

RESILIENCE

The NYC Healthcare Coalition Newsletter
June 2026 Volume 4 | Issue 4



Resilience is a newsletter dedicated to the importance of preparing the NYC healthcare system for all hazards and the tireless professionals who do this critical but challenging work. It highlights just a sample of NYC Healthcare Coalition members' impactful efforts to prepare their healthcare sectors and save lives.

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From the Executive Director

Dear NYC Health Care Coalition Partners,

As we officially close out BP2 at the end of June, I want to take a moment to thank all of you for your unwavering commitment to the NYCHCC and HPP program. There has never been a more unpredictable time with federal grant programs and we've had to maneuver and adapt the best we could to ensure funding made it to our partners. Thanks to your dedication, we continued to make progress to improve our readiness.

Moving into BP3, we are introducing a revamped approach to how we tackle our emergency preparedness initiatives as a coalition. This means streamlined communication channels, more agile and collaborative workgroups, and technology-driven approaches to information sharing and situational awareness. Our goal is to move away from siloed sector-specific planning and toward a more integrated, dynamic

framework that will strengthen the entire coalition. We are extremely grateful to the Governance Task Force, which has helped us move forward with BP3 planning, budgeting decisions and agreeing on a future Governance Board model that will shape the work we do as a coalition moving forward. We are anticipating a more streamlined contracting process and getting contracts out for execution in early Fall. We will also soon announce our new Executive Director of Healthcare Systems Readiness. We will share all of the details at our BP3 Kickoff meeting which will be scheduled for late summer or early Fall.

As we enter the summer months, we know our healthcare systems will face its usual seasonal pressures alongside high-profile and unprecedented public events. Certainly, all of the work we have done over the years puts us in a strong position to manage whatever this summer brings. Thank you for your continued partnership, expertise, and shared vision for a safer, more resilient NYC. Have a great summer!

-Tamer Hadi – Assistant Commissioner

Announcements

We are pleased to announce that Madeline Tavarez has been selected as the new Executive Director of the Healthcare Systems Readiness Unit. Madeline will join the New York City Department of Health and Mental Hygiene on July 6, and we are excited to welcome her to the team!

Policy Updates

Federal Updates

- Congress is in the process of developing appropriations bills to fund the government for fiscal year (FY) 2027, which starts October 2026. Last week, the House released their Labor Health and Human Services (LHHS) appropriations bill for FY27. The Senate is still working on its appropriation bills, which are unlikely to be released until late July prior to Congress' August recess.
 - Since midterm elections will occur this fall, it is unlikely that Congress will be able to pass FY27 appropriations bills before current funding ends after September 30. Instead, it's more likely that Congress will temporarily extend current funding levels through a continuing resolution and then return to passing long term funding bills after the elections.
- The Trump Administration recently announced appointments to key agency leadership positions; however, these are still pending Senate approval and there have been no dates set yet for hearings.
 - CDC Director: Dr. Erica Schwartz; former Deputy Surgeon General during 1st Trump administration
 - ASPR: Sean Kaufman; formerly CEO of a behavioral health consultancy
 - FEMA Administrator: Cameron Hamilton; previously acting FEMA Administrator
 - Other CDC leadership appointments, which do not require Senate approval, have also been made, including:

- CDC Deputy Director and Chief Operating Officer: Sean Slovenski, former president of Walmart Health
- CDC Deputy Director and Chief Medical Officer: Jennifer Shuford, former commissioner of the Texas Department of State Health Services

NYC Updates

- The NYC Health Commissioner recently provided testimony to City Council about the agency's executive budget for FY27. See [health testimony](#) and [mental hygiene testimony](#) for additional details.
- Of particular note:
 - The New York State budget restores Article 6 public health matching funds of 36% to NYC, which is approximately \$60 million in funding. This reverses several years of cuts where NYC was the only jurisdiction in the state receiving a lower state reimbursement for core public health services, despite that it is home to the most individuals with low incomes and the majority of Medicaid recipients in all of New York State.
 - The City is increasing investments to core public health services and to help address affordability issues, including:
 - \$20 million to expand the Nurse-Family Partnership to include perinatal and early childhood mental health services;
 - \$20 million to expand community-based asthma programming in the Bronx with a focus on improving childhood asthma outcomes; and,
 - \$3 million to establish the Health and Affordability Corps, which hat will work with New Yorkers across the city to facilitate access to benefits, health insurance enrollment, and referrals to low- and no-cost services.

