

AGENDA

**MEDICAL AND PROFESSIONAL AFFAIRS
COMMITTEE**

Meeting Date: January 14th, 2016

Time: 9:00 AM

Location: 125 Worth Street, Room 532

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

ADOPTION OF MINUTES

December 3rd, 2015

CHIEF MEDICAL OFFICER REPORT

DR. WILSON

METROPLUS HEALTH PLAN

DR. SAPERSTEIN

INFORMATION ITEM:

1) After Ebola

DR. CAGLIUSO

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE BOARD OF DIRECTORS

Meeting Date: December 3, 2015

ATTENDEES

COMMITTEE MEMBERS

Vincent Calamia, MD, Committee Chair
Lilliam Barrios-Paoli, Chair
Josephine Bolus, RN
Barbara A. Lowe, MS, RN
Ram Raju, MD President
Hillary Kunins, MD (representing Dr. Gary Belkin in a voting capacity)

HHC CENTRAL OFFICE STAFF:

Sharon Abbott, Assistant Director, Corporate Planning
Paul Albertson, Senior Assistant Vice President, Supply Chain Management
Machelle Allen, MD, Deputy Chief Medical Officer, Office of Health Care Improvement
Chalice Averett, Director, Office of Internal Audit
PV Anantharam, Senior Vice President, Finance
Charles Barron, MD, Director of Psychiatry, Office of Behavioral Health
Janette Baxter, Senior Director, Risk Management
Charles Borden, Senior Assistant Vice President, Quality
Jill Bowen, PhD, Assistant Vice President, Behavioral Health Transformation
Deborah Cates, Chief of Staff, Board Affairs
Victor Cohen, Assistant Vice President, Corporate Pharmacy
Kenra Ford, Assistant Vice President Clinical Lab Operations/M&PA
Alfred Garofalo, Senior Director, Enterprise Information Technology System
Lucinda Glover, Senior Director, Medical and Professional Affairs
Jim Gomez, Assistant Vice President, Workplace Services
Sal Guido, Acting Chief Information Officer, Enterprise Information Technology System
Elizabeth Guzman, Assistant Vice President, Corporate Comptroller
Caroline Jacobs, Senior Vice President, Patient Safety
Christina Jenkins, MD, Senior Assistant Vice President, OneCity Health
Lauren Johnston, Senior Assistant Vice President, Office of Patient Centered Care
Janet Karageozian, Assistant Vice President, Enterprise Information Technology Services
Mei Kong, Assistant Vice President, Corporate Patient Safety
Barbara Lederman, Senior Director, Enterprise Information Technology System
Patricia Lockhart, Secretary to the Corporation
Glenn Manjorin, Director, Enterprise Information Technology Services
Ana Marengo, Senior Vice President, Communications & Marketing
Randall Mark, Chief of Staff, President Office
Antonio Martin, Executive Vice President and Chief Operating Officer
Karen Mattered, Director, Emergency Management
Ian Michaels, Media Director, Communication and Marketing

Hilary Miller, Manager of Administration, Enterprise Information Technology System
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs
Marisa Salamone Gleason, Assistant Vice President, Enterprise Information Technology System
Brenda Schultz, Assistant Vice President, EITS IT Financial Administration
Julie Shahroudi, Director, Primary Care Transformation, Medical and Professional Affairs
Diane E. Toppin, Senior Director Medical and Professional Affairs
Ross Wilson, MD, Senior Vice President/Corporate Chief Medical Officer, Medical & Professional Affairs
Patsy Yang, Senior Vice President, Correctional Health Services
Angela Zumaran, Director, Enterprise Information Technology System

FACILITY STAFF:

Joseph Carter, Associate Director
Todd Hixson, Deputy Executive Director, Metropolitan Hospital
John Maese, MD, Medical Director, Coney Island Hospital
Andreea Mera, Special Assistant, MetroPlus Health Plan
Arnold Saperstein, MD Executive Director, MetroPlus Health Plan
Balvindar Sareen, MD, Chief Medical Officer, Lincoln Medical & Mental Health Center

OTHERS PRESENT:

Jui Agrawal, Analyst, OMB
Marian Dolin, Senior Assistant Director, DC37
David Hoffman, PAGNY
Scott Hill, Accountant Executive, Quadramed
Henry Lukack, Director of CRNOPS, NYC DOITT
Shaxlee Wheeler, Analyst, OMB
Alexander Shermansong, Consultant, Civic Consultant

**MEDICAL AND PROFESSIONAL AFFAIRS/
INFORMATION TECHNOLOGY COMMITTEE
Thursday, December 3, 2015**

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:00 AM. The minutes of the November 12, 2015 Medical & Professional Affairs/IT Committee meeting were adopted

CHIEF MEDICAL OFFICER REPORT

Ross Wilson MD, Senior Vice President/Corporate Chief Medical Officer, reported on the following initiatives.

Influenza & Vaccination

- Influenza activity in NYC is minimal
- Influenza-like-illness visits are at 1.7% of all weekly visits (ED and clinics)

Office of Population Health

- In collaboration with IT, the Patient Registry for Diabetes was updated. The system enables facilities and care teams to access their performance metrics and other data needed for population health management. This update sets the scene for a concerted focus on improving diabetes care
- The Health Leads program was relaunched at Harlem, Bellevue and Woodhull to systematically screen patients for social resource needs and connect patients with services. The number of families served per month has doubled since the relaunch. This is a two year program with a built in evaluation to inform future plans as we test tools to more effectively screen for and address the social determinants as well as the clinical determinants of health.
- HHC successfully partnered with NYU in the renewal application for their Clinical & Translational Science Award. These funds are part of a 5-year grant award and will support research infrastructure at HHC and assist in successfully studying the effectiveness of health service interventions in the patients that we serve.

