TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Strategic Development for Building Operational Healthcare Coalitions

November 17, 2015

ASPR
ASSISTANT SECRETARY FOR
PREPAREDNESS AND RESPONSE

Welcome Message and Webinar Intent

Melissa Harvey, RN, MSPH

Director, Division of National Healthcare Preparedness Programs

Webinar Purpose

- Operationalizing healthcare coalitions is now a grant requirement
- TA requests into ASPR TRACIE on healthcare coalition models and roles in response and recovery

Healthcare Coalition Description

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

These regional efforts help each patient receive the right care at the right place at the right time.

Learning Objectives

- At the completion of this webinar, participants will be able to:
  - Describe the different functions of an operational Healthcare Coalition and the members needed to execute those functions
  - Outline the key components to successful strategic development for an operational Healthcare Coalition
  - Describe different Healthcare Coalition organizational models

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Speaker Introductions and
Coalition Descriptions

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Today's Coalitions

Sue Snider
Northern Virginia Hospital Alliance

- Formed in 2002 as A 501(c)6 non-profit coalition

- Governed by Board of Directors

- 15 Hospital Members, 9 Free Standing Emergency Departments

- Received over $41M in funding to date from grant sources

- 3644 Beds, 15 jurisdictions, 3162 square miles, 2.9 M population

Mission

The Northern Virginia Hospital Alliance (NVHA) exists to coordinate emergency preparedness, response and recovery activities for the member hospital and healthcare systems in cooperation with Local, Regional, and State response partners.

Vision

NVHA members are able to respond to and recover from emergencies as if they are part of a unified health system.
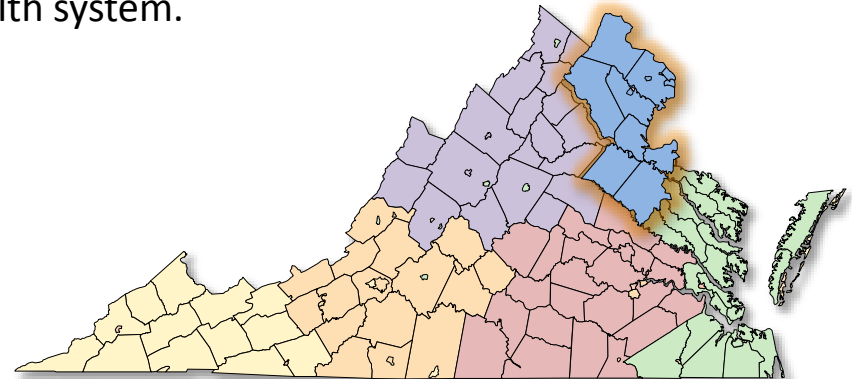
Onora Lien
# Northwest Healthcare Response Network

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

Mission

To prepare for, respond to, and recover from emergencies as a collaborative healthcare network.

Vision

A resilient healthcare system that lives and serves the community during emergencies.
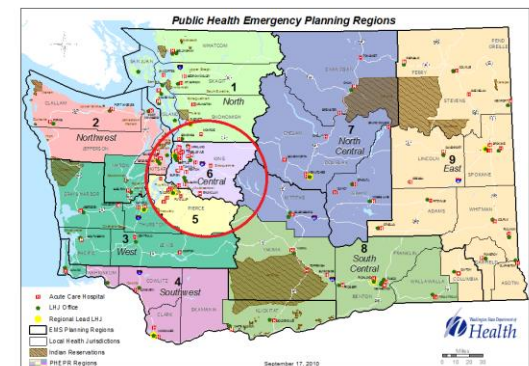
Kevin McCulley

Utah Department of Health

- SL Area 1990s - chemical stockpile (CSEPP) and 2002 Winter Games

- Pilot in 2008, 4-2009, and 7-2010

- LHD-hosted (6/7) – funding for staff (.5-1 FTE) & equipment, training, exercise (varies)

- LHD Emer. Response Coordinator/ ESF8/Leadership Committee

- Hospitals, LTC, LHD, EMS , CHC and EM active, building on others

- Urban HCC up to 100 members, rural HCC 15-25 members

Mission **Northern -** To serve our communities through collaboration, coordinated communication, and resource sharing for effective medical surge management before, during and after a disaster response.

