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Healthcare Coalitions and Emergency Preparedness

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Learning Objectives



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- Describe and define the basic structure of New York City borough coalitions
 - Identify unique characteristics of the borough coalitions
 - Recognize how the primary care community can start building partnerships within the healthcare system and local communities

Welcome

PCEPN stands for Primary Care Emergency Preparedness Network. It is a coalition of primary care providers within New York City dedicated to health care emergency response. The coalition is led by the **Community Health Care Association of New York State**, in close partnership with the New York City Department of Health and Mental Hygiene and New York City Emergency Management.



Healthcare Coalition (HCC) Definition

A **Healthcare Coalition** is a collaborative network of healthcare organizations and their respective public and private sector preparedness and response partners within a defined region.¹

Healthcare Coalition (HCC) Description

- Healthcare Coalitions (HCCs) incentivize diverse and often competitive health care organizations with differing priorities and objectives to **work together** by **collaborating** to ensure that each member has the necessary medical equipment and supplies, real-time information, communication systems, and trained health care personnel to respond to an emergency. ²

Preparedness Purpose

The primary function of a Healthcare Coalition is to jointly work on healthcare system emergency **preparedness** activities involving the member organizations. Those activities are:

- Planning
- Training
- Exercise
- Communication
- Resource identification, sharing and management¹

HCC Oversight and Structure

At a minimum, HCC oversight and structure should include¹:

- Coalition Charter, comprising leadership structure
- Advisory board-like function with representation from multiple agencies and organizations
- Structure that can connect and/or coordinate with Emergency Operations Centers (EOCs)
- Clearly defined roles and responsibilities
- Documents (bylaws, agreements) that outline the guidelines, participation rules, and roles and responsibilities; plans for the financial sustainability; processes to implement and document the administrative responsibilities

HCC Benefits

Participation in a HCC brings the following benefits:

- Participation in local, borough-wide, city/ statewide, and regional trainings and exercises
- Enhanced Communication - Situational Awareness
- Professional networking and mentoring opportunities
- Sharing subject matter expertise and best practices
- Accreditation/ Regulatory compliance
- Joint hazard vulnerability analysis
- Cost sharing

Source: NYCHCC, 4/1/2015

HCC Typical Members

Who joins HCCs:

- Hospitals
- Local and state health departments
- Emergency response agencies
- Long-term care facilities
- Healthcare associations
- Community health centers
- Other types of health care organizations (e.g. dialysis centers)
- “Non-healthcare” organizations

HCC Example: Washington State



Northwest Healthcare Response Network



- Public-Private partnership formed in 2005 as a program of the local health department.
- Independent 501(c)3 non-profit coalition since January 2014.
- Governed by a Board of Directors
- 33 Hospital members, 36 community clinics, 1600+ LTCs

Mission – To prepare for, respond to, and recover from emergencies as a collaborative health care network

Vision – A resilient healthcare system that saves lives and serves the community during emergencies