Office of Ambulatory Care Transformation

- Through a collaborative effort across M&PA, Finance, and IT, our first set of facilities have begun billing NYS Medicaid for the Collaborative Care for depression program. OACT is supporting the facilities by providing monthly lists of billing-eligible patients and working with facilities on standardized operational billing workflows.
- M&PA submitted a grant proposal entitled Preserving Primary Care Access to Specialty Care Expertise at NYC Health + Hospitals in response to an NYSDOH Essential Health Care Provider Support Program (Innovators Fund) Request for Applications. In anticipation of increased patient volume due to the Primary Care Expansion initiative, DSRIP, and NYC Health + Hospitals increased market share goals for 2020, we are proactively seeking to implement an innovative eConsult program to improve patient access to specialty care expertise.

- OACT is working closely with MetroPlus to enhance the way that new MetroPlus members are assigned a primary care physician. Going forward, detailed individual provider-level data on available panel capacity and available appointments will be gathered/refreshed on a monthly basis and provided to MetroPlus. MetroPlus in turn is revising its assignment algorithm to direct more patients to the providers that have availability. This is an important initiative in our ongoing effort to improve access across the system. The improved approach is anticipated to go live this December and will roll out in a few phases over the subsequent months, starting with adult medicine primary care.

Question from Dr. Calamia: regarding OACT work with MetroPlus, CMO was asked to clarify whether MetroPlus would have ability to directly schedule appointments for primary care? answer: Yes

IMSAL

IMSAL is currently in phase II of a 2-year grant with Live On New York, the Organ Procurement Organization (OPO) for the New York City area. Under the terms of the grant, IMSAL collaborated with Live On clinical educators to infuse simulation into their current curriculum, particularly in the areas of high stress and low frequency events of Donation After Cardiac Death (DCD) and Donor Management. The final result is two distinct courses which incorporate simulation into organ donor care with overwhelmingly positive evaluations to date. The Live On New York team and IMSAL have entered into discussions to market these courses to other OPOs on the eastern seaboard, providing a potential additional revenue stream for IMSAL.

On Wednesday, October 18, 2015, the NYC Health + Hospitals Simulation Center participated in an Active Shooter Symposium presented by Jacobi Medical Center. The symposium was held at the Corporate Training Center, while the drill was held at The Simulation Center as symposium participants watched the events unfold in real-time through The Simulation Center's 72-camera Audio-Visual System. The innovative use of The Simulation Center allowed for realistic drilling in a hospital-like setting, without disrupting day to day operations at Jacobi. In all, 7 victims plus the shooter were shot, 3 of them fatally, Hospital Police were able to render aid to 2 victims in need of bleeding control, and all "patients", both real and manikin, were safely evacuated from the floor. A surgical case that was already in progress at the time of the shooting was also safely completed.

The use of The Simulation Center for the drill was a unique opportunity to drill a high-stakes, high-stress event on a large scale without causing unintended psychological trauma to real patients, family members and staff. The drill was filmed using the Audio-Visual system and will be edited into a training video after the symposium. The drill also tested some of the unique capabilities of The Simulation Center's Audio/Visual system, and highlighted the potential of live-streaming simulation events within the Simulation Center to participants of conferences, symposiums, or trainings hosted at the Corporate Training Center.

Question from Dr. Barrios-Paoli: Asked for clarification of why there might be trend of different clinical presentation of K-2 abuse (in past, hyperactivity and manic behavior, how, OV plus neuro depression).

Question from Dr. Calamia: how to best work with law enforcement. Answer: Continue multi-agency approach to determine direction. HHC to determine clinical response, and policy-setting equally important.

Answer from Kunins: Confirmation of trend and more work needed.

METROPLUS HEALTH PLAN, INC.

Arnold Saperstein, MD Executive Director, MetroPlus Health Plan Inc. Presented to the Committee. Dr. Saperstein informed the Committee that the total plan enrollment as of November 1, 2015 was 472,366. Breakdown of plan enrollment by line of business is as follows:

Medicaid	414,692
Child Health Plus	12,331
MetroPlus Gold	3,735
Partnership in Care (HIV/SNP)	4,602
Medicare	8,431
MLTC	922
QHP	22,991
SHOP	456
FIDA	180
HARP	4,026

Attached are reports of members disenrolled from MetroPlus due to transfer to other health plans, as well as a report of new members transferred to MetroPlus from other plans.

Full open enrollment began November 15, 2015. As of the end of the second week of enrollment, we have received over 17,000 applicants with an effective date of January 1, 2016. Historically, the end of the open enrollment period is more productive in terms of the number of members we get.

We continue our aggressive advertising efforts to attract new members, as well as focus on retaining our existing members.

I would like to inform this committee of the collaboration between MetroPlus and Memorial Sloan Kettering Cancer Center (MSK) as it regards the former Health Republic members undergoing cancer treatment. In an effort to enable these members to continue their cancer treatment at MSK, MetroPlus, (with support from the Mayor's Office and NYC Health and Hospitals), has agreed to provide coverage to the members who are NYC residents and will not self-enroll in other plans. The special Memorial Sloan-Kettering coverage will be available only to this group of patients (114). As MSK is not a contracted facility with MetroPlus, we have signed a Letter of Agreement with MSK. We will work closely with the cancer center team to answer any questions and provide enrollment assistance as needed. Patients are being enrolled in MetroPlus for coverage beginning December 1, 2015, with no interruption of services at a rate more affordable than what they were paying for Health Republic Insurance of New York. With both 2015 and 2016 monthly rates for MetroPlus lower than current rates for Health Republic, these patients, and any other former Health Republic enrollees who enroll in MetroPlus, will be able to save \$46 for the month of December, 2015 and \$117 per month in 2016 for the Silver level plan; the savings for the Platinum level plan are \$73 in December 2015 and \$163 per month in 2016.