Vision **SST** – To provide common ground to integrate and strengthen essential relationships that provide the greatest good for our communities in time of need.
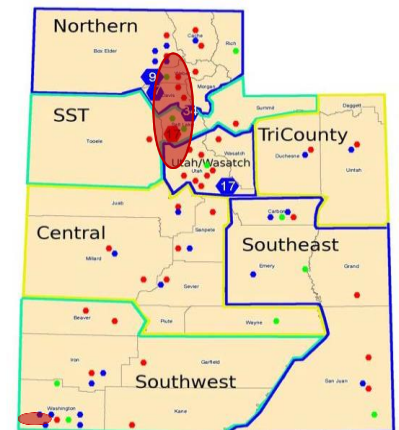
Functions and Outcomes of Operational Healthcare Coalitions
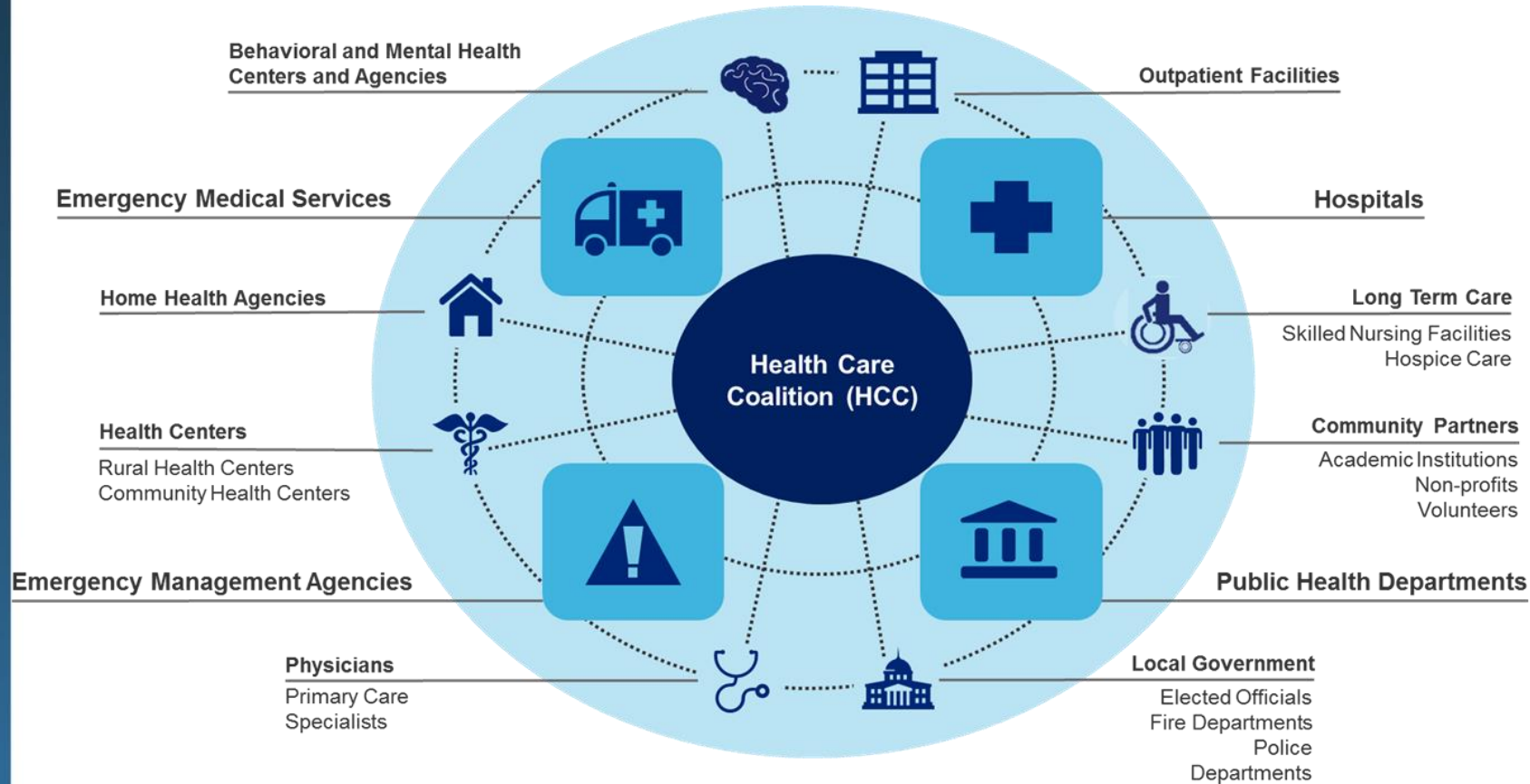
Functions and Outcomes

Functions

- Planning
- Resource Management
- Information Sharing
- Coordination
- Training and Exercises
- Fiscal and Administrative Management