Source: ASPR TRACIE Presentation on 11/17/15

HCC Example: California

Disaster Resource Center (DRC) Program Los Angeles, California

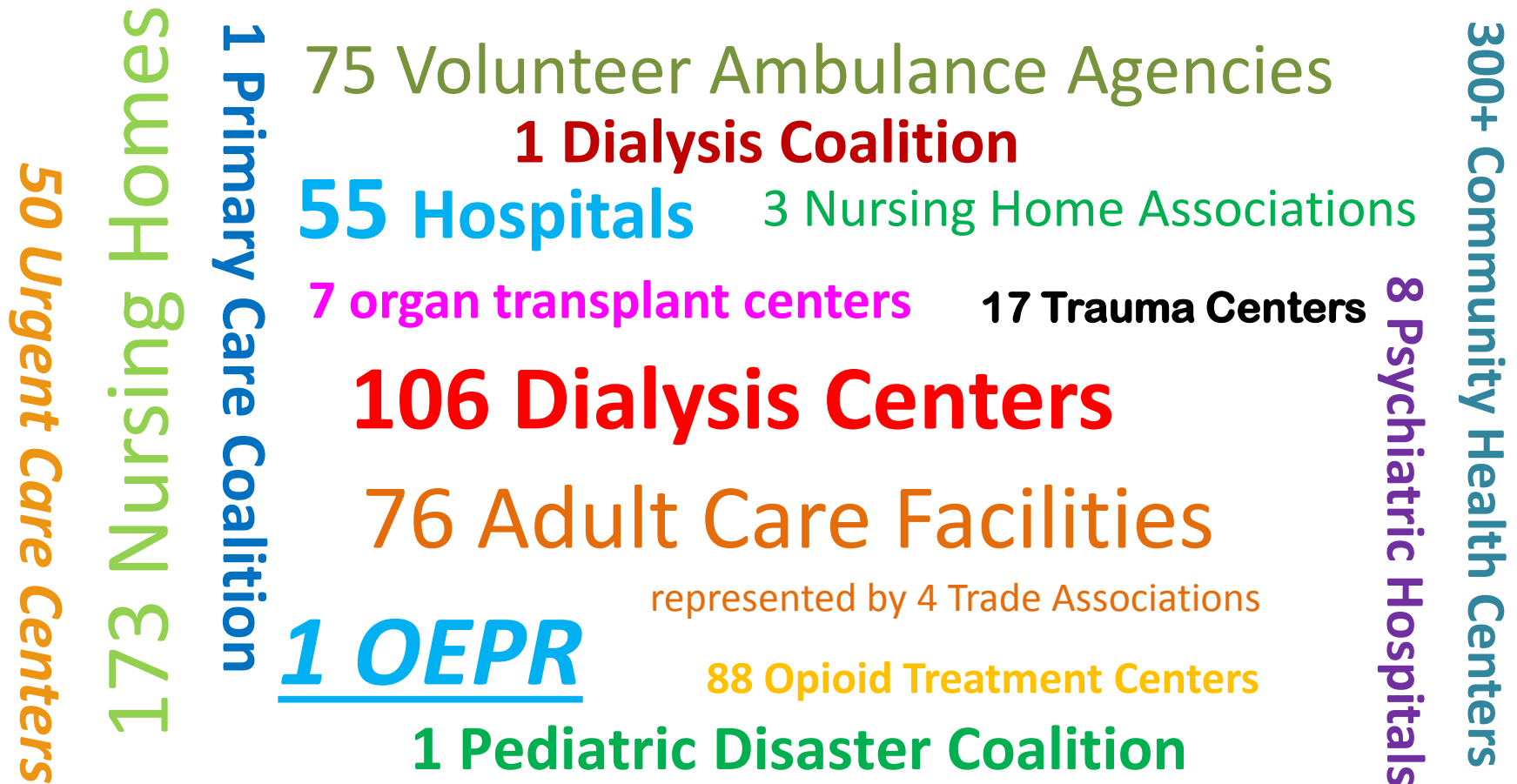


- LA County: 88 Cities and 10 million people
- 100 acute care hospitals, 400 LTC facilities, 13 Hospitals Designated as DRCs
- Emphasizes pediatric preparedness

Vision

- Coordinate surge capacity
- Work with umbrella hospitals with coordination of resources and training
- Mobile support equipment

