

New York City Bioterrorism Hospital  
Preparedness Program

Citywide Tabletop Exercise Vendor

Request for Proposals

Due February 24, 2005

FUND FOR PUBLIC HEALTH IN NEW YORK  
93 Worth Street, Room 1114A  
New York, NY 10013

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## INTRODUCTION

The goal of New York City Department of Health and Mental Hygiene's Bioterrorism Hospital Preparedness Program (BHPP) is to address gaps in the public health and health care system in response to mass care needs during bioterrorism events and other public health emergencies. Over the past two years, BHPP has engaged all hospitals in actively assessing their preparedness for biological, chemical, and radiological terrorism, and has funded all hospitals to work toward meeting critical preparedness benchmarks. A fundamental outcome of these efforts is improved regional integration of health care resources during a public health emergency.

To test regional surge capacity plans and the coordination of the hospital sector and governmental public health and emergency management agencies' response to a citywide infectious disease emergency, the BHPP is planning to conduct citywide tabletop exercises with representatives from all city hospitals, limited outpatient facilities and key city and state government agencies. The primary goal of these exercises is to evaluate current preparedness strategies as well as identify current gaps in mass care preparedness that can be addressed in subsequent planning and training. Additionally, it seeks to identify opportunities for improved communication and coordination between New York City hospitals and the public health and first responder systems.

### 1 STATEMENT OF PURPOSE

On behalf of the New York City Department of Health and Mental Hygiene (NYC DOHMH), the Fund for Public Health in New York (FPHNY) is requesting proposals from qualified Vendors to develop and assist in implementing two tabletop exercises to test the City's response to a large, evolving infectious disease emergency. Both tabletop exercises will test and evaluate the capacities for responding to a large-scale infectious disease epidemic involving adults/children caused by a pandemic strain of influenza. The first exercise will only involve key government agencies (NYC DOHMH, Emergency Medical Services {EMS}, the Office of Emergency Management {OEM}) and the New York State Department of Health {NYSDOH}), in order to evaluate the respective agency roles and responsibilities in coordinating the mass acute care response to a large-scale biologic disaster. The second exercise will involve up to four representatives from each city hospital, in addition to key city and state agencies.

These exercises should enable all participating hospitals, agencies and organizations to identify predictable issues that might occur, as well as challenges that would need to be addressed, during a public health emergency large enough to have a major impact on New York City hospitals and the overall healthcare delivery system.

#### 1.1 SUMMARY SCOPE OF SERVICE

The Vendor must develop two (2) tabletop exercises. The same general scenario will be utilized for each exercise, although the second scenario will need to realistically simulate each individual hospital's experience as well as the overall citywide impact of a pandemic influenza outbreak. **Appendix 7.2 details the Vendor Scope of Services for the project.**

## 1.2 PERIOD OF PERFORMANCE

The period of work for this contract shall commence on March 28, 2005, and end by August 31, 2005. The actual dates of the two exercises and associated meetings will be determined by the needs of NYC DOHMH, OEM, the selected Vendor and the NYSDOH. A final schedule will be developed as soon as possible after the Vendor is selected to ensure sufficient time to complete this project.

## 2 SCHEDULE OF EVENTS

The deadline for this proposal is February 18, 2005 by 5:00 p.m. The following schedule of events represents the best estimate of the schedule that will be followed. Unless otherwise specified, the time of day for the following events will be between 9:00am and 5:00pm EST.

<i>EVENT</i>	<i>TIME</i>	<i>DATE</i>
<b>Release of RFP</b>		January 24, 2005
<b>Inquiry Period</b>		January 24- February 18, 2005
<b>Proposal Deadline</b>	5:00 p.m.	February 18, 2005
<b>Notice of Award</b>		March 11, 2005,
<b>Contract Start Date</b>		March 28, 2005
<b>Contract End Date</b>		August 31, 2005

## 3 RFP COMMUNICATIONS

Potential Vendors may consult only with the following NYC DOHMH contacts with questions about this Request for Proposals (RFP):

### **For program questions:**

Marcelle Layton, MD, Assistant Commissioner  
Bureau of Communicable Disease  
Phone: (212) 788-4193  
Fax: (212) 788-4278  
Email: [mLAYTON@health.nyc.gov](mailto:mLAYTON@health.nyc.gov)

### **For procurement questions:**

Sharon Stephens  
Contract Manager  
Fund for Public Health in New York  
93 Worth Street, Room 1114A  
New York, NY 10013  
Phone: (212) 219-5264  
Fax: (212) 219-5269  
Email: [sstephen@health.nyc.gov](mailto:sstephen@health.nyc.gov)

No other contact with FPHNY or NYC DOHMH personnel regarding this project are permitted in the period between the release of this RFP and the notice of award. Any oral communication shall be considered unofficial and non-binding with regard to this RFP and subsequent award

## 4 PROPOSAL APPLICATION AND SUBMISSION REQUIREMENTS

### 4.1 APPLICATION REQUIREMENTS

- Each response to this RFP must consist of:
  - Proposal Transmission Sheet – Appendix 7.1
  - Technical Proposal
  - Attachments to the Technical Proposal:
    - Curriculum vitae for key personnel on the Project Team as well as subcontractors, if applicable.
    - Client references - Provide three (3) Client references that can verify the Vendor's claims and quality of service rendered. Preferred references are other hospitals or public health agencies that contracted with the vendor for drills or exercises involving a biologic agent. Each reference must include the company name and business address; the name, title and telephone of the company contact; a brief description of the prior experience developing and implementing exercises testing emergency preparedness plans for hospitals or public health agencies.
    - Work samples – Previous drills, drill materials and an after-action report, as described in A.6 and A.7 of the Technical Proposal (7.3).
  - Budget Proposal

### 4.2 SUBMISSION REQUIREMENTS

- Each Vendor must submit an electronic copy and five (5) hard copies of the application. The format should be Microsoft Professional Office 2000 or compatible format
- All Proposals in response to this RFP must be postmarked and e-mailed to the following address, no later than February 18, 2005 at 5:00 p.m.:

**Fund for the Public Health of New York**

**93 Worth Street, Room 1114A**

**New York, NY 10013**

Attn: Sharon Stephens, FPHNY

[sstephen@health.nyc.gov](mailto:sstephen@health.nyc.gov)

- Late proposals will NOT be considered.

