

# CENTRAL REGION IN-PERSON NEW JERSEY HEALTHCARE COALITION MEETING

Central HCC meeting Sign in



TUESDAY, JANUARY 20, 2026

CENTRAL HCC LEADER:  
SCOTT SKRIVANEK

This meeting is supported with funds provided by the New Jersey Department of Health.



# Meeting Focuses

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- NJHCC By-law Announcement and Review
- NJHCC Budget Period 2 Budget Announcement and Review
- FIFA World Cup 2026 Update and Needs Discussion
- FIFA World Cup 2026 Details (Stadiums, Nearby Hospitals, etc.)
- Information Sharing Plan Discussion
- Member Updates
- NJ HCC Meeting Cadence and Length Discussion
- Close Out



# Proposed NJHCC By-Laws BP2 – 2025/2026

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## Article II – Membership

- ❖ Section 7 – Membership Types
  - ❖ There shall be two types of members
    - ❖ Core Members – Acute Care Hospitals, County EMS Organizations, Public Health Agencies, and Emergency Management Agencies
      - ❖ Right to vote in elections and issues at regular Coalition meetings
      - ❖ Right to have representatives serve in all Coalition Leadership roles
    - ❖ General Members – Private Health Care Providers, Nonprofit Organizations, County Mental Health Care Agencies, Community Health Centers, Federally Qualified Health Centers (FQHCs), Long-Term Care Facilities, Home Health, Hospice, and Dialysis Providers
      - ❖ Right to vote on issues at regular Coalition meetings
      - ❖ Right to have representatives serve as Deputy Coalition Leaders



# Proposed NJHCC By-Laws BP2 – 2025/2026 Cont.

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## ❖ Section 9 – Voting Rights

- ❖ To be eligible to vote on coalition matters, including the election of RHCC leadership roles, a member must have participated in 75% of scheduled coalition meetings during the preceding twelve-month period.

## Article III – Meetings of Members

### ❖ Section 4 – Voting Rights & Issue Escalation

#### ❖ Facilitated by Coalition Leaders

❖ One (1) vote per licensed facility. If an organization has more than one (1) location, one (1) vote shall be cast per licensed facility.

❖ Each member organization shall be allowed to coordinate its respective vote(s) internally

### ❖ Section 5 – Quorum

❖ A simple majority of Members with Voting Rights shall constitute a quorum for the transaction of business at any meeting of the Members.



# Proposed NJHCC By-Laws BP2 – 2025/2026 Cont.

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## Article IV – Coalition Leadership

### ❖ Section 1 – Principal Officers

- ❖ All leaders shall be elected for a term of two (2) years by the members at the Annual Meeting by closed ballot.
- ❖ A Coalition Leader or Deputy Coalition Leader, upon the expiration of their term in office, may become eligible for reelection.
- ❖ Coalition Leaders and Deputy Coalition Leaders shall hold office for their term or until their successors are elected and qualified, unless they shall resign or be removed sooner.

### ❖ Section 4 – Nomination & Election

- ❖ The nomination and election of Coalition Leaders shall take place every second year at the Annual Meeting of the Coalition Members.

## Article VII – Amendments

### ❖ Section 3 – Suppression Clause

- ❖ This document shall not supersede existing mutual aid agreements. It shall not be interpreted to create a legal relationship, partnership, joint venture, or entity among member organizations. No member shall have authority to bind another, nor shall any member be obligated to indemnify or defend another member for actions or omissions by any Coalition representative.

# NJHCC Budget Period 2 Budget Announcement and Review

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## Overview of Total Budget for Fiscal Year 2026

Year FY26	
Budget Category	Budgeted Amount
Personnel	\$1,050,360
Incident Management System	\$389,184
FIFA World Cup Support	\$136,000
Clinical Advisor	\$100,000
Program Supplies & Expenses	\$26,052
Cybersecurity Assessment Support	\$26,000
Training & Travel Expenses	\$21,003
Equipment	\$0
Indirect Costs	\$251,401
<b>TOTAL</b>	<b>\$2,000,000</b>

# FIFA World Cup 2026 Update & Needs Discussion

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## FIFA Health & Medical Patient Surge Subcommittee

- ❖ Meets weekly on Fridays
- ❖ Comprised of groups such as Planning, Organizing, Equipping, Training, and Exercising
  - ❖ The Planning group is comprised of sub-groups such as Alert & Warning, Fixed Bed Allocation, Special Pathogens, and CHEMPACK, MCM Forward Deployment
- ❖ Development of ConOps is current priority
- ❖ The subcommittee reports to the FIFA NJ Health & Medical Steering Committee