NYC Health Care Landscape



Source: DOHMH, 12/7/2015

NYS Healthcare Emergency Preparedness Coalition - HEPC

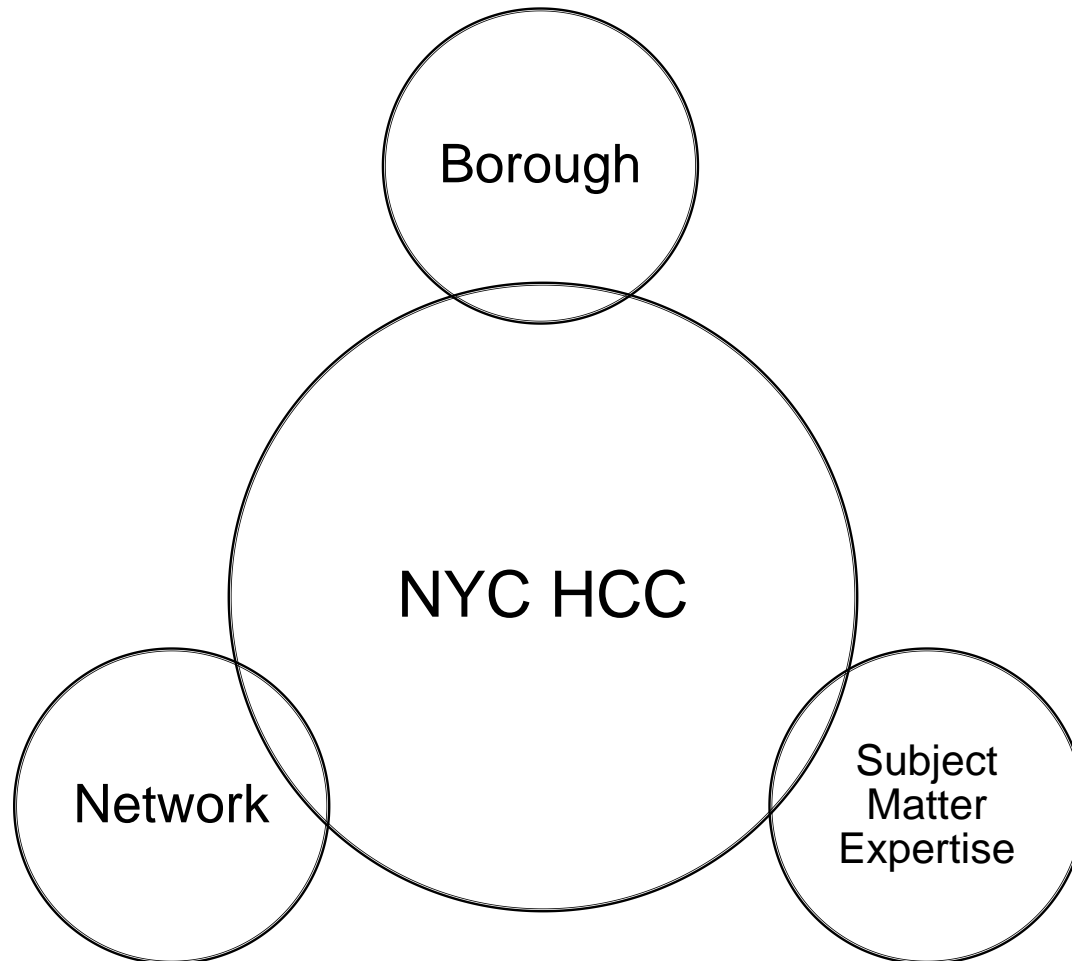
In 2012 NYS Department of Health Office of Health Emergency Preparedness (OHEP) introduced a structure to designate four coalition areas:

1. Western Region
2. Central New York Region
3. Capital District Region
4. Metropolitan Area Region (MARO)



NYC is located within the MARO region.