Coalition Actions

Beyond the Tourniquet: Reframing Armed Intruder Preparedness in Healthcare

At the February 2026 Association of Healthcare Emergency Preparedness Professionals (AHEPP) annual conference, Mount Sinai Health System's (MSHS) System Director of Education, Training, and Exercises, Meghan McPherson, presented Beyond the Tourniquet: Equipping Staff with Tools, Training, and Support for Armed Intruder Response. She shared how the organization transformed its active shooter/armed intruder (AS/AI) preparedness program into a more comprehensive, staff-centered initiative focused on options, action, and emotional well-being.

The presentation outlined MSHS's shift away from the Run-Hide-Fight framework toward a more nuanced, operationally realistic approach tailored to the healthcare environment. Leaders recognized that traditional AS/AI training often failed to account for the moral and ethical complexities healthcare workers face when caring for vulnerable patients during a crisis. Staff feedback during trainings and discussions also revealed that prior training efforts generated significant stress responses and left some employees feeling unprepared to make real-time decisions.

In response, MSHS launched a comprehensive redesign of its preparedness strategy under emergency management leadership. Drawing on guidance from healthcare security experts, the Hartford Consensus, and partnerships with the Stop the Bleed Coalition and behavioral health specialists, the team developed a bifurcated response model that empowers employees to

choose between traditional “Run-Hide-Fight” actions or a “Secure, Preserve, Fight” pathway when remaining with patients is clinically or ethically necessary.

A major component of the initiative involved expanding staff capability through Stop the Bleed (STB) training and equipment deployment. MSHS invested significant resources in SAM XT tourniquets and custom-designed STB kits that included training supplies, enlarged and laminated instructional materials, and bleeding-control equipment. Kits were strategically installed throughout hospitals, beginning with first-floor elevators and security desks at hospital sites, before expanding system-wide to ambulatory sites and to each floor of the hospitals. By the completion of this rollout, the health system will deploy 632 kits across hospital and ambulatory locations.

The educational strategy also evolved beyond awareness-based instruction. All emergency management staff became certified STB instructors, and the MSHS implemented a multilayered curriculum that incorporated annual AS/AI education, optional advanced STB certification, skills validation, and outreach events across departments. McPherson emphasized that the goal was not only to tell staff what to do during an emergency, but also to provide them with practical tools and confidence to act effectively before professional responders arrive.

Equally important was integrating emotional support and recovery resources into the preparedness framework. In collaboration with MSHS’s Stress and Resilience Program and ICARE Team, the initiative addressed the psychological impact of high-stress training and real-world incidents. By pairing tactical preparedness with emotional support resources, the program sought to reduce fear, mitigate decision paralysis, and reinforce staff resilience.

Throughout the session, McPherson reinforced a central message: effective healthcare preparedness must recognize the realities of clinical care, empower individual decision-making, and support staff both operationally and emotionally. The presentation offered attendees practical considerations for implementing enterprise-wide AS/AI preparedness programs that move beyond compliance-based training toward a more holistic readiness model.

Improving Hazardous Exposure Readiness in a Level 1 Trauma Center: A Quality Improvement Initiative

Richmond University Medical Center is a verified Level 1 Trauma Center committed to delivering high-quality rapid and coordinated care to critically ill and injured patients. As a part of their ongoing emergency preparedness efforts, they conducted a full-scale decontamination exercise designed to evaluate operational readiness, interdepartmental coordination and role clarity during a high-risk hazards' exposure scenario. While the drill demonstrated strong staff engagement and commitment, it also revealed several performance gaps and opportunities for improvement.