There are approximately 20,000 New York City residents in Health Republic. Unfortunately, Health Republic clients who do not choose a new insurer by November 30, 2015, will be automatically enrolled by the State into Fidelis Care.

Sal Guido, Acting Senior Vice President/Corporate CIO Enterprise Information Technology Services reported to the committee the following updates of the Transforming NYC Health + Hospitals Business Functions through PeopleSoft Enterprise Resources Planning: Obsolete NYC Health +Hospitals' Business Systems, current state of Business Infrastructure, future state of enterprise resources planning(ERP) system along with ERP Implementation Timeline. Projected Expenses for Implementation & Post-Implementation and procurement methodology for third party contract.

ACTION ITEM:

Sal Guido, Acting Senior Vice President/Corporate CIO Enterprise Information Technology Services and PV Anantharam, Senior Vice President/Chief Financial Officer, Finance presented to the committee the following resolution:

Authorizing the President of the New York City Health + Hospitals ("NYC Health + Hospitals") to negotiate and execute a five-year contract with Mythics, Inc. to provide software, maintenance and training for an Enterprise Resource Planning ("ERP") System with one, five-year option to renew, exercisable solely by NYC Health + Hospitals, in an amount not to exceed \$31,301,712. *Question from Ms. Bolus: how does automated system help with workforce planning, especially for nurses? Why will it take so long to understand nurse scheduling, and when will we see benefits? Answer: send quarter FY 2018, potential for savings from; d/c maintenance of legacy system, supply chain improvement, and better planning. Question from Ms. Bolus: asked for clarification of storage costs, Dr. Raju stated storage costs for ERP are different than for EMR. Clarification of budget categories and difference between them. Question from Dr. Calamia: asked for clarification of timing of decrease in cost of maintain legacy system.*

Approved for consideration by the full board.

Patsy Yang, Senior Vice President, Correctional Health Services presented to committee the following resolution:

Authorizing the President of the New York City Health + Hospitals ("NYC Health + Hospitals") to negotiate and execute an agreement with Urgicare Medical Associates PC ("UMA") for the provision of urgent medical services not requiring hospitalization to inmates ("Inmates") in the custody of the New York City Department of Correction ("DOC") for one year with two one-year options to renew for an amount not to exceed \$1,828,591 per year with annual increases of not greater than 6%.

Question: FTE count + qualification/certification of profiles staffed. Comment from CMO: we have a system in place, we do not have bandwidth to determine if it's perfect, resolution to continue with services uninterrupted while evaluating.

Approved for consideration by the full board.

INFORMATION ITEMS:

Ross Wilson MD, Senior Vice President/Corporate Chief Medical Officer, Medical and Professional Affairs and Sal Guido, Acting Senior Vice President/Corporate CIO Enterprise Information Technology Services presented to the committee the following update:

Business Continuity/Disaster Recovery EITS Disaster Recovery Milestone. Detailed explanation of the emergency communications system "Send Word Now" and its functionality.

There being no further business, the meeting was adjourned 10:00 AM.

CHIEF MEDICAL OFFICER REPORT

Medical & Professional Affairs Committee
January 14th, 2016

K2

Updated K2 reporting through 1/1/16 from NYC H+H emergency services.

Continued significant decreases overall, with a 60% system-wide decrease since the end of November and a greater than 70% decrease from early October. Woodhull continues to play a significant role in our overall count, with a dramatic drop off, to almost no cases, in the most recent week reported.

See attached figure for more detail

Behavioral Health

The Office of Behavioral Health is focusing on readiness for managed care and the start of HARP services as of January 1, 2016. The transformation efforts are focused on the following: Increasing ambulatory access in behavioral health, analyzation of high utilizer data to design interventions to reduce acute care utilization, readiness and implementation of HCBS services for HARP eligible patients, and integration of behavioral health and primary care services. These efforts are being coordinated with One City Health and DSRIP objectives. Transformation includes the work and involvement of Health Home and Ambulatory Care transformation.

The Office of Behavioral Health with Ambulatory Care, Women's Health and Pediatrics is developing the ability to screen for depression in pregnant women from prenatal through the postpartum aspects of delivery. This is part of the Mayor's Office city-wide initiative. NYC Health + Hospitals is one of the pilot systems to develop and implement the practice that will be spread across all city agencies.

The Office of Behavioral Health is coordinating a work group related to the management of violence. This will involve the Councils of Emergency Medicine and Psychiatry as well as other identified staff from facilities. The goal is to review the current state of resources, assessment and management of violence, review other best practices, and establish additional tools and interventions for the management of violence in HHC. A significant aspect of this work is the

reduction in staff injuries. The OBH has initiated a “real-time” tracking mechanism to capture all staff injuries related to patient care in Behavioral Health. Information is reported to the Chief Medical Officer.