### 4.3 TECHNICAL PROPOSAL

- The Technical Proposal Guide, Appendix 7.3, details the specific requirements for making a Technical Proposal in response to this RFP. No pricing information should be included in the Technical Proposal.
- Each Vendor must use the Technical Proposal Guide to organize, reference and draft the Technical Proposal.
- All information included in the Technical Proposal should be relevant to a specific requirement detailed in the Technical Proposal Guide. All information must be incorporated into a response to a specific requirement.

- A proposal may be deemed non-responsive and may be rejected if the Technical Proposal document fails to appropriately address/meet all of the requirements detailed in the Technical Proposal Guide.

#### **4.4 BUDGET PROPOSAL**

- The Budget Proposal Guide, Appendix 7.4, must be completed exactly as required, including all detail described for cost analysis purposes.
- The Budget Proposal should clearly identify and detail costs associated with the six deliverables described in Appendix 7.2.
- The Budget Proposal should incorporate all costs for both drills for the total contract period. Preference will be given to those proposals that show cost efficiencies, for example, consolidating costs for common planning activities.
- If the Vendor fails to submit a Budget Proposal as required, the application may be determined to be non-responsive and may be rejected.

#### **4.5 GENERAL REQUIREMENTS**

##### **Vendor Required Review**

- Each Vendor must carefully review this RFP and all attachments for comments, questions, objections or any other matters requiring clarification. Comments must be made within the Inquiry Period.

##### **Disclosure of Proposal Contents**

- Each proposal and material submitted in response to this RFP shall become the property of NYC DOHMH. Selection or rejection of a proposal does not affect this right. All proposal information, including detailed cost information, shall be held in confidence during the evaluation process.

##### **RFP Amendment and Cancellation**

- This RFP may be unilaterally amended in writing at any time. If an RFP amendment is issued, such amendment will be conveyed to the Vendors.
- A Vendor shall not submit more than one proposal.
- A Vendor shall not submit multiple proposals in different forms, i.e., a Vendor shall not submit one proposal as a prime contractor and permit a second Vendor to submit another proposal with the first Vendor offered as a subcontractor. This restriction does not prohibit different Vendors from offering the same subcontractor as a part of their proposals, provided that the subcontractor does not also submit a proposal as a prime contractor.

#### **4.6 METHOD OF AWARD**

- A contract will be awarded to the successful Vendor whose proposal is determined to be the most advantageous to NYC DOHMH and FPHNY. Proposals will be evaluated based on the factors described in Section 6, proposal evaluation.
- Please note that any awards made pursuant to this RFP are made contingent upon the successful negotiation of a formal contract between FPHNY and the recipient and the execution of such a contract by an authorized officer or agent of such applicant. All contracts entered into pursuant to this RFP shall incorporate all terms and conditions as are necessary to accommodate the grant-related, contract-related, statutory and regulatory restrictions that affect NYC DOHMH, FPHNY and the Federal Health

Resources & Services Administration (HRSA) in relation to the funding activities and programs referred to herein.

## **5 GENERAL DISCLOSURES**

### **5.1 PRIVACY ACT**

- Work on this project may require that personnel have access to Privacy Information. Personnel shall adhere to the Privacy Act, Title 5 of the U.S. Code, Section 552a and applicable agency rules and regulations.

### **5.2 SECURITY AND CONFIDENTIALITY**

- The Vendor shall not reveal nor release any information as to the details of the scenario to any exercise participant or other party that should not be privy to this information without NYC DOHMH's prior authorization. In addition, the Vendor shall not reveal or release any information identifying participating hospitals or government agencies. Any publications describing the results of these exercises must be cleared by the NYC DOHMH prior to manuscript submission. The Vendor will sign and abide by a Confidentiality Agreement that addresses these and other related conditions.

### **5.3 NOTICE REGARDING LATE DELIVERY**

- The Vendor shall notify the NYC DOHMH point-of-contact via telephone or e-mail as soon as it becomes apparent that a scheduled deliverable will be late. The Vendor should include in the notification the reason for late delivery, the expected date for the delivery and the projected impact of the late delivery. The NYC DOHMH point-of-contact will review the new schedule and provide guidance to the Vendor.

### **5.4 HARDWARE, SOFTWARE AND DATA PROPERTY RIGHTS**

- All products (e.g., exercise packets, after action reports) developed in the course of the project are the sole property of NYC DOHMH and may be used for conducting additional exercises, or for any other design or product without additional compensation to the Vendor. In addition, any use of these products without the expressed written consent of NYC DOHMH is strictly prohibited. NYC DOHMH shall be considered the "person for whom the work was prepared" for the purpose of authorship in any copyrightable work under 17 U.S.C. 201 (b). With respect thereto, the Vendor agrees not to assert or authorize others to assert any rights nor establish any claim under the design patent or copyright laws. The Vendor for a period of three (3) years after completion of the project agrees to furnish all retained works on the request of NYC DOHMH. Unless otherwise specified in the contract, the Vendor shall have the right to retain copies of all works beyond such period.