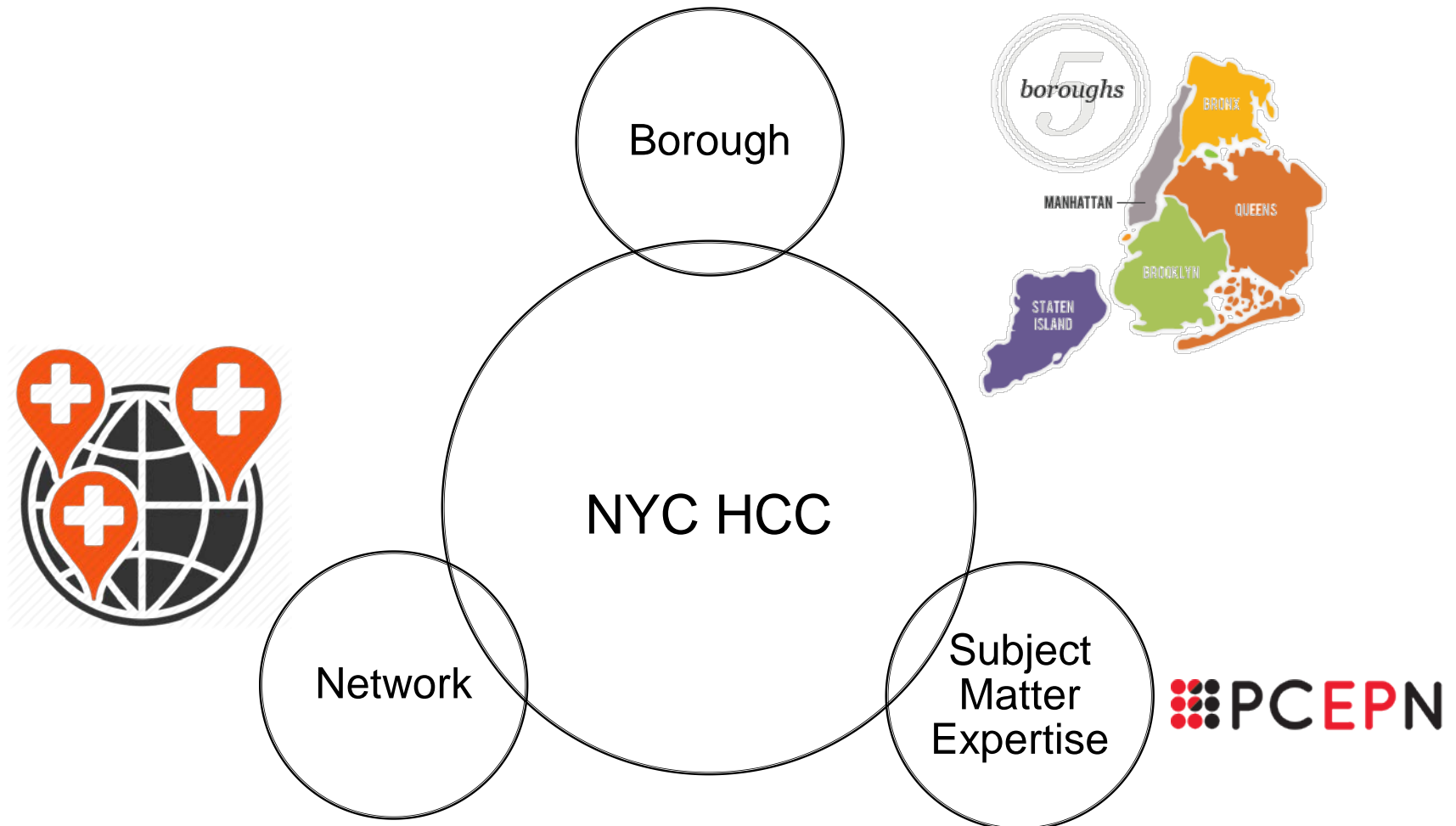
NYC Health Care Coalition Linkages



NYC Health Care Coalition

Coalition Type	Definition	Goal
Borough <ul style="list-style-type: none"> Manhattan Queens Staten Island Brooklyn Bronx 	Defined by borough boundaries and often administratively anchored by local/neighborhood hospitals, it is a collaborative network of health care organizations and their respective public and private sector partners	To improve level of emergency preparedness in its community, thereby assuring higher quality health care outcomes in a disaster
Network Systems <ul style="list-style-type: none"> Mt. Sinai Northwell Health NYP NYU Montefiore Medisys NYC Health + Hospitals 	Defined by their centralized delivery of services to affiliated organizations and comprising a wide variety of multidisciplinary health care services	To provide the highest level of health care delivery throughout their system/network
Subject Matter Expertise <ul style="list-style-type: none"> Pediatric Disaster Coalition ACF Trade Associations NH Trade Associations PCEPN – Primary Care NorthHelp - Dialysis 	Defined as a coalition that possesses experience and knowledge of a health care service area or sector; Refers to organizations that represent Hospitals, Nursing Homes, Adult Care Facilities, and other health care providers who share a mission in promoting quality care	To share knowledge and related resources with other health care organizations and coalitions in order to mitigate the effects of a disaster and to become an integral partner with their members and assure improved communication and outreach

NYC Health Care Coalition Linkages



PCEPN as a SME Coalition

- PCEPN offers resources, trainings, and technical assistance to improve primary care centers' ability to plan and prepare for, respond to and recover from emergencies and disasters.
- PCEPN provides representation at the Emergency Support Function #8 (Public Health and Medical Services) Desk at the New York City Emergency Operation Center (EOC).