# FIFA World Cup 2026 Details (Stadium, Nearby Hospitals, etc.)

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## MetLife Stadium Details

- ❖ 1 MetLife Stadium Dr., East Rutherford, NJ 07073

## Games Dates / Times / Teams

- ❖ Group Stage – Saturday, June 13, 2026 – Brazil vs Morocco
- ❖ Group Stage – Tuesday, June 16, 2026 – France vs Senegal
- ❖ Group Stage – Monday, June 22, 2026 – Norway vs Senegal
- ❖ Group Stage – Thursday, June 25, 2026 – Ecuador vs Germany
- ❖ Group Stage – Saturday, June 27, 2026 – Panama vs England
- ❖ Round of 32 – Tuesday, June 30, 2026 – 11 vs 3CDFGH
- ❖ Round of 16 – Sunday, July 5, 2026 – W76 vs W78
- ❖ Final – Sunday, July 19, 2026

## Lincoln Financial Field Details

- ❖ One Lincoln Financial Field, Philadelphia, PA 19418

## Games Dates / Times / Teams

- ❖ Group Stage – Sunday, June 14, 2026 – Cote d'Ivoire vs Ecuador
- ❖ Group Stage – Friday, June 19, 2026 – Brazil vs Haiti
- ❖ Group Stage – Monday, June 22, 2026 – France vs FIFA Playoff 2
- ❖ Group Stage – Thursday, June 25, 2026 – Curacao vs Cote d'Ivoire
- ❖ Group Stage – Saturday, June 27, 2026 – Croatia vs Ghana
- ❖ Round of 16 – Saturday, July 4, 2026 – W74 vs W77



# FIFA World Cup 2026 Details (Stadium, Nearby Hospitals, etc.)

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## Nearby Hospitals to MetLife Stadium

- ❖ HMH JFK MC
- ❖ HMH Raritan Bay MC
- ❖ RWJBH University New Brunswick
- ❖ RWJBH Trinitas MC
- ❖ Saint Peter's University MC

## Nearby Hospitals to Lincoln Financial Field

- ❖ Capital Health MC – Hopewell
- ❖ Capital Health Regional MC
- ❖ Penn Medicine Princeton MC

\*Although these hospitals may be the closest in proximity to the games, NJ Trauma CSC still applies to all patient care needs



# EpiCenter

## Syndromic Surveillance System in New Jersey

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# EpiCenter

- Emergency Department (ED) Visits
  - Near-real-time data from 78 NJ licensed EDs
  - Classification of diseases (chief complaints, diagnosis, medical notes)
  - Users can download reports, patient level details by demographics
- Urgent care (UC) centers
  - 2 HealthCare systems (12 facilities) connected
  - 1 HealthCare system under testing (18 UCs)
  - Ongoing recruitment