## 6 PROPOSAL EVALUATION

### EVALUATION CATEGORIES AND MAXIMUM POINTS AWARDED

The Proposal evaluation process is designed to award the contract not necessarily to the Vendor of least cost, but rather to the Vendor with the best combination of attributes based upon the evaluation criteria. An Evaluation team will be made up of at least three (3) individuals who have prior experience in hospital emergency preparedness, bioterrorism, and city or state emergency preparedness planning.

The Technical Proposal and the Budget Proposal will be considered in the evaluation of proposals. The maximum points that shall be awarded for each of the categories are detailed below.

<i>CATEGORY</i>	<i>POINTS</i>
<b>Technical Proposal - Qualifications and Experience</b>	25
<b>Technical Proposal - Project Management/Innovativeness/Capacity</b>	50
<b>Budget Proposal</b>	25
<b>MAXIMUM POINTS AWARDED</b>	<b>100</b>

#### 6.1 EVALUATION PROCESS

##### **Qualification and Experience**

- Each Proposal will be evaluated on its ability to demonstrate the contractor's prior experience developing and implementing tabletop exercises that address hospital and public health emergency preparedness plans.
- Proposals that show experience in conducting exercises that integrate local, city and state public health and first responder agencies and representatives from the health care sector will be favored. Vendors who have specific experience developing or conducting biological terrorism/infectious disease emergency exercise scenarios will also be favorably rated.
- Preference will be given to vendors who have conducted exercises in a metropolitan region and demonstrate an understanding of the complexities of an urban healthcare system.
- The quality of submitted writing samples of previously developed exercise materials such as scenarios and after-action reports will also be evaluated.

##### **Project Management/Innovativeness/Capacity**

- Each proposal will be judged on the contractor's ability to demonstrate an effective and reasonable project work plan and timeline, to deploy sufficient resources and to demonstrate that effective processes will be in place to proactively identify and correct problems during the project period. Timelines should include sufficient time periods to allow the NYC DOHMH to provide comments before finalizing materials. Preference will be given to those who indicate availability for in-person planning meetings.
- A 2-3-page description of a potential drill format for both the initial intergovernmental agency and the larger citywide hospital exercise will be evaluated.

Proposals will be judged on innovativeness, especially regarding how the larger citywide hospital exercise format will allow each participating hospital to experience the impact on their own institution in a realistic way and how the following interactions will be facilitated to address regional surge capacity issues: within existing hospital networks, between existing hospital networks, between governmental agencies and between hospitals and local and state public health and emergency management agencies. The narrative should demonstrate an appropriate level of increased complexity that would challenge the participants' preparedness strategies and highlight how the contractor will ensure sufficient time for both the exercise play to identify and work out the issues, and for a facilitated discussion to highlight for the entire group the successes and critical gaps that arise.

### **Budget**

Proposals will be evaluated on their ability to demonstrate and document a comprehensive understanding of the project resource requirements and a budget that demonstrates an effective and efficient use of personnel resources, travel costs and material costs for conducting both exercises. Lower bids will be favored among those applications that score well on the other two criteria above.

## **7 RFP APPENDICES**

7.1 Proposal Transmittal Sheet

7.2 Vendor Scope of Service

7.3 Technical Proposal Guide

7.4 Budget Proposal Guide

**7.1 Proposal Transmittal Sheet**

**PROPOSAL TRANSMITTAL**

*The Vendor must complete and sign this Technical Proposal Transmittal. It must be signed in the space below, by the individual empowered to bind the proposing entity to the provisions of this RFP and any contract awarded pursuant to it. If said individual is not the Vendor's Chief Executive Officer, this document shall attach evidence showing the individual's authority to bind the proposing entity.*

**VENDOR'S LEGAL ENTITY NAME:**

**VENDOR FEDERAL EMPLOYER IDENTIFICATION NUMBER:**

**PROJECT DIRECTOR:**

**ADDRESS:**

**E-MAIL ADDRESS**

**PHONE NUMBER:**

**FAX NUMBER:**

**Signature:**

**Date:**

## 7.2 Vendor Scope of Services

The Vendor will plan and conduct two (2) separate multi-agency tabletop exercises designed to test the city's ability to respond to a pandemic influenza outbreak and to ensure sufficient mass care surge capacity to handle a large scale infectious disease epidemic involving adults/children. These exercises should enable hospitals and government agencies to explore some of the coordination and operational challenges that they would face during the initial response to a significant infectious disease emergency in New York City (NYC). During the exercises, participants should test strategies for assessing and responding to an evolving epidemic, coordinate plans and make recommendations with government officials, and implement and monitor the effects of those actions. The exercises should be designed to help the participants illuminate key issues and identify gaps that will need to be addressed to improve the City's plans for mass medical care in the event of an actual large-scale infectious disease emergency.

The first exercise will be limited to key representatives from the NYC DOHMH, EMS and OEM and NYSDOH. The focus of this exercise will be to clarify the respective roles and responsibilities of these government agencies in coordinating the response to a mass care event with a severe, contagious disease agent with epidemic potential, and identify and resolve key decision-making issues prior to the citywide hospital tabletop (e.g., how to effectively use data collected by the NYSDOH Hospital Emergency Response Data system, (HERDS) in real time to: 1) assess the impact of the outbreak and determine the need for hospital closures if significant disease transmission is occurring within a facility, affecting healthcare workers, patients and/or visitors; 2) determine the need for designating an outbreak hospital under certain circumstances; 3) implement isolation and quarantine measures; 4) assess the need for alternate care facilities, etc.).