Outcomes

- Preparedness
- Response
- Recovery

ASPR TRACIE Healthcare Coalition Models and Functions Topic Collection

Coalition Partners list

Preparedness Functions and Outcomes

[ASPR TRACIE Hazard Vulnerability/Risk Assessment Topic Collection](#)
[ASPR TRACIE Evaluation of Hazard Vulnerability Assessment Tools](#)
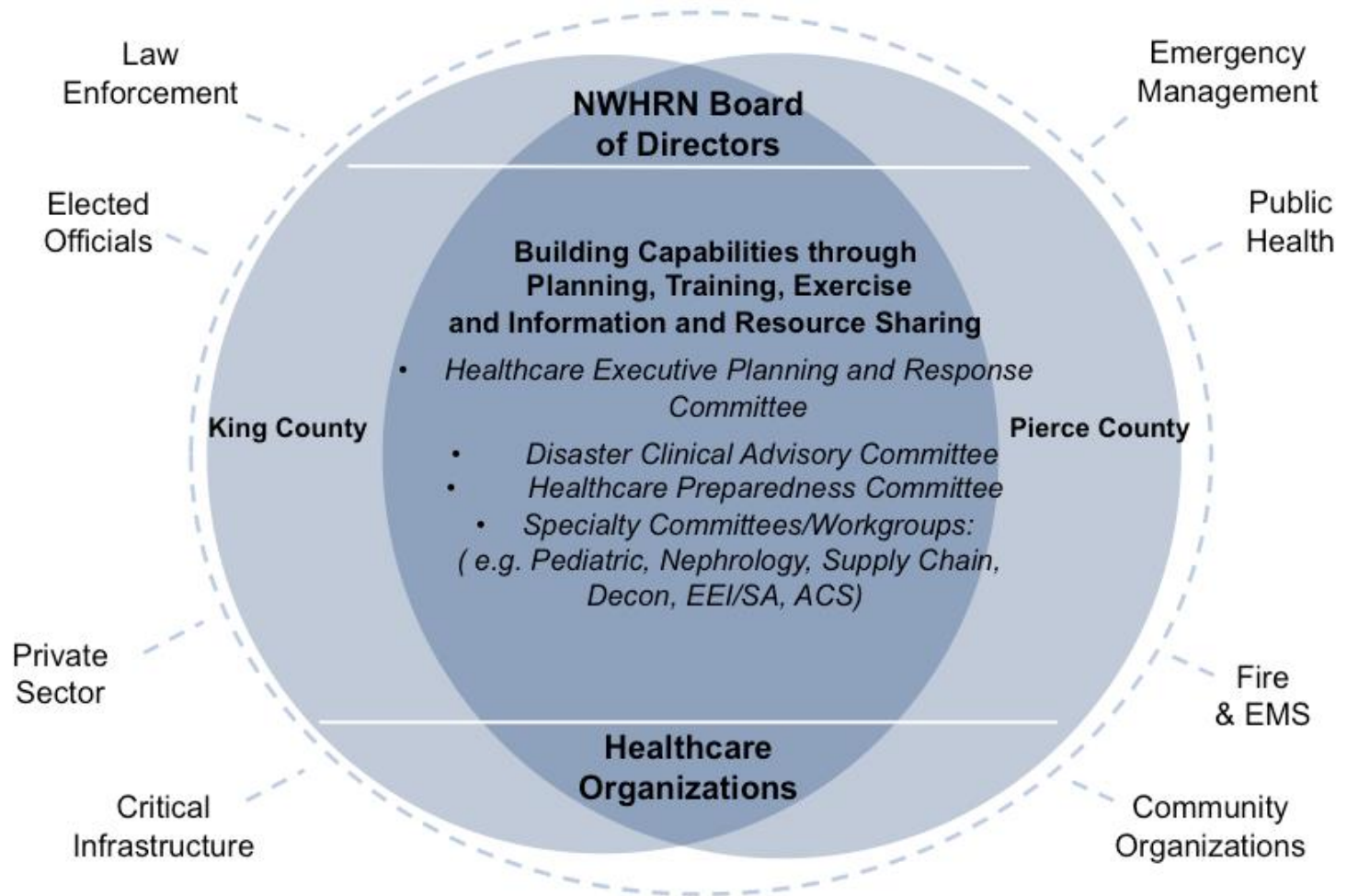
Northern Virginia Hospital Alliance Preparedness

- RHCC Function: Ops Center, 24-hour Comms, Primary and Secondary facilities

- Regional logistics and Warehouse

- Surge Supplies

- Decon and Rad Detection

- EVD Preparedness

- Power and Water Resiliency

- Facility Evacuation

- Training

- Weather Ready

- Planning: RHVA, Regional Hospital Evacuation Support Annex, Regional Decon Response Protocols, MCI Planning