Following the exercise, a formal root cause analysis was completed to identify contributing factors and system vulnerabilities. Key findings included: inconsistent role clarity, communication breakdown, workflow inefficiencies, and gaps in competency-based training related to decontamination protocols. The analysis highlighted that role overlap and unclear task delegation contributed to delays and inconsistencies in patient processing and safety measures.

In response, a structured corrective action was developed to address these deficiencies. Central to this plan is the redesign of role assignments, with clinical staff, such as

nursing staff assuming more clearly defined leadership and operational responsibilities within the decontamination process. This restructuring promotes accountability, improves workflow efficiency, and aligns clinical expertise with safety priorities. Additionally, targeted education and hands-on simulation sessions have been implemented to reinforce adherence, strengthen team communication, and build confidence in high pressure situations. Ongoing monitoring, repeat drills, and performance metrics will be utilized to evaluate the effectiveness of these interventions and ensure sustained improvement.

By proactively identifying and implementing evidence-based corrective strategies, the Level 1 Trauma Center continues to strengthen its emergency preparedness framework, enhance interdisciplinary collaboration, and uphold the highest standards of patient and staff safety in complex disaster response scenarios.

Training Recap: Emergency Preparedness Project Management

From March 2-5, 2026, the Emergency Preparedness Committee of Manhattan (EPCOM) hosted an in-depth, four-day training on project management for emergency preparedness, facilitated by Project Management Academy. Held at the NYU Langone administrative offices in midtown, this in-person event focused on equipping participants with the critical skills needed to manage high-stakes emergency projects. The training highlighted how emergency management is intrinsically linked to project management, especially with its condensed timelines and complex demands. In addition to providing valuable skills, the training satisfied the required classroom hours needed for participants to be eligible to register for the Project Management Professional (PMP) certification. Twelve participants from a variety of NYC health systems and emergency management organizations, including Memorial Sloan Kettering, Lenox Hill Hospital (Northwell), and NYU Langone Health, attended, benefiting from the opportunity, which was provided free of charge to EPCOM members.

Participants engaged in a highly interactive curriculum that blended foundational project management principles with real-world emergency management applications, with overwhelmingly positive feedback captured through post-training evaluations. Notably, 100% of participants reported gaining new knowledge and skills, expressed satisfaction with the overall experience, and indicated that the quality of course content met their expectations. Attendees also highlighted the immediate impact on their day-to-day work, with one participant, Sofia Maimone, Senior Emergency Management Specialist at NYU Langone Health, noting, "PMP training has given me practical tools to manage competing priorities, communicate more clearly, and drive projects forward with greater efficiency." The in-person instruction was similarly well received, with participants emphasizing the clarity and effectiveness of the facilitator's teaching style and practical examples. Collectively, feedback reflected strong confidence in the training's ability to enhance job performance and operational effectiveness across participating organizations.

Educational Series

On April 28th, the Bureau of Healthcare and Community Readiness (BHCR) conducted the fifth session of the NYC Health Care Coalition (NYCHCC) Educational Series, featuring presentations from the DOHMH Healthcare Community Readiness Team. This session focused on essential principles of resource allocation and introduced strategies to enhance resource distribution and crisis care standards. A notable highlight was the appearance of Dr. Michael Redlener, who provided valuable insights on aligning Crisis Standards of Care (CSC) planning

with patient care and frontline clinical perspectives. The success of this session, building on previous ones, underscores the importance of continuous educational efforts and the dedication to fostering collaboration among partners through bimonthly meetings throughout the year. Participants are encouraged to provide feedback on these sessions and suggest future speakers for the educational series, with thoughts directed to Summer Williams at swilliams15@health.nyc.gov.

Resources

Mass Fatality Hospital Planning Checklist

A Mass Fatality Planning Checklist is an essential preparedness tool that helps hospitals effectively manage a sudden increase in deaths resulting from disasters, pandemics, mass casualty incidents, or other large-scale emergencies.