At the larger exercise, all NYC acute care hospitals and government public health/safety agencies represented will participate as players. They will be provided with hospital and/or agency specific information and will need to adjust their response to changing circumstances during the time frame of the exercise. Some hospitals will be affected early in the exercise and others may not experience any direct impacts until later in the drill. Hospitals and networks will need to address increasing demands for beds and essential supplies by interacting with other hospitals, the local and state Health Departments, OEM and other key city agencies and organizations.

The primary objectives are:

- To test the flexibility of the NYC hospital and public health systems to respond to a biological event that affects large numbers of people (i.e., pandemic influenza).
- To test the coordination of decision-making and information exchange among governmental agencies and local organizations.
- To test the coordination of decision-making and information exchange between governmental agencies and the hospital community.
- To identify gaps in the city's mass medical care response in order to recommend future actions that both government agencies and the hospital community should consider taking based on the insights and issues raised during this game.

Issues that should be addressed include:

- (1) Managing critical bed capacity (including isolation capacity), physical plants, personnel and material resources within a hospital facility, existing networks or ad hoc hospital group. Coordination of City and State plans for distribution of supplies, including vaccine, from the Strategic National Stockpiles, to hospitals. Role of HERDS in assisting government agencies in coordinating request for assistance from and monitoring impact on city hospitals;
- (2) Integrating emergency response plans and triage protocols for mass casualty incidents between hospitals and participating or associated outpatient facilities
- (3) Determining whether to designate certain hospitals to handle infectious patients and/or to close facilities that are more severely impacted by the outbreak
- (4) Communicating needs among hospitals (both within and outside of existing networks) and between hospitals and NYC DOHMH, OEM, EMS and NYSDOH, and other city agencies. Coordination of communication with the public and media.
- (5) Establishing coordinated means for hospitals and government agencies to address the mental health impact of the outbreak.

The Vendor deliverables and the timeline for completion are as follows:

Deliverable	Minimum required	Completion Date. No later than:
<b>1. Submit Operational Plans</b>	<p>The operational plan, created in close collaboration with trusted agents from the NYC DOHMH, EMS, OEM staff and NYSDOH should include the following items:</p> <p><b><u>For the interagency tabletop exercise:</u></b></p> <ul style="list-style-type: none"> <li>▪ Specific objectives for the exercise as developed in consensus with the trusted agents, to test assumptions regarding respective agency roles and responsibilities and decision-making authority during an outbreak due to a severe, contagious disease (i.e., pandemic flu).</li> <li>▪ Methodology for how the Vendor will implement a scenario that will challenge and evaluate the strategies used by all participating agencies in the event of a pandemic outbreak of influenza.</li> <li>▪ Timelines for planning activities including: meetings, trainings, review process for scenarios and materials. It is expected that the Vendor will meet by conference call with the trusted agents at least 3 times prior to the exercise and all materials will be shared electronically allowing at least one week for the NYC DOHMH and other trusted agents to provide comments.</li> </ul>	April 18, 2005
	<p><b><u>For the citywide hospital exercise:</u></b></p> <ul style="list-style-type: none"> <li>▪ Specific objectives for the exercise as</li> </ul>	June 6, 2005

Deliverable	Minimum required	Completion Date. No later than:
	<p>developed in consensus with the trusted agents and building upon the issues raised during the first exercise with city and state agencies.</p> <ul style="list-style-type: none"> <li>▪ Methodology for how the Vendor will implement a scenario that will allow all participating hospitals to simulate the impact of the pandemic on their individual institutions (e.g., how specific hospital level data and scenario issues will be provided to each facility over the time course of the tabletop scenario), as well as how the necessary interaction among hospitals, and between hospitals and the government response agencies will be facilitated.</li> <li>▪ Timelines for planning activities including: meetings, trainings, review process for scenarios and materials. It is expected that the Vendor will meet by conference call with the trusted agents at least 3 times prior to the exercise and all materials will be shared electronically with at least one week for the NYC DOHMH and other trusted agents to provide comments.</li> </ul>	
<p><b>2. Submit Draft script for the interagency tabletop exercise</b></p>	<p>In close collaboration with the trusted agents, develop a scenario involving a severe outbreak of pandemic influenza, to test the city and state agencies ability to oversee and coordinate the response to a mass care event with a communicable agent. The draft script for the scenario should include the following:</p> <ul style="list-style-type: none"> <li>▪ Time sequence for how the main events will unfold, with injects.</li> <li>▪ Issues that will be addressed.</li> <li>▪ Description of evaluation goals, evaluator forms and checklist.</li> </ul> <p>Draft PowerPoint® slides, injects, list of questions for the moderator to use during the facilitated discussion, participant handouts, etc. should also be shared with time for review and comment by trusted agents.</p>	<p>May 9, 2005</p>
<p><b>3. Conduct the interagency tabletop exercise</b></p>	<p>Conduct a 4 hour drill with key representatives from NYC DOHMH, EMS, OEM and NYSDOH, (anticipate no more than 20-25 participants).</p> <ul style="list-style-type: none"> <li>▪ Provide at least one moderator with expertise in conducting tabletop exercises on bioterrorism and/or hospital/public health preparedness</li> <li>▪ Manage and moderate the execution of the</li> </ul>	<p>May 31, 2005</p>