# Who Can Access EpiCenter

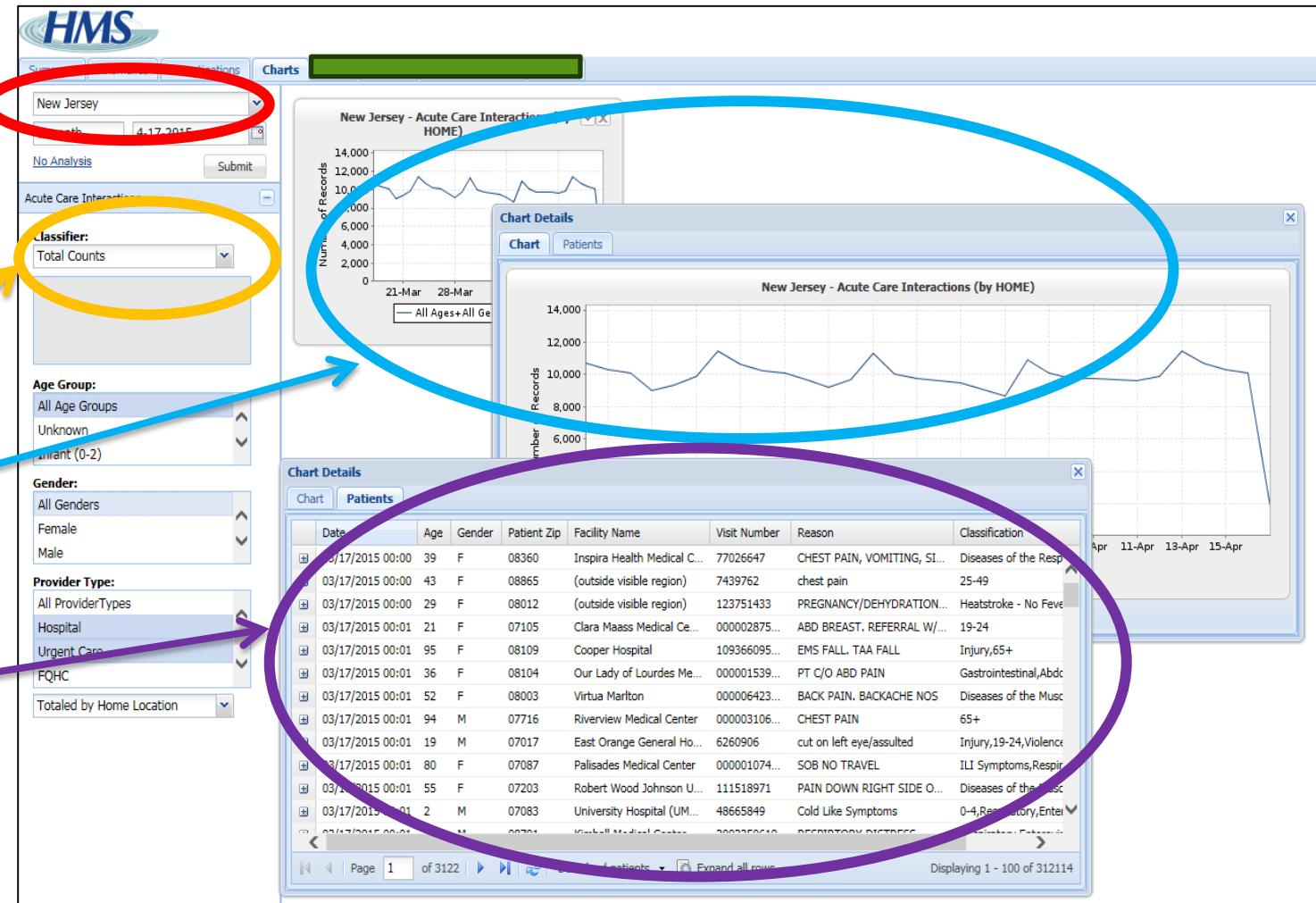
- State Health Department (NJDOH)
- Local Health Department (LHDs)
- HealthCare Facilities

- **How to use the Data**

- Analysis
  - Download data at facility or zip code levels
- Monitor Trends
  - By various classifiers
- Prepare summary reports/response protocols

# Capabilities of Usage

- Jurisdiction
  - County
  - Zip code
  - Facility
- Counts or syndromes
- Charts
- Patient lists



# How to access EpiCenter

## Public Health User Agreement (LHD Users)

- Contact [malathi.aarkoti@doh.nj.gov](mailto:malathi.aarkoti@doh.nj.gov) to obtain user agreement

**The user agreement includes 2 pages.**

- Fill out the entire top portion- Indicate if your LHD is a **LINCS agency** and legibly print your **email address** (epicenter log in user ID).
- Sign the top of page 2 and have the Health Officer sign on the middle of page 2.
- Return the user agreement to [malathi.aarkoti@doh.nj.gov](mailto:malathi.aarkoti@doh.nj.gov)

## Facility Users

- Contact [malathi.aarkoti@doh.nj.gov](mailto:malathi.aarkoti@doh.nj.gov) to obtain user agreement
- User agreements should be returned to HMS directly at [useragreements@hmsinc.com](mailto:useragreements@hmsinc.com), NOT NJ DOH

# NJHCC Information Sharing & Data Collection Process & Plan

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## ■ Purpose:

- The purpose of the New Jersey Healthcare Coalitions Information Sharing Annex is to identify and describe common priorities, objectives, strategies and tactics that promote multi-agency coordination within the New Jersey Healthcare Coalitions during steady state and active responses. The plan also describes the integration of the New Jersey Healthcare Coalition's Response Plan into the HCCs' resource management response operations, and details how the HCCs coordinate with NJOEM's ESF #8 during this type of event.

## ■ Scope & Audience:

- The scope includes all Coalition members and key regional stakeholders.

## ■ Reminder:

- This plan will NOT supersede or seek to replace existing private entity, local, county, state, etc. plans, rather it is meant to align with, supplement, and serve as an additional aid during regional-level responses

# Key Element: NJHCC EM Team Role

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- **Current Role & Process:**

- Upon formal notification from NJDOH, NJOEM, etc. or in accordance with NJHCC's activation/response plan, the following processes will begin:
  - Relevant resource and information sharing will be conducted to impacted stakeholders by member type, regional boundary, etc.
  - Information will typically be shared via four (4) pathways, Juvare EMResource, Constant Contact, Microsoft Outlook for unreachable domains, cellphone notification for specific individuals, teams, entities in areas of concern/impact
  - Relevant data collection will be conducted when formally requested by an authoritative entity and/or at the request of a NJHCC member in specific cases such as resource sharing requests

