NYC EM presentations. Although almost no negative feedback was received in terms of the overall satisfaction with the program, based on the evaluation results the breakout session was the least favorite.

In addition to the feedback about the workshops, participants provided free-form comments on some of the evaluation forms. Examples of such feedback included “Helpful format”, “Provide more concise instructions”, “Very informative”, “Very interesting and will share with others” etc.

I would rate the overall value of this session as:	Very Useful	Somewhat Useful	Not Very Useful	Not at all Useful
Citywide Planning and Response Roles	29	6	-	-
MRC and Utilizing Volunteer Resources in NYC	35	-	-	-
Lessons learned from Ebola Preparedness	29	3	-	-
Beyond Ebola	29	4	-	-
Citywide PODs	32	3	-	-
Breakout Session	23	9	-	-
Federal Perspective	26	7	-	-
How effective was the presenter in relaying information on this concept?	Very Effective	Somewhat Effective	Not Very Effective	Not at all Effective
Citywide Planning and Response Roles	31	4	-	-
MRC and Utilizing Volunteer Resources in NYC	35	-	-	-
Lessons learned from Ebola Preparedness	31	2	-	-
Beyond Ebola	28	5	-	-
Citywide PODs	32	3	-	-
Breakout Session	25	5	2	-
Federal Perspective	29	4	-	-
Did you feel the length of the presentation was:	Too long	Just about Right	Too Short	
Citywide Planning and Response Roles	3	32	-	
MRC and Utilizing Volunteer Resources in NYC	1	33	1	
Lessons learned from Ebola Preparedness	3	29	1	
Beyond Ebola	2	28	2	
Citywide PODs	1	33	2	
Breakout Session	3	28	1	
Federal Perspective	3	30	-	

**Table 2:** Number of responses by Workshop and Question Type

## Discussion

### Successes:

Overall, the EM Seminar was well received with most participants rating it very favorably. The objectives were met. The majority of participants (~76%) showed an increase in knowledge based on the results of the post-test. All participants rated the overall value of all sessions offered either as “very useful” or “somewhat useful”. Participants thought of all sessions as “very effective” or “somewhat effective”, except for the breakout session that received 2 “not very effective” responses. All sessions flowed smoothly in their allotted time slots.

The EM Seminar provided a well-rounded perspective on the role primary care plays in citywide preparedness and response activities. Of special value was a session by the federal partners who offered a unique perspective on the primary care role in preparedness and response. Participants had an opportunity to interact with the representatives of the New York and Staten Island borough coalitions and build community connections. Additionally, PCEPN received both formal and informal feedback during and after the event (e.g. additional comments on the evaluation forms, conversation with attendees during and after the Seminar), which would help facilitate planning of such events in the future.

### Challenges:

Although the event was well received and overall well-attended, there was underutilized capacity for additional attendees. This is a consideration for future planning. Lunch break and the “meet and greet” with the borough healthcare coalitions was underutilized, possibly due to the small number of coalitions present, or due to the layout of the room and the location of the coalitions’ table. Possibly, inviting additional organizations would make the lunch break more interactive and useful for attendees. Registration process could be more streamlined by requiring certain data elements on the sign-in sheet as walk-in attendees who did not pre-register, did not leave their organization name or their job title when they signed in.

## Recommendations

Based on the full day EM Seminar that PCEPN hosted on April 14, 2016 and the feedback collected from the workshop participants, the following recommendations are made:

1. Consider continuing education hours as an option to offer attendees to make the event more attractive.
2. Plan to include topics on mental health (e.g. first psychological help, conflict de-escalation) in future EM Seminars as it relates to EM.

3. Consider improving breakout session format for future events to make it more interactive for participants to maintain engagement, e.g. designate a spokesperson, and be more direct in grouping participants.
4. Provide the audience with a general overview of who is in the room to gauge interest and facilitate networking opportunities.
5. Utilize lunch break time more effectively, i.e. ensure the physical layout is conducive to foot traffic flow and attendees have more options to visit/ explore.
6. Make the electronic registration form consistent with the paper sign-in sheet to ensure that PCEPN gathers all necessary identifying information for all participants.

## Conclusion

The 2<sup>nd</sup> Annual EM Seminar was a success all around as evidenced by participants' feedback. Participants especially appreciated how the role of primary care in preparedness and response was connected with citywide planning and included in the federal perspective. The audience was well-rounded, with representation from a variety of titles and roles attendees played in their organizations. All set objectives were met. PCEPN identified some challenges during the implementation of this EM Seminar and came up with recommendations for future planning. Electronic copies of all presentations are posted on the PCEPN website and are available for download.

## Materials Provided to Participants for the EM Seminar

- EM Seminar Agenda
- Pre-Test
- Post-Test
- Evaluation
- Handout - EM Planning Standards, Regulations and Guidelines - List of Resources and Additional Information

## Attachments

1. Full registration detailed report
2. EM Seminar Detailed Agenda
3. Handout - EM Planning Standards, Regulations and Guidelines - List of Resources and Additional Information
4. Pre-Test
5. Post-Test
6. Evaluation
7. Presenters' Slide decks