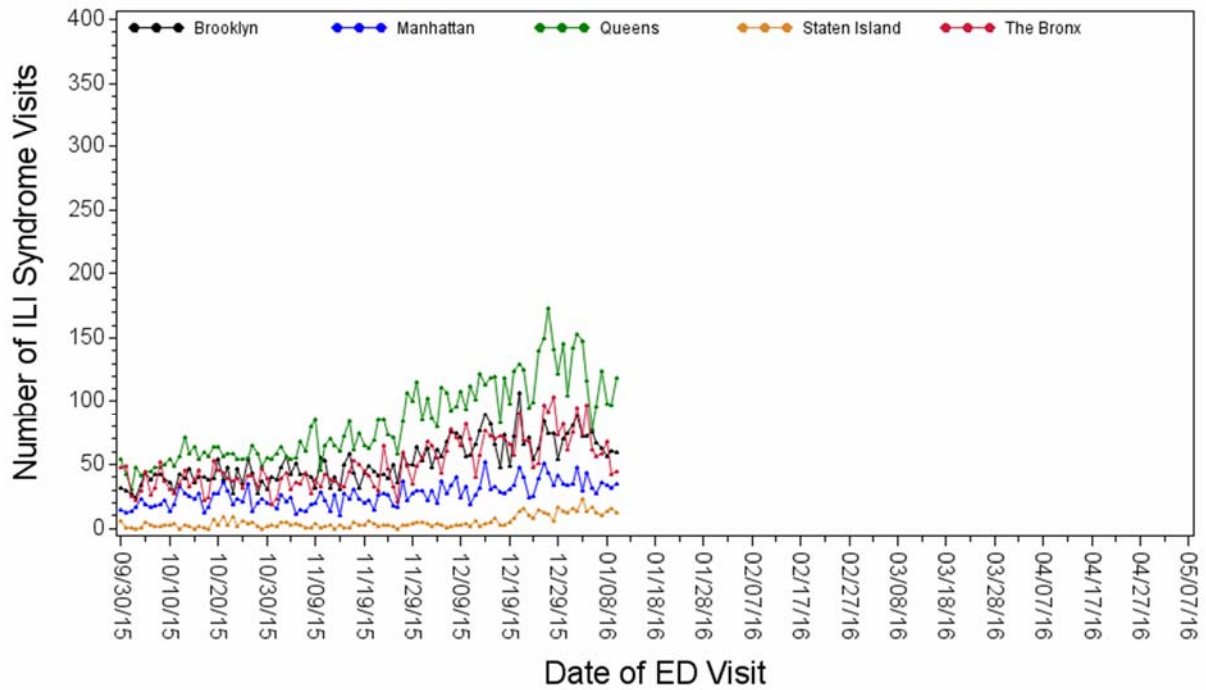
ACO

- In December 2015 the ACO distributed \$1.3 Million in 2014 shared savings payments to primary care physicians. Under a new incentive formula, 75% was awarded to PCPs according to their participation (FTE), with the remaining 25% based on patient satisfaction and hypertension control quality performance.
- NYC Health + Hospitals has also dedicated nearly \$300,000 of its shared savings to an ACO Team Fund that rewards the multidisciplinary teams that manage ACO patients. Under the stewardship of each local ACO Lead, funds will be dedicated to engagement, training, and/or workplace enhancements, as agreed up on by the team members.
- The NYC Health + Hospitals’ Board of Directors, sitting as the sole Member of the ACO, convened in January to elect ACO Directors for 2016. Community Healthcare Network, a large FQHC partner, has joined the ACO effective January 1st.
- The Q4 2015 performance improvement project focused on reducing avoidable ED visits and inpatient admissions for a panel of 200 high-risk patients per hospital. Now that the performance period has concluded, the ACO is working with hospital teams to collect, analyze, and evaluate process and outcome data, and prepare for presentations to the NYC Health + Hospitals QA Committee.
- The ACO partnered with Coney Island and Cumberland to host in-person focus groups with high-risk patients in December. The groups provided candid feedback about their experience at NYC Health + Hospitals and common barriers to care, which is being fed back to local leadership and the Office of Patient Centered Care. The ACO seeks to conduct additional focus groups at with remaining sites in 2016.

Flu

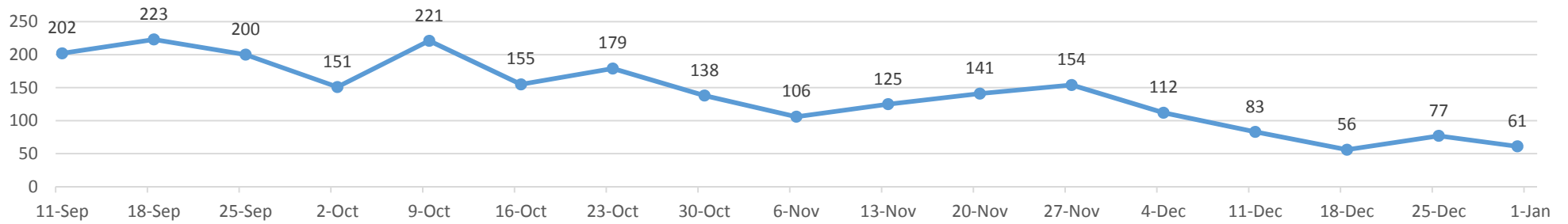
The flu season has not yet been declared by the state Health Commissioner, but ED visits with influenza like symptoms is starting to increase according to the DOHMH surveillance. There is a continuing campaign to increase vaccination rates for H+H staff, with currently more than 28,000 people having been vaccinated. Queens Hospital, Gouverneur, Cumberland, Seaview and Renaissance all have rates over 90%. Non-vaccinated will have to wear a mask as soon as the flu season is declared, consistent with the NY state regulation.