# Key Element: NJHCC EM Team Role

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## ■ Examples:

- **Amplification of Information:** At the request of the NJDOH resources related to the 2026 FIFA World Cup are shared with all NJHCC members; this is completed via use of ConstantContact and Microsoft Outlook after noting undeliverable/blocked accounts in the email report
- **State of Emergency Declaration:** A formally declared state of emergency (SOE) is announced by the Governor's office ahead of a major winter storm; Juvare EMResource and ConstantContact are utilized to inform the impacted counties/regions of the SOE
- **Patient Surge Event:** A large scale MVA involving two (2) tour busses results in a reported 41 patients at approximately 2130 hours; targeted outreach is conducted to area hospitals' emergency managers to notify them of a potential patient surge event
- **Ongoing Emergency/Spontaneous Emergency Briefing & Data Collection:** Following a notable supply chain disruption to dialysis tubing materials, the NJHCC EM Team will commence an emergency briefing, if requested by NJDOH or NJOEM, regularly scheduled SITREPs will be shared with NJHCC members via ConstantContact & Microsoft Outlook, and resource requests and general requests to better understand how the supply chain disruption is impacting facilities will be ascertained via SurveyMonkey/Microsoft Forms, and when necessary additional targeted outreach

# Key Element: NJHCC EM Team Role

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- **Clarification:**

- The NJHCC Information Sharing plan also accounts for and anticipates steady state resource and information updates, SITREPs for large-scale events, and other non-emergent communications

- **Follow On Questions:**

- Does the NJHCC EM Team's current role in information sharing align with what you expect and need as a healthcare stakeholder?
- Are there any specific areas/gaps where the NJHCC EM Team might be able to fill or support?
- Are there any additional comments/feedback as it relates specifically to the NJHCC EM Team's Role in information sharing?

# Key Element: Information Collection Phase

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- **Information Collection Phase:**
  - **Current Process Regarding Data Collection Platform:**
    - Typically Conducted via SurveyMonkey, Juvare EMResource, & Microsoft Forms
  - **Current Process Regarding Initiating a Data Collection Request**
    - At the request of an authoritative agency such as NJDOH, NJOEM or US-VA (NDMS)
    - At the request of a NJHCC member for the purposes of a colleague question & resource requests
  - **Follow On Questions:**
    - Does this process align with your expectations?
    - How can this process be improved upon?
    - Additional feedback/comments on this process?

# Key Element: Information Sharing & Collection Platforms

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- **Current Platforms:**

- Constant Contact/AMS (NJHA's information sharing platform)
  - Primary platform for coalition-wide messaging during steady state & regional emergencies
- Juvare EMResource
  - Core Member Specific for ED diverts, SOEs, & bed data collection
- Microsoft Forms & SurveyMonkey
  - Colleague Question and other steady state data collection activities
- Microsoft Outlook & Microsoft Teams
  - Targeted follow up for undeliverable domains, small scale information sharing, & emergency briefings (respectively)

- **Feedback:**

- Beyond having an Everbridge, Reverse 911, etc. platform, where is the Coalition's information sharing process falling short?
- Regarding an Everbridge, Reverse 911, or similar platform, what platform(s) would you like the Coalition Team to explore more in a formal market analysis?
- Additional feedback & comments on this section?

# Member Updates

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- Acute Care
- Assisted Living/Long-Term Care/Post Acute
- Federally Qualified Health Centers (FQHC)
- Public Health
- Offices of Emergency Management (OEM)
- Home Care & Hospice
- Emergency Medical Services (EMS)
- Behavioral/Mental Health
- New Jersey Department of Health (NJDOH)
- Other Stakeholders





# How many hours should the in-person NJ Central HCC Meetings be relative to hours?

- ⓘ The Slido app must be installed on every computer you're presenting from

# Upcoming Meeting Dates & Times

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## **Emergency Preparedness & Emerging Health Threats Meeting with Acting NJDOH Commissioner Jeff Brown**

Virtual via Microsoft Teams

Tuesday, March 10th, 2026

10:00 – 11:00 AM EST

## **NJHCC Central Region In-Person Meeting**

Location – To Be Determined

Monday, March 23, 2026

10:00 AM – 12:00 PM EST (TBD)



# CENTRAL REGION HEALTHCARE COALITION FUTURE AGENDA ITEMS

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IF YOU HAVE TOPICS OR INFORMATION THAT YOU WOULD LIKE REVIEWED /

DISCUSSED, PLEASE REACH US AT:

**rhcc@njha.com or (800) 457-2262**

OR VISIT OUR WEBSITE:

**www.NJHCC.org**



# Post-Meeting Feedback Survey & Resource Repository

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