NWHRN Preparedness Structure

16

Utah Department of Health

	Urban/Suburban	**Rural/Frontier**
Structure	LHD Hosted	LHD Hosted
Funding	HPP – Staffing, Training, Equipment, Exercises	HPP – Staffing, Training, Equipment, Exercises
Funding (Staff)	Full FTE + Admin Asst.	1/2-2/3 FTE
Population	1,124,207/9,555 = 118 per SM	56,080/17,432 = 3 per SM
Meetings	Full coalition bi-monthly, Executive Committee bi-monthly	Full Coalition quarterly, monthly coordinator attends LEPC, EMS, hospital EM meetings
Key Documents	By-Laws & Signed MOU Base Response Plan Resource Management Plan Commo Plan	Charter Base Response Plan Commo Tree or protocol
Priority Threats	Pandemic/Novel Event Earthquake Hospital Evacuation Large MCI – Plane Utilities Interruption	MCI-Bus Crash Receiving Earthquake Evacuees Pandemic/Novel Event HazMat – Gas/Oil Event Severe Weather/ Fire

# Response and Recovery Functions and Outcomes

Northern Virginia Hospital Alliance Response

- RHCC Function: Ops Center, 24-hour Comms, Primary and Secondary facilities

- Redundant Voice Communications: MedComm I and II, Satellite Phones, Amateur Radio, UHF

- Regional telemedicine system for centralized management and support for trauma and pediatric critical care during crisis

- VHASS: statewide web-based system for alerting, situational awareness, bed status, patient tracking

Full Radio Interoperability with all NoVA Fire/EMS agencies
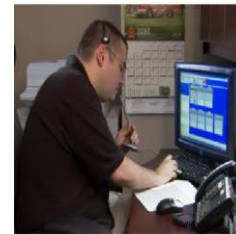
NoVA RHCC ↔ On-Scene Fire/EMS

RHCC Critical Functions:
- Coordinate patient movement with EMS
- Regional Situational Awareness
- Logistics and Material support
- Coordinate with VDH Emergency Comms
- Coordinate with other NCR Response organizations

Northern Virginia Hospital Alliance Recovery

- Logistic and Material Support
- Resupply
- Monitoring and Coordination
- Patient Tracking
- Coordination with partners:
  - VDH
  - Government
  - NCR
  - HCCs
  - 211

NORTHWEST HEALTHCARE Response Network

Snapshot Report #24

HEALTHCARE EMERGENCY COORDINATION CENTER
DATE: NOVEMBER 21, 2014
TIME: 1630

SITUATION UPDATE

ANNALS OF SEISMOLOGY | JULY 20, 2015 ISSUE

THE REALLY BIG ONE

An earthquake will destroy a sizable portion of the coastal Northwest. The question is when.

BY KATHRYN SCHULZ

Duck Boat Crash
Seattle, WA
9/24/15

Utah Department of Health - Response
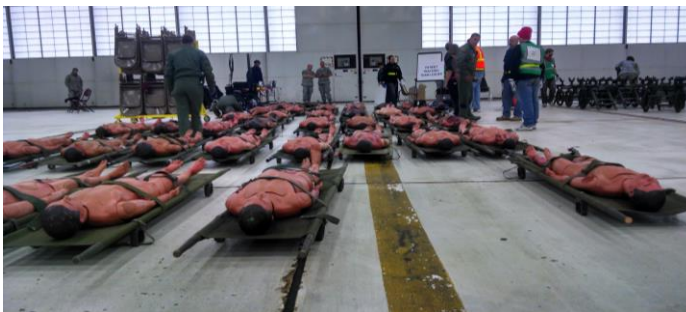
- EOC representation
- Situational awareness
- Resource management
- Available beds
- Redundant comms
- Assist with SNS deployment
- Assist with use of MRC or VOADs

Utah Department of Health- Recovery

- Written Regional Recovery Plan
- Access UDEM and HHS Recovery staff
- Continued revision of Regional HVA
- Identify critical healthcare assets
- Prioritize restoration of utilities
- Assist facilities with mitigation/hardening
- Situational Awareness of event impacts

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Wrap Up and What Comes Next?

- Continuous program planning and budget prioritization

- Deliberate response and recovery operational planning at the coalition level

- Training and exercising coalition functions

- Reviewing, evaluate, revise

Question and Answer Logistics

- To ask a question-
  - Type the question into the chat feature on your GoToWebinar console
  - We will collect all questions and ask on your behalf to the presenters

Closing Remarks

Shayne Brannman, MS, MA

Director, ASPR TRACIE

Questions and Answers

For additional support

- Check out the resources linked in the presentation

- Contact your NHPP Field Project Officers

- Contact ASPR TRACIE

ASPRtracie.hhs.gov   **1-844-5-TRACIE**   **askasprtracie@hhs.gov**