Daily Number of Visits for Influenza-like Illness (ILI) syndrome to NYC Emergency Departments by Borough Sep 30, 2015 - Jan 10, 2016

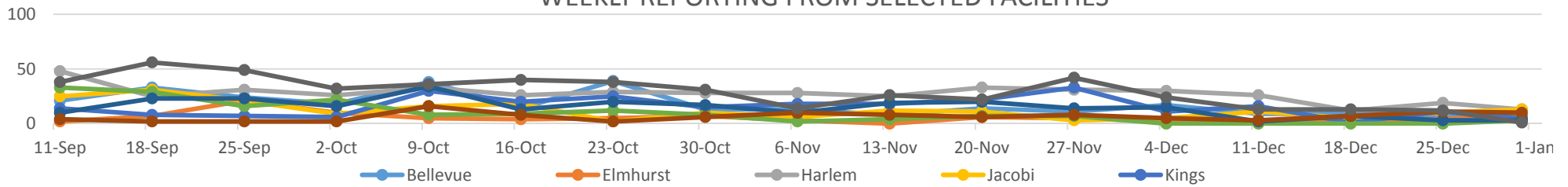


NYC Health + Hospitals K2 presentations in emergency services through 1/1/16

NYC HEALTH AND HOSPITALS TOTAL



WEEKLY REPORTING FROM SELECTED FACILITIES



Weekly Friday submission (Y/N)	9-Oct	Total K2 presentations for week	16-Oct	Total K2 presentations for week	23-Oct	Total K2 presentations for week	30-Oct	Total K2 presentations for week	6-Nov	Total K2 presentations for week	13-Nov	Total K2 presentations for week	20-Nov	Total K2 presentations for week	27-Nov	Total K2 presentations for week	4-Dec	Total K2 presentations for week	11-Dec	Total K2 presentations for week	18-Dec	Total K2 presentations for week	25-Dec	Total K2 presentations for week	1-Jan	Total K2 presentations for week
Bellevue	Y	38	Y	14	Y	39	Y	13	Y	13	Y	8	Y	14	Y	11	Y	17	Y	9	Y	9	Y	7	Y	5
Coney Island	Y	2	Y	2	Y	1	Y	3	Y	0	Y	0	Y	0	Y	0	Y	1	Y	0	Y	0	Y	0	Y	1
Elmhurst	Y	5	Y	4	Y	11	Y	7	Y	3	Y	1	Y	6	Y	5	Y	2	Y	2	Y	2	Y	4	Y	7
Harlem	Y	33	Y	26	Y	29	Y	28	Y	28	Y	25	Y	33	Y	31	Y	30	Y	26	Y	12	Y	19	Y	13
Jacobi	Y	16	Y	18	Y	2	Y	10	Y	6	Y	12	Y	11	Y	3	Y	5	Y	11	Y	5	Y	10	Y	13
Kings	Y	30	Y	20	Y	25	Y	15	Y	18	Y	18	Y	22	Y	33	Y	11	Y	16	Y	1	Y	11	Y	5
Lincoln Metropolitan	Y	8	Y	9	Y	12	Y	8	Y	2	Y	4	Y	7	Y	7	Y	0	Y	0	Y	0	Y	0	Y	3
Metropolitan	Y	34	Y	13	Y	20	Y	17	Y	10	Y	19	Y	20	Y	14	Y	15	Y	2	Y	7	Y	3	Y	3
NCBH	Y	5	Y	1	Y	0	Y	0	Y	2	Y	5	Y	0	Y	0	Y	2	Y	1	Y	0	Y	0	Y	0
Queens	Y	16	Y	8	Y	2	Y	6	Y	10	Y	8	Y	6	Y	8	Y	5	Y	3	Y	7	Y	11	Y	10
Woodhull	Y	36	Y	40	Y	38	Y	31	Y	14	Y	26	Y	22	Y	42	Y	24	Y	13	Y	13	Y	12	Y	1
Total:		223		155		179		138		106		126		141		154		112		83		56		77		61

MetroPlus Health Plan, Inc.
Report to the
HHC Medical and Professional Affairs Committee
January 14, 2016

Total plan enrollment as of December 1, 2015 was 476,002. Breakdown of plan enrollment by line of business is as follows:

Medicaid	415,059
Child Health Plus	12,385
MetroPlus Gold	3,734
Partnership in Care (HIV/SNP)	4,534
Medicare	8,458
MLTC	938
QHP	22,265
SHOP	753
FIDA	179
HARP	7,697

The State's system currently has as its default choice that individuals not be automatically re-enrolled; they have to enter the State of Health system and make a selection for the new year. As a result, as of the date of this report, there is not sufficient information to determine the exact membership for January 1, 2016. Further, many individuals could be re-enrolled but because of some change in their income, unless they log into their account and verify their current income, they risk losing all their Advanced Payment Tax Credits which will raise their premiums substantially. As of the day of this writing, there are over 18,000 applicants who are currently in pending status due to the default set by the State; they will need to reverify and then pay their premiums before being activated.

In addition to our work for open enrollment, which continues through the end of January, we have conducted several efforts to retain our existing QHP members. We have done outreach through e-mail blasts, live phone calls and letters to both groups of individuals. Initial reports, through calls from our customer service line and people clicking from our e mail message to the State of Health web site, lead us to be hopeful that it has been a successful effort.

I would also like to provide an update on several efforts we are starting or will shortly start in the new year. I am happy to report that we have received approval from the New York State Department of Health to market our Exchange (QHP) and Essential Plan (EP) products on Staten Island. We have already hired and trained a team of marketing staff who are working on the Island. Ads in the ferry terminal and on the ferry will start on January 4th and we will be placing ads in the Staten Island Advance around that date.

Next, as you may know, Governor Cuomo recently signed legislation to allow women who become pregnant to purchase insurance through the Exchange after the open enrollment period closes. Individuals who lose their job or move or have a baby are among those who have always been allowed to purchase insurance and now women who are pregnant have the same opportunity. We will be modifying our materials and training our marketing staff on this change.