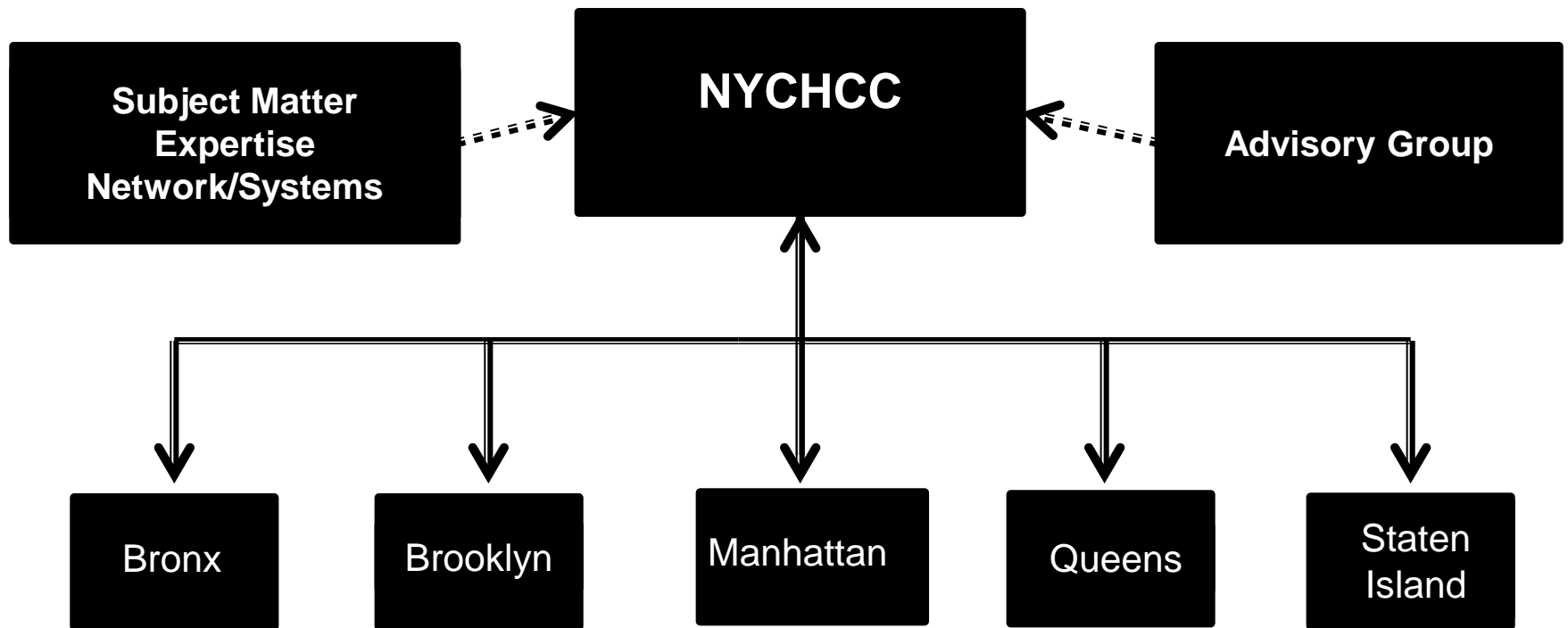
Role of Primary Care in the Healthcare System

- Provide care for individuals within the community, including the chronically ill, persons with minor acute medical issues, and the “worried well” (*e.g., those without physical injury but concerned about well being*)
- Prevent unnecessary hospitalization and emergency department use (*e.g., preventative care, minor injuries and illnesses*)
- Dispense medications and vaccines (*e.g., Influenza vaccine and antivirals*)
- Identify and report emerging health conditions (*e.g., Measles*)
- Provide information to public health and response agencies (*e.g., reporting a novel illness or presentation*)
- Communicate public health information to patients and the community (*e.g., information on the Ebola epidemic*)