Deliverable	Minimum required	Completion Date. No later than:
	<p>exercise. Provide sufficient evaluators and facilitators (at least one of each).</p> <ul style="list-style-type: none"> <li>▪ Document significant actions taken and decisions made during the exercise and incorporate into an after action report for distribution to all represented agencies.</li> <li>▪ Oversee and facilitate the debriefing session (“hot wash”) immediately after the exercise. It is anticipated that, after a break, this will be followed by a 1-2 hour meeting that will be moderated by the vendor to allow the participants to start to work out some of the major issues identified.</li> <li>▪ Provide sufficient supplies (e.g., participant name tags) and copies of all written materials related to the execution of the tabletop exercise.</li> </ul>	
<p><b>4. Submit an enhanced script for the citywide hospital exercise with representatives key government response agencies</b></p>	<p>In close collaboration with the trusted agents, develop a scenario using a severe outbreak of pandemic influenza, to test the coordination between all participating hospitals, and the city and state agencies to respond to a mass care event with a communicable agent. The script should include the following:</p> <ul style="list-style-type: none"> <li>▪ Time sequence for how the main events will unfold, with injects.</li> <li>▪ Hospital and agency specific injects or scripts</li> <li>▪ Issues that will be addressed and how multiple levels of communication and coordinated will be facilitated. Include list of questions for the moderator to use during the facilitated discussion,</li> <li>▪ Description of evaluation goals, evaluator forms and checklists. Evaluations should address strength and weaknesses of participants and well as facilitators.</li> </ul> <p>Draft PowerPoint slides; participant handouts, etc. should also be shared with time for review and comment by trusted agents.</p> <p>NYC DOHMH needs at least two weeks for review and providing final comment to the Vendor</p>	<p>June 13, 2005</p>
<p><b>5. Conduct the citywide hospital tabletop exercise</b></p>	<p>Conduct an 8-hour drill with key representatives from all 70 NYC hospitals, NYC DOHMH, EMS, OEM and NYSDOH; possibly representatives from several other key agencies (potentially up to 300 participants expected)</p>	<p>July 18, 2005</p>

Deliverable	Minimum required	Completion Date. No later than:
	<ul style="list-style-type: none"> <li>▪ Provide at least one moderator and at least 5 facilitators with expertise in conducting tabletop exercises on bioterrorism and/or hospital/public health preparedness</li> <li>▪ Manage and moderate the execution of the exercise and facilitate the discussion to ensure key issues are raised and addressed</li> <li>▪ Document significant actions taken and decisions made during the exercise.</li> <li>▪ Oversee and facilitate the debriefing session (“hot wash”) immediately after the exercise.</li> <li>▪ Provide sufficient supplies (e.g., participant name tags) and copies of all written materials related to the execution of the tabletop exercise. (e.g., participant packets, all handouts during the exercise).</li> </ul>	
<b>6. Submit After-action Reports</b>	<p>Prepare two written after-action reports that summarize the outcome of each exercise:</p> <p>Interagency exercise:</p> <ol style="list-style-type: none"> <li>a. Include any positive outcomes as well as gaps that were identified.</li> <li>b. Include a detailed set of recommendations for actions or adjustments that the NYC DOHMH, OEM and NYSDOH should implement to improve their coordination of acute responses to mass biologic events, with focus on surge capacity plans and preparedness for infectious disease emergencies.</li> <li>c. Incorporate comments from hot-wash and post-exercise questionnaires.</li> </ol> <p>Citywide exercise:</p> <ol style="list-style-type: none"> <li>a. Lessons learned by the participating hospitals and agencies. Include any positive outcomes as well as gaps that were identified.</li> <li>b. Strengths and weaknesses identified in the hospitals emergency response plans.</li> <li>c. Include a detailed set of recommendations for actions or adjustments that the city hospitals and local agencies should implement to improve their coordination of acute responses to mass biologic events, with focus on surge capacity plans and preparedness for infectious disease emergencies.</li> </ol> <p>Incorporate comments from hot-wash and post-exercise questionnaires.</p>	<p>Interagency: June 20, 2005</p> <p>Citywide hospital: August 19, 2005</p>

To successfully complete the deliverables the Vendor will need to collaborate with up to 2 personnel identified as “trusted agents” from each of the following agencies: NYC DOHMH, OEM, EMS and NYSDOH. Input will also be obtained from a representative from the Greater New York Hospital Association and from select hospitals or networks.

NYC DOHMH will be a key resource to the Vendor and will provide the following:

- Expertise in the medical, microbiological and epidemiological aspects of the infectious disease/bioterrorism threat agents.
- Knowledge of NYC healthcare system and public health response planning
- Site location for both exercises.
- Audiovisual equipment for presentation purposes (e.g., laptop, projector, laser pointer), if Vendor cannot supply.
- Access to participating governmental agencies and other organizations.