We have begun marketing our products on Rikers Island to visitors to the Island. Currently every Friday marketing staff works with visitors who are interested in learning about health insurance options. We will be adjusting our presence over the next months based on our success.

In order to ensure better access to healthcare for our members assigned to NYC Health + Hospitals, we have been working closely with the division of Medical and Professional Affairs to redefine the auto-assignment algorithm. We are now able to obtain data listing providers with available panel capacity for each facility. This means that we are now able to avoid assigning new members to providers who are over-subscribed. This pilot has only been applied to Adult Medicine so far. We plan on expanding the new assignment algorithm to Pediatrics and Virology in the very near future.

After Ebola: Three Ways We're Growing our Mission

Nick Cagliuso, PhD, MPH
Assistant Vice President
Emergency Management

William Hicks, MS, RT(R)
Chief Operating Officer
Bellevue

Laura Evans, MD, MSc
Medical Director, Critical Care
Bellevue

Nate Link, MD, MPH
Medical Director
Bellevue



The End of the Beginning



Don Emmert, AFP



Three Ways We're Growing our Mission

1. NYC Health + Hospitals System-wide Special Pathogens* Program
 - Serving our patients
 2. Region 2 Ebola and Special Pathogen Treatment Center
 - Serving our region
 3. National Ebola Training and Education Center (NETEC)
 - Serving our country
- (*Highly infectious diseases)



1. H+H Special Pathogens Program

- Assistant Secretary for Preparedness and Response (ASPR) grant via NYC DOHMH through 8/31/18
- Director, Ebola & Special Pathogen Preparedness & Response
 - Dr. Syra Madad
- Planning
- Logistics
- Training
- Exercises



Planning: Concept of Operations

- Single, system-wide tiered plan
 - Patient recognition, evaluation & treatment
 - Personal Protective Equipment (PPE)
 - Labs
 - Transfer / transport
 - Logistics / Supply Chain
 - Training
 - Exercises



Logistics & Training

- Purchase & maintain system-wide PPE stockpiles
- ConOps & PPE
 - Ambulatory
 - Inpatient
 - Long-Term / Post-Acute
- Needs Assessment
- Training Materials
 - Compliance with NYS DOH Commissioner's Orders of 10/16/14 & 12/18/15
- Annual Report



Exercises

- Participate in NYC DOHMH tabletop exercise (TTX)
- Plan, conduct & evaluate system-wide TTX
- Prepare for full-scale exercise in year 2