How Community Integration supports Preparedness

- Increases opportunities to establish agreements for mutual aid and protection of assets and resources (e.g., transfer of patient records, vaccines, etc.)
- Facilitates coordinated communication between planning partners
- Aligns with federal, state, and accreditation standards and regulations (e.g., HRSA PIN 2007-15, Joint Commission, CMS Proposed Rule on Preparedness etc.)
- Supports continuity of care for individuals within the community

NYC Health Care Coalition



Source: NYCHCC, 4/1/2015

Borough Coalitions

- **Bronx** – Bronx Emergency Preparedness Coalition (BEPC)
- **Brooklyn** – The Brooklyn Coalition (TBC)
- **Queens** – Queens County Emergency Preparedness Healthcare Coalition (QCEPHC)
- **Manhattan** – New York County Healthcare Resilience Coalition (NYcHRC)
- **Staten Island** – Community Organizations Active in Disaster (COAD)

Bronx Emergency Preparedness Coalition (BEPC)

- Originated in 2001 – Jacobi Medical Center sponsored a Mass Casualty Community Liaison meeting which grew into Bronx Emergency Preparedness Coalition – goal facilitate mutual aid/disaster response
- Aug 2002 - Bronx Healthcare Social Work Leaders met to discuss psychosocial and mental health disaster planning needs

Bronx Emergency Preparedness Coalition (BEPC) – 2002-2006

- 2002 - Full mobilization drill – 12 facilities;
- 2002 - Symposium - Emergency Preparedness for Terrorism & Mass Casualty Incidents 2003 During “Blackout” Hospital Emergency Incident Command System (HEICS) activated with mutual aid between BEPC facilities;
- 2004 - Surge Policy Collaboration;
- 2004 - Symposium Infrastructure anti-terrorism techniques; clinical considerations when dealing with suicide bombings and subsequent blast injuries;
- 2005 - Collaboration on evacuation policies; table top drill;
- 2005 - RFP Submitted to DOHMH;
- 2006 - BEPC receives the initial Phase I grant from DOHMH in August.

Social Work Disaster Response Team (SWDRT) Accomplishments

During the initial DOHMH Grant period, SWDRT had the following major accomplishments:

- Policies and procedures established to increase county-wide mental health response capacity in disaster event
- Replicable training modules in disaster response developed and implemented
- Over 300 healthcare Social Workers trained
- Family Support Center policies and procedures developed and in use during disaster situations

BEPC Members 2015

- Bronx Lebanon Hospital
- Bronx Psychiatric Center
- Calvary Hospital
- James J Peters VA Medical Center (Bronx VA)
- Kings Harbor Multi-Care Center
- Lincoln Medical & Mental Health Center
- Montefiore Health Care System (Bronx and Westchester Facilities)
- NYC Health + Hospitals
 - Health and Home Care
 - Jacobi Medical Center
 - North Central Bronx Hospital
- Schervier Nursing Care Center
- St. Patrick's Home for the Aged
- Terrace Healthcare Center
- Throgs Neck Extended Care Facility

Bronx Emergency Preparedness Coalition (BEPC)

Recent and ongoing accomplishments:

- Recipient of DOHMH grant 2014 – 2015
- Developed Staff Support Center
- Best practice model of caring for staff during disaster activation
- Active Shooter Symposium – November 2015
- Developed Coalition Risk Assessment
- Yearly Social Work Disaster Response Conference – Annual Bill Lane Social Work Disaster Response Conference



New York County Healthcare Resilience Coalition (NYcHRC)

- Founded in early 2015 with the **aim** to increase healthcare resilience in Manhattan (short term) and neighboring communities (long term).
- A unique method was used to grow NYcHRC **membership**: instead of focusing on individual providers, trade organizations were to cast the largest net and include every type of network.
- The Department of Homeland Security (DHS) taxonomy on healthcare was used as a guideline to ensure no groups were left out (and recruitment is ongoing). The NYcHRC's first meeting was in May of 2015, has already accumulated almost 30 organizations as members.