During these events, hospitals may face significant operational, logistical, legal, and emotional challenges that can quickly overwhelm existing processes. A comprehensive checklist provides a standardized framework to guide planning, response, and recovery efforts, ensuring that decedent management operations are conducted efficiently, respectfully, and in accordance with regulatory requirements. It helps hospitals identify resource needs such as morgue surge capacity, body storage, transportation, documentation procedures, and staffing requirements while clearly defining roles and responsibilities for internal departments and external partners. By proactively addressing these critical considerations, a mass fatality planning checklist enhances organizational readiness, preserves dignity for the deceased, supports affected families, and strengthens the hospital's ability to maintain continuity of operations during high-consequence events.

De-Escalation: The Imperative of Crisis Diffusion at Calvary

Effective crisis diffusion (de-escalation) is a cornerstone of Calvary's operational resilience and a critical competency across the Greater New York healthcare continuum, especially as health care workers across the sector are experiencing growing rates of workplace violence.

Assaults on nursing personnel are increasingly recognized as a severe and growing concern within health care settings, according to Nurse Leader. As of early 2026, the National Database of Nursing Quality Indicators (NDNQI) latest longitudinal analysis revealed a "steady increase" in assaults on nursing personnel, rising from approximately 14,000 in 2019 to nearly 24,000 in 2023.

Given the increasing prevalence of volatile situations, the need for a standardized, comprehensive training regimen is paramount to maintaining a secure, productive, and compassionate environment at Calvary.

Why De-Escalation Matters: Prioritizing Behavioral Management:

Our personnel frequently interact with individuals experiencing acute vulnerability, distress, or cognitive impairment. Specialized training equips all staff with evidence-based strategies to respond with professionalism, empathy, and assurance. This directly reinforces our core

PRE-INCIDENT PREPAREDNESS

Planning and Policy

- Identify hospital fatality management leadership.
- Establish procedures for temporary decedent storage.
- Establish chain-of-custody procedures.
- Develop family assistance procedures.
- Develop behavioral health support plans.
- Establish documentation requirements.
- Review annually.

mission: ensuring the safe, compassionate, and high-quality delivery of care to all stakeholders within our facilities.

Training Framework and Methodology:

Our current behavioral management curriculum integrates best practices from two robust methodologies:

- Tactical Communication Protocols: Leverages principles derived from military and law enforcement to instill enhanced situational awareness and structured communication models
- Management of Aggressive Behavior (M.O.A.B.) Training: Provides staff with validated verbal and, when necessary, other intervention techniques to manage and mitigate escalating situations safely.

Organizational Feedback and Impact Assessment

Program feedback has been overwhelmingly positive, indicating high levels of staff engagement and perceived efficacy. Participants consistently demonstrate a vested interest in applying practical, actionable tools.

Reported outcomes include:

- Enhanced Staff Confidence: Increased assurance in managing high-stress interactions
- Improved Resolution Efficiency: Achieving safer and more expedited resolutions to conflicts
- Sustained Professional Composure: Maintaining empathy and professionalism under duress

Future Enhancements

In response to demand among Calvary, we are expanding the program to include advanced, scenario-based modules focused on:

- Realistic Verbal De-escalation Simulations: Immersive training for complex interpersonal dynamics
- Practical Defensive Tactics: Job-specific self-protection skills for high-risk encounters

Conclusion: Crisis diffusion/de-escalation is an essential operational capability at Calvary. It underpins our commitment to safety, clinical excellence, and the well-being of patients, families, and staff.

Coming Up

BP3 Notice of Award

The New York City Health Department anticipates that ASPR will issue the BP3 notice of award in early July, which will confirm the overall award amount and begin the sub-awardee contracting process. DOHMH is working diligently to issue awards more quickly in BP3, with a goal of completion by October. More information about BP3 plans, including BP3 Kickoff Meetings and Task Force details, will be shared in the coming weeks.

Feedback

How useful is the content in the newsletter for your sector? ([View/vote in browser](#))

Do you have something to include in a future issue of this newsletter? ([Submit it here](#))