Texas Health Presbyterian Hospital's Thoughtful Gift

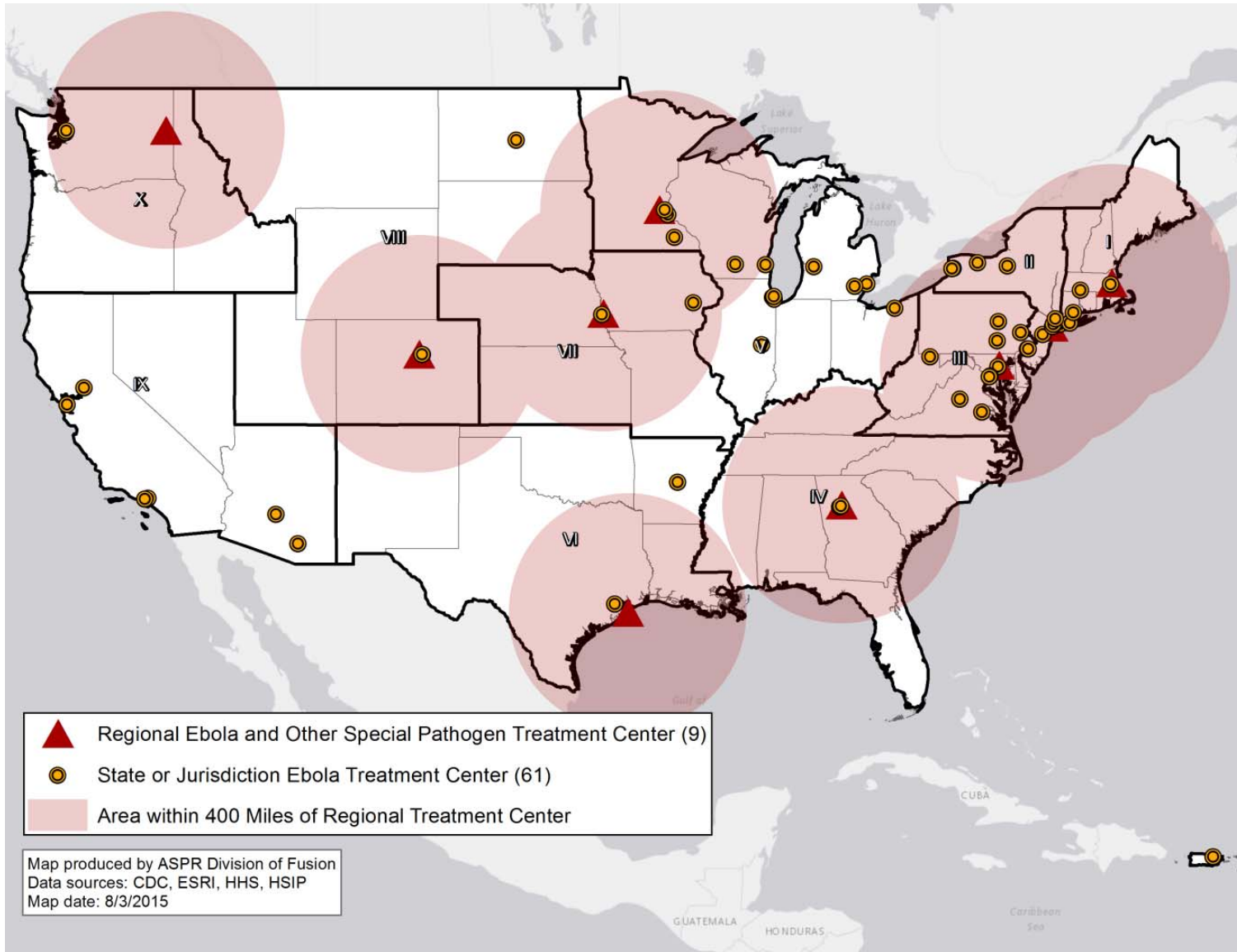


2. Ebola & Special Pathogen Treatment Center for HHS Region 2*

- ASPR grant via NYC DOHMH through 8/31/18
 - John Maher, Esq.
 - Senior Administrative Director, Special Pathogens Program
- Planning
- Logistics
- Training
- Exercises
- Point of Care Lab
- Operatory



Regional Ebola Treatment Centers



Bio-Isolation Transfer (BIT) Card



BIO ISOLATION TRANSFER CARD (BIT)

FDNY TRANSPORT TO HOSPITAL



Hospital Requirements

- Assemble Receiving Team
- Liaison Report to the Command Post
- Don PPE to Receive Patient from FDNY
- Standby at the Transfer Point
- Prepare 55 Gallon Bio Waste Drums
- Provide Patient Info to **DisCAS** following Triage

FDNY Requirements

- Briefing with Liaison prior to Patient Arrival
- Confirm Transfer Point
- Decontamination Corridor Prepared
- Supervise Patient Transfer to Hospital
- Supervise **DisCAS** Drilling and **DeGLO**
- Supervise **DeGLO** of Ambulance

- **Ensure Decontamination Corridor Prepared**
- **Provide Bi-Directional Responsibility**
- **Secure patient transfer area utilizing Hospital Security**
- **Identified Decontamination area clearly**

Hospital Contacts:

- Hospital ED:
- Boyd Dixon
- William Hicks
- Hospital EOC:
- Lt. Keith Franklin
- Lt. Sharon Rodriguez
- Administrator on Duty

FDNY Contacts:

- FDOC:
- EMS Telemetry:
- Firearm Station Cell:

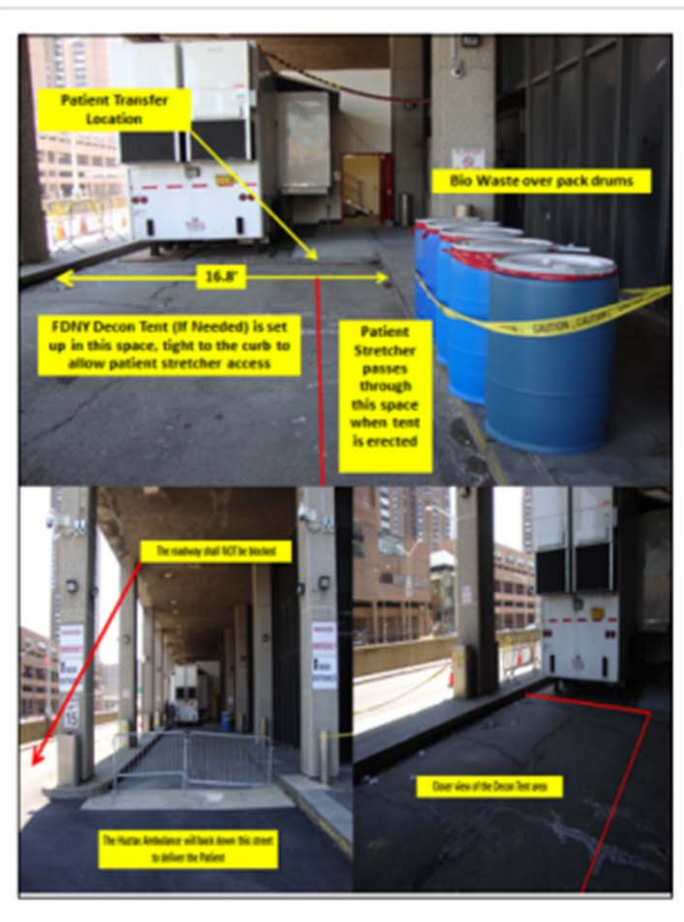
Receiving Hospital to Treatment Hospital Transfer