New York County Healthcare Resilience Coalition (NYcHRC)

- Initial membership in the coalition was targeted for trade groups and those that have a broad reach across healthcare and related industries in NYC.
- This ranges from care providers such as GNYHA, CHCANYS/PCEPN, and REMSCO, to regulators and responders such as DOHMH, NYC DOH, and FDNY, and to local partners such as the Environmental Contractors Association.

New York County Healthcare Resilience Coalition (NYcHRC)

- NYcHRC is focused on building **resilience** in the healthcare sector in Manhattan and across NYC.
- Meetings take place on a quarterly basis. Currently the coalition is involved in choosing projects to dedicate time and grant funding. Potential projects involve a digital web-based coalition database/directory, speaker series, resilience templates, and others.



Queens County Emergency Preparedness Healthcare Coalition (QCEPHC)

- Started in 2009
- Funded for first time in 2014-15

Accomplishments:

- Conducted Borough Wide Mass Casualty Exercises:
 - Bio-Ebola
 - Blast Trauma-Subway Bombing
 - Communication-information sharing

The Brooklyn Coalition (TBC)

- Originated in 2002 and grew out of the Southern Brooklyn Coalition (an unfunded healthcare coalition of Southern Brooklyn hospitals)
- Centers for Bioterrorism Preparedness Planning (CBPP) project funded by DOHMH in 2006-07
- HPP awarded in 2013 for coalition building

The Brooklyn Coalition (TBC)

- The Brooklyn Coalition's **vision** is to build a sustainable regional organization that may serve as a model for other communities.
- Its **mission** is to promote situational awareness and emergency planning taking into consideration the unique community needs of Brooklyn in order to improve patient outcomes during a disaster.

The Brooklyn Coalition (TBC)

The **goals** of TBC are to promote and to enhance emergency preparedness and response capabilities of healthcare entities through:

- Building relationships and partnerships.
- Coordinating training, drills and exercises.
- Facilitating communication, information and resource sharing.



The Brooklyn Coalition (TBC)

Coalition Accomplishments in **Year 1** (2013-14);

- Increased membership to include 5 acute care hospitals, 2 Nursing facilities, 2 community organizations
- Developed/Established the Brooklyn Coalition Charter, signed by all members.
- Activated and responded to a Situational Assessment Tool (SAT),
- Created a geographic HVA. Blast/Burn identified as greatest vulnerability.



The Brooklyn Coalition (TBC)

Year 2 (2014-15);

- Added 4 acute care hospitals
- Developed and Implemented a Coalition Wide Exercise.
 - Name of exercise – Ebombable Brooklyn
 - Included stakeholders from FDNY, NYC EM and DOHMH.

Year 3 (2015-2016);

- Added 1 acute care hospital

Community Organizations Active in Disaster (COAD)

Mission - The Staten Island COAD endeavors to improve the capacity of not-for-profits and service organizations on Staten Island to provide support and services to the Staten Island community in times of crisis and to increase the capacity of the entire sector through cooperation, coordination, and communication.

The Staten Island Borough Coalition contract is not managed by a hospital, like the other borough coalitions.

Community Organizations Active in Disaster (COAD)

Sectors Represented:

- Hospitals
- Primary Care / FQHC
- Behavioral Health
- Community Health
- Government
- Social Service
- Arts
- Business
- Education
- Long-Term Recovery
- Mobile Health

Community Organizations Active in Disaster (COAD)

Accomplishments:

- Strong response by community-based organizations during Irene and Sandy
- COAD online customer relationship management (CRM) system
- COAD policies and procedures
- Situational Awareness Data Raw Sets
- Formed a Medical Ecosystem Sub-Committee

Next Steps

- Continue to define the role for members of the Primary Care Sector
- PCEPN will continue to attend coalition meetings and present on behalf of its members
- Please contact us if you:
 - Would like to be connected with leadership of a specific HCC
 - Would like to join PCEPN in attending HCC meetings

References

1. **ASPR *Healthcare Preparedness Capabilities***
 - January 2012 / Office of the Assistant Secretary for Preparedness and Response Hospital Preparedness Program.
<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/capabilities.pdf>
2. **ASPR *Strategic Development for Building Operational Healthcare Coalitions*** – Webinar on November 17, 2015

Questions / Comments

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