The Vendor will work collaboratively with key NYC DOHMH personnel, including, but not limited to:

Katherine Uranek, MD, MS, Surge Capacity Medical Coordinator, Bioterrorism Hospital Preparedness Program

Debra Berg, MD, Medical Director, Bioterrorism Hospital Preparedness Program

Joel Ackelsberg, MD, MPH, Medical Director, Emergency Readiness and Response Unit

Marcelle Layton, MD, Assistant Commissioner, Bureau of Communicable Diseases

### 7.3 Technical Proposal Guide

TECHNICAL PROPOSAL GUIDE – SECTION A	
<b>SECTION A – QUALIFICATIONS AND EXPERIENCE</b>	
VENDOR’S NAME	
<b>Qualifications and Experience Items</b>	
<p><b>A.1</b> Describe the Vendor’s form of business and detail name, mailing address and telephone number of the person that should be contacted regarding the proposal.</p>	
<p><b>A.2</b> Describe the Vendor client base and location of offices. Provide an organizational chart highlighting the key personnel who will be assigned to accomplish the work required by this RFP, illustrating the lines of authority. Provide the name and title of the contact for day-to-day operations. Provide a statement that the Vendor is adequately staffed and trained to perform the required services.</p>	
<p><b>A.3</b> Provide as an attachment, the curriculum vitae of key personnel who shall be assigned by the Vendor to perform duties and services under the contract including moderators and content experts.</p>	
<p><b>A.4</b> Provide a statement of whether the Vendor intends to use subcontractors, and if so, the names, mailing addresses and Tax Identification Numbers of the committed subcontractors and a description of the scope and portions of the work the subcontractors will perform. Provide the curriculum vitae of key subcontracting personnel as an attachment.</p>	
<p><b>A.5</b> Provide a narrative indicating the Vendor’s credentials to perform <b>hospital and/or public health tabletop</b> exercises sought under this RFP. Describe how long the Vendor has been performing the services required by this RFP and include the number of hospital and public health-focused exercises that have been developed and moderated by the Vendor. Describe experience conducting/moderating a bioterrorism or a naturally occurring infectious disease outbreak that was conducted using a tabletop format. Preference will be given to vendors who have conducted exercises in a metropolitan region.</p>	
<p><b>A.6</b> Describe the Vendor’s prior experience developing and implementing tabletop exercises testing hospital and/or public health emergency preparedness plans. The minimum requirements are at least five (5) years conducting bioterrorism exercises and evidence of at least five (5) drills involving bioterrorism or naturally occurring infectious disease outbreak. Of these experiences, describe (to a maximum of five) those that most closely demonstrate the Vendor’s understanding of the city’s needs and the ability to perform the type of multi-facility tabletop exercise described in this RFP. <b>Include in your description, timeframe, number of participants, type of exercise, participating facility (ies), jurisdiction, lead agency and scenario - one (1) page per project. Provide as an attachment to the Proposal.</b></p>	
<p><b>A.7</b> Provide as an attachment, no more than one (1) set of written samples of drill materials, evaluation forms and an after action report, for one of the above described drills.</p>	
	<b>Maximum Section A Score = 25</b>

TECHNICAL PROPOSAL GUIDE –SECTION B	
SECTION B – TECHNICAL PROPOSAL	
VENDOR’S NAME	
<b>Project Management/Innovativeness/Capacity</b>	
<b>B.1</b> Provide a narrative that describes how the Vendor will manage the project, ensure completion of the scope of services, and accomplish the required objectives within the project schedule. The Vendor will need to demonstrate that the exercises will adequately challenge and evaluate the city’s ability to coordinate the surge capacity response to an evolving influenza pandemic.	
<b>B.2</b> Include a 2-3-page outline or narrative with a proposal for how the citywide hospital tabletop exercise will be conducted to ensure effective involvement of all participants, in a realistic way that simulates a true severe outbreak (i.e., pandemic flu) in the city. Proposals will be evaluated on the innovativeness for developing a scenario and exercise format that adequately simulates the impact of an influenza pandemic on the city. The exercise should address how the Vendor will simulate the multiple levels of coordination and communication that will need to occur during the mass care response among hospitals (both within existing networks and outside of them), between hospitals and city/state public health and safety agencies and among city agencies and local organizations. The exercise should demonstrate an understanding of the complexities of a large urban healthcare system.	
<b>B.3</b> Describe how issues or problems arising during the drills will be identified and resolved in the course of the project. Also describe mechanisms to maintain ongoing communication with NYC DOHMH. Describe the availability of key personnel assigned to the Project to confer with NYC DOHMH staff in person as well as by telephone. Provide a statement that the Vendor does not have any commitments or potential commitments, which may impact on the ability to perform the services described.	
<b>B.4</b> Provide a project plan and timeline that details the completion of the activities described in the Scope of Service deliverables. Include how the Vendor anticipates using NYC DOHMH staff as a resource to this project.	
<b>B.5</b> Provide a narrative justification for the resource allocations projected for each deliverable in Section 7.4	
	<b>Maximum Section B Score = 50</b>

#### **7.4 Budget Proposal Guide**

The Vendor must complete a budget sheet as detailed in appendices for each of the deliverables described in Appendix 7.2, Vendor Scope of Services, and listed below:

- i. Operational plan for interagency exercise
- ii. Draft Script for interagency tabletop exercise
- iii. Conducting the interagency tabletop exercise
- iv. Enhanced Script for citywide hospital exercise
- v. Conducting the citywide hospital exercise
- vi. Two after action reports for 1) citywide hospital exercise and 2) the interagency exercise

**BUDGET PROPOSAL GUIDE  
SECTION C – BUDGET PROPOSAL**

**Vendor Name:**  
**Deliverable: Operational Plan for Interagency Tabletop Exercises**  
**Start Date:**  
**Duration:**  
**Completion date:**

Item  <b>Personnel</b>	<b>Annual Salary</b>	<b>Fringes</b>	<b>Assigned Months</b>	<b>% Of time</b>	<b>Total Cost</b>
	(List each position by title. Show the percentage time and salary rate devoted to the project.)				