Hospital Requirements

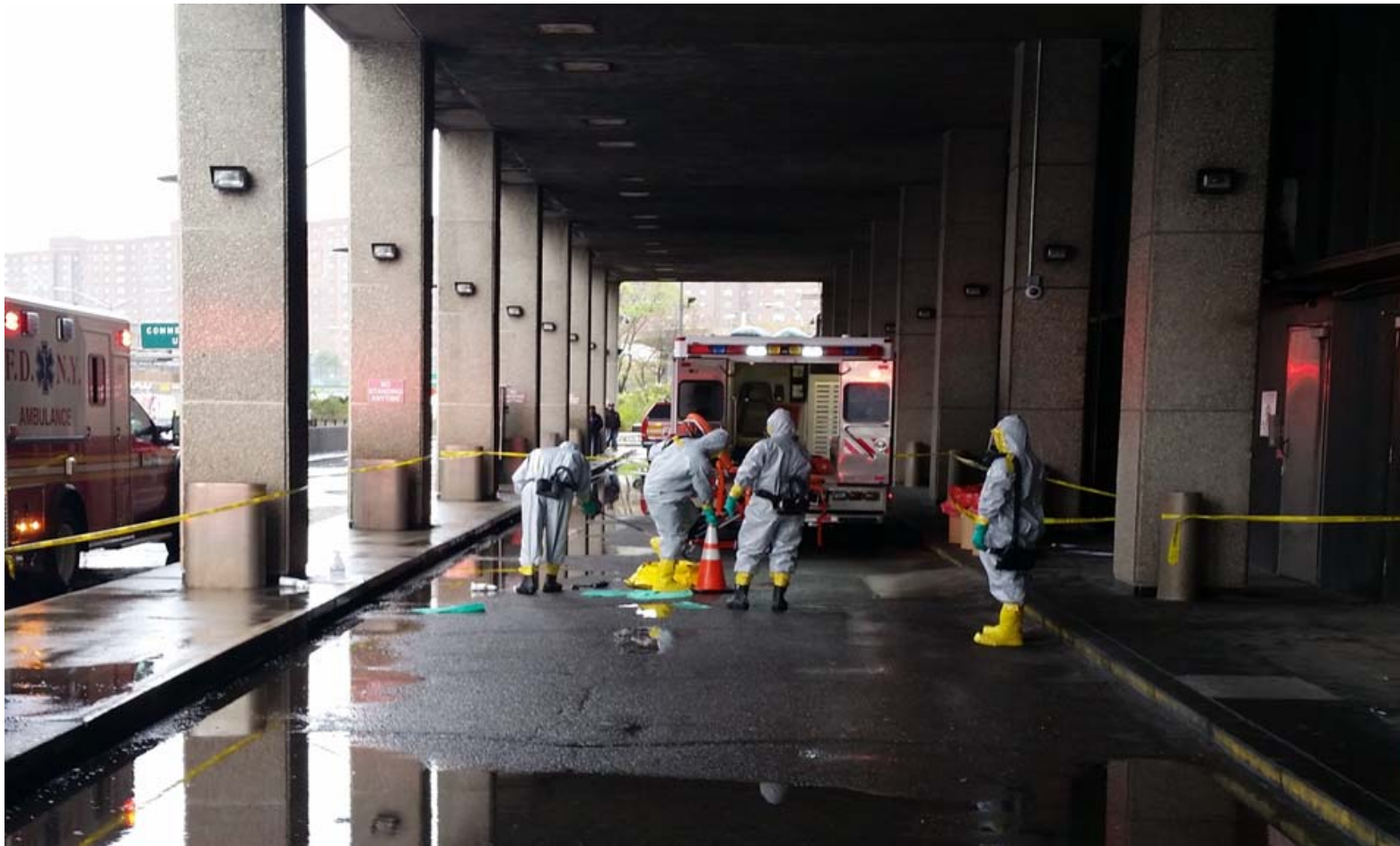
- Transfer Team Dons PPE
- Control of transfer area
- Liaison reports to the Command Post
- Identify Transfer Location
- Await **DisCAS** Personnel to receive Patient
- DisCAS** Personnel Accepts Patient
- DisCAS** Transport Patient

FDNY Requirements

- DisCAS** responds to Receiving Facility
- DisCAS** Officer meets Liaison
- Transfer Point Confirmed with Liaison
- DisCAS** Personnel Dons PPE
- DisCAS** Officer supervises transfer
- Ensure response of Clean Ambulance
- Both Ambulances driven by clean personnel ONLY



BIT Card In Action



Bellevue Special Pathogens Unit (SPU) Point of Care Lab



Next Steps

- Grow relationships with regional partners
 - NJ DOH
 - Robert Wood Johnson University Hospital, New Brunswick, NJ
 - NYS-wide health care sites
 - Air transport from PR & VI
- Exercise regional plan



3: **NETEC** | National Ebola
Training &
Education Center

A collaboration between



EMORY
MEDICINE



UNMC
Nebraska
Medicine

NYC
HEALTH+
HOSPITALS

And funded by

Bellevue

ASPR
ASSISTANT SECRETARY FOR
PREPAREDNESS AND RESPONSE

CDC
CENTERS FOR DISEASE
CONTROL AND PREVENTION



Contemplating NETEC: Atlanta, GA, 4/16/15



Goal

- To increase
 - Competency of U.S. health care & public health workers
 - Capability of U.S. health care facilities to deliver safe, efficient and effective care to patients with Ebola virus disease



Role

- To assist U.S. health care facilities with Ebola and special pathogen preparedness, NETEC, in collaboration with ASPR & CDC, will provide
 - Direct training
 - Peer review & assessment
 - Technical consultation



Rationale

- Low Patient Count
- High Resource Demand
- Low Resource Capacity
- High Risk Perception
- Little or no experience with EVD PUIs or confirmed cases
 - Emory, Nebraska and Bellevue have all successfully treated confirmed Ebola patients



Completed Site Assessments

- Denver Health, DE
- John Hopkins Hospital, MD
- Massachusetts General Hospital, MA
- Providence Sacred Heart, WA
- Robert Wood Johnson, NJ
- Texas Children's Hospital, Houston
- University of Minnesota Medical Center, Minneapolis
- University of Texas Medical Branch, Galveston



Realizing NETEC: Omaha, NE, 12/1/15



Next Steps

- Site Assessments
 - Chicago Ebola Response Network
 - 2/24-25/16
- Ebola Preparedness Courses
 - Emory, February 8 & 9
 - Nebraska, March 14 & 15
 - Simulation Course @ Bellevue, June 6 & 7
- Annual Readiness Report



A Privilege to Serve