**Subtotal personnel**  
**OTPS**

<b>Travel</b>	<b>Location</b>	<b>Months</b>	<b>Computation</b>		<b>Total cost</b>
(Itemize travel expenses for the project by purpose. Identify the location of travel.)  <b>Staff travel - within NYC</b> <b>Staff travel - outside NYC</b> Hotel Airfare Meals <b>Supplies</b> (Expendable items or consumed during the project only. List items by type.)  <b>Space rental, if applicable</b> <b>Printing, copying, binding</b> <b>Equipment*</b> <b>Miscellaneous *</b>					

<b>Vendors/subcontractors</b>	<b>Per diem</b>	<b>Months</b>		<b>% of time</b>	<b>Total cost</b>
(For each Vendor, enter name, service to be provided, hourly or per diem fee and estimated time on project.)					

**Subtotal direct costs**  
**Indirect costs**

(Indirect costs are allowed only if you have a Federally approved indirect cost rate. A copy of the rate approval, fully executed must be attached. This is capped at 10%.)					
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**TOTAL COST**

\* Itemize

**BUDGET PROPOSAL GUIDE**  
**SECTION C – BUDGET PROPOSAL**

**Vendor Name:**  
**Deliverable: Draft script for the Interagency Tabletop Exercises**  
**Start Date:**  
**Duration:**  
**Completion date:**

Item  <b>Personnel</b>	<b>Annual Salary</b>	<b>Fringes</b>	<b>Assigned Months</b>	<b>% of time</b>	<b>Total Cost</b>
	(List each position by title. Show the percentage time and salary rate devoted to the project.)				

**Subtotal personnel**  
**OTPS**

<b>Travel</b>	<b>Location</b>	<b>Months</b>	<b>Computation</b>		<b>Total cost</b>
(Itemize travel expenses for the project by purpose. Identify the location of travel.)  <b>Staff travel - within NYC</b> <b>Staff travel - outside NYC</b> Hotel Airfare Meals <b>Supplies</b> (Expendable items or consumed during the project only. List items by type.)  <b>Space rental, if applicable</b> <b>Printing, copying, binding</b> <b>Equipment*</b> <b>Miscellaneous *</b>					
<b>Vendors/subcontractors</b>	<b>Per diem</b>	<b>Months</b>		<b>% of time</b>	<b>Total cost</b>
(For each Vendor, enter name, service to be provided, hourly or per diem fee and estimated time on project.)					

**Subtotal direct costs**  
**Indirect costs**

(Indirect costs are allowed only if you have a Federally approved indirect cost rate. A copy of the rate approval, fully executed must be attached. This is capped at 10%.)					
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**TOTAL COST**

\* Itemize

**BUDGET PROPOSAL GUIDE**  
**SECTION C – BUDGET PROPOSAL**

**Vendor Name:**  
**Deliverable: Conducting the Interagency**  
**Tabletop Exercise**  
**Start Date:**  
**Duration:**  
**Completion date:**

Item  <b>Personnel</b>	<b>Annual</b>		<b>Assigned</b>	<b>%</b>	<b>Total</b>
	<b>Salary</b>	<b>Fringes</b>	<b>Months</b>	<b>of time</b>	
(List each position by title. Show the percentage time and salary rate devoted to the project.)					

**Subtotal personnel**

**OTPS**

<b>Travel</b>	<b>Location</b>	<b>Months</b>	<b>Computation</b>		<b>Total cost</b>
(Itemize travel expenses for the project by purpose. Identify the location of travel.) <b>Staff travel - within NYC</b> <b>Staff travel - outside NYC</b> Hotel Airfare Meals <b>Supplies</b> (Expendable items or consumed during the project only. List items by type.)  <b>Space rental, if applicable</b> <b>Printing, copying, binding</b> <b>Equipment*</b> <b>Miscellaneous *</b>					
<b>Vendors/subcontractors</b>	<b>Per diem</b>	<b>Months</b>		<b>% of time</b>	<b>Total cost</b>
(For each Vendor, enter name, service to be provided, hourly or per diem fee and estimated time on project.)					

**Subtotal direct costs**

**Indirect costs**

(Indirect costs are allowed only if you have a Federally approved indirect cost rate. A copy of the rate approval, fully executed must be attached. This is capped at 10%.)					
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**TOTAL COST**

\* Itemize

**BUDGET PROPOSAL GUIDE  
SECTION C – BUDGET PROPOSAL**

**Vendor Name:**  
**Deliverable: Enhanced Script for Citywide Hospital Exercise**  
**Start Date:**  
**Duration:**  
**Completion date:**

Item  <b>Personnel</b>  (List each position by title. Show the percentage time and salary rate devoted to the project.)	<b>Annual Salary</b>	<b>Fringes</b>	<b>Assigned Months</b>	<b>% of time</b>	<b>Total Cost</b>

**Subtotal personnel**  
**OTPS**

<b>Travel</b>  (Itemize travel expenses for the project by purpose. Identify the location of travel.)  <b>Staff travel - within NYC</b> <b>Staff travel - outside NYC</b> Hotel Airfare Meals <b>Supplies</b> (Expendable items or consumed during the project only. List items by type.) <b>Space rental, if applicable</b> <b>Printing, copying, binding</b> <b>Equipment*</b> <b>Miscellaneous *</b>	<b>Location</b>	<b>Months</b>	<b>Computation</b>		<b>Total cost</b>

  

<b>Vendors/subcontractors</b>  (For each Vendor, enter name, service to be provided, hourly or per diem fee and estimated time on project.)	<b>Per diem</b>	<b>Months</b>		<b>% of time</b>	<b>Total cost</b>

**Subtotal direct costs**  
**Indirect costs**

(Indirect costs are allowed only if you have a Federally approved indirect cost rate. A copy of the rate approval, fully executed must be attached. This is capped at 10%.)					
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**TOTAL COST**

\*Itemize

**BUDGET PROPOSAL GUIDE  
SECTION C – BUDGET PROPOSAL**

**Vendor Name:**  
**Deliverable: Conducting Citywide  
Hospital Tabletop Exercise**  
**Start Date:**  
**Duration:**  
**Completion date:**

Item  <b>Personnel</b>  (List each position by title. Show the percentage time and salary rate devoted to the project.)	<b>Annual Salary</b>	<b>Fringes</b>	<b>Assigned Months</b>	<b>% of time</b>	<b>Total Cost</b>

**Subtotal personnel**  
**OTPS**

<b>Travel</b>  (Itemize travel expenses for the project by purpose. Identify the location of travel.)  <b>Staff travel - within NYC</b> <b>Staff travel - outside NYC</b> Hotel Airfare Meals <b>Supplies</b> (Expendable items or consumed during the project only. List items by type.)  <b>Space rental, if applicable</b> <b>Printing, copying, binding</b> <b>Equipment*</b> <b>Miscellaneous *</b> <b>Vendors/subcontractors</b>  (For each Vendor, enter name, service to be provided, hourly or per diem fee and estimated time on project.)	<b>Location</b>	<b>Months</b>	<b>Computation</b>		<b>Total cost</b>
		<b>Per diem</b>	<b>Months</b>		<b>% of time</b>

**Subtotal direct costs**  
**Indirect costs**

(Indirect costs are allowed only if you have a Federally approved indirect cost rate. A copy of the rate approval, fully executed must be attached. This is capped at 10%.)					
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**TOTAL COST**

\* Itemize

**BUDGET PROPOSAL GUIDE  
SECTION C – BUDGET PROPOSAL**

**Vendor Name:**  
**Deliverable: Two After Action Reports**  
**Start Date:**  
**Duration:**  
**Completion date:**

Item  <b>Personnel</b>  (List each position by title. Show the percentage time and salary rate devoted to the project.)	Annual Salary	Fringes	Assigned Months	% of time	Total Cost

**Subtotal personnel**

**OTPS**

Travel  (Itemize travel expenses for the project by purpose. Identify the location of travel.) <b>Staff travel - within NYC</b> <b>Staff travel - outside NYC</b> Hotel Airfare Meals <b>Supplies</b> (Expendable items or consumed during the project only. List items by type.)  <b>Space rental, if applicable</b> <b>Printing, copying, binding</b> <b>Equipment*</b> <b>Miscellaneous *</b>	Location	Months	Computation		Total cost
	<b>Vendors/subcontractors</b>  (For each Vendor, enter name, service to be provided, hourly or per diem fee and estimated time on project.)	Per diem	Months		% of time

**Subtotal direct costs**

**Indirect costs**

(Indirect costs are allowed only if you have a Federally approved indirect cost rate. A copy of the rate approval, fully executed must be attached. This is capped at 10%.)					
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**TOTAL COST**

\* Itemize

*Maximum Section C Score = 25*

## 8 GLOSSARY OF TERMS

**NYC DOHMH** – The New York City Department of Health and Mental Hygiene.

**Evaluator** – A person who observes the exercise in order to document both correct actions taken as well as errors signifying potential gaps in preparedness.

**Facilitator** – An adjunct to the moderator who assists with the management of the flow of the exercise.

**Tabletop Exercise** – An exercise conducted under simulated conditions, often within a boardroom or auditorium, where participants are given notional emergency scenarios to which they respond. The exercise may incorporate both real time and accelerated time.

**HERDS** - The NYSDOH’s Health Emergency Response Data System, a secure web-based emergency needs/resources tracking tool that allows each hospital in New York State (including New York City) to provide updated data on the impact of an emergency on their institution, including data on ED visits, admissions, bed utilization, staffing, equipment and supply needs. The NYC DOHMH and NYSDOH are able to view individual facility as well as citywide totals to monitor the impact of the emergency on an ongoing basis.

The system also has built in alert notification and messaging capability.

**‘Hot Wash’** – A ‘hot wash’ is an open discussion that occurs immediately after the tabletop exercise and is moderated by the Vendor. The objective of the ‘hot wash’ is a review of events or key decisions that took place during the exercise and an opportunity for participants to describe any immediate lessons learned and identify barriers/gaps in mounting an effective response.

**Inject** – New bits of information provided (e.g., lab results, epidemiologic data) to participants or to a subset of participants to prompt discussions and decision-making.

**Moderator** – The host or “emcee” of the tabletop exercise who is responsible for managing the flow of the exercise, presenting new scenario data in the form of modules or injects, monitoring and facilitating discussions, making announcements and providing key questions or issues for participants to consider.

**Network** - A group of officially or ad hoc affiliated health care facilities.

**OEM** – New York City’s Office of Emergency Management.

**Participant** - A player that is asked to react to an emergency scenario during an exercise.

**Scenario** - A fictional disease-specific or emergency event (e.g., smallpox outbreak) that underlies and gives form to the tabletop exercise, consisting of modules that introduce additional information as the emergency unfolds, and which allows participants to exercise their roles and responsibilities within a specific response protocol.

**Trusted Agent** - Appropriate personnel representing the NYC DOHMH, NYSDOH and OEM who work closely with the Vendor to plan a tabletop exercise. Trusted agents will not be active participants on the day of exercise and it is expected that planning activities including details on the scenario will not be shared with other staff until the day of the exercise.