

## ASPR TRACIE Technical Assistance Request

**Requestor:**

**Requestor Phone:**

**Requestor Email:**

**Request Receipt Date (by ASPR TRACIE):** 8 August 2018

**Response Date:** 16 August 2018

**Type of TA Request:** Standard

### Request:

The requestor asked for technical assistance in obtaining templates and policy resources related to the allocation of radios, specifically when multiple facilities are part of a larger umbrella organization. She noted that she works with hospitals, skilled nursing facilities (SNF), and clinics as part of a healthcare coalition. However, they will be expanding to include home health, assisted living, and other healthcare facilities.

### Response:

The ASPR TRACIE Team reviewed existing Topic Collections; namely the [Communication Systems Topic Collection](#). We also conducted a search online for materials. Unfortunately, we were not able to identify any specific templates or policies related to radio allocation in a healthcare coalition. However, we reached out to several ASPR TRACIE Subject Matter Expert (SME) Cadre members for feedback and resources related to the topic. Section I below includes the opinions and anecdotal information received from the ASPR TRACIE SME Cadre members.

We will provide an updated response should we receive additional feedback or resources. If you would like to speak directly to any of the SME Cadre members below, please contact the [ASPR TRACIE Assistance Center](#).

## I. ASPR TRACIE SME Cadre Member Comments

Please note: These are direct quotes or paraphrased comments from emails and other correspondence provided by SME Cadre members in response to this specific request. They do not necessarily express the views of ASPR or ASPR TRACIE.

### SME Cadre Member 1:

- We do not have a specific policy on distribution of radios. This was presented to our Regional Coalition as a project, and the Coalition members decided (based on the number of facilities and amount of money at the time) that the initial allocation would be to the 29 hospitals in the eleven county region we serve.
  - The number and type of radios (base vs. handheld or both) depended on the location of the hospitals and what the hospital preferred. We were allowed on the P25 Trunked 800MHz system for the [redacted] Regional Radio System, and the radios were programmed with a template that was developed by the City and County owners of the system.

- Most of the facilities received three handheld radios and a base radio with the requirement that the radio be monitored 24 hours per day. Some of the facilities elected to only have four handheld radios.
- We decided to have four radios for coverage in a disaster so that we could have one for the Incident Command Center, one in the Emergency Department (ED), one for Security, and one as needed to cover specific needs, such as if the hospital is having an internal disaster and the person coordinating the issue is in radio contact.
  - Because of the interoperability of the radios, one of the radios could be changed to a talkgroup to communicate with Fire, Police and or Emergency Medical Services (EMS).
- Due to their location, a few hospitals had to use a directional antenna to reach a tower in another county to operate and thus only received a base station as the handheld radios would not work.
- We purchased some bases and handheld radios as a cache for additional hospitals as they opened up. We have depleted most of that cache.
  - We do have 10 handhelds we keep for deployment if needed in an event (planned or unplanned).
  - We do not have the funding to provide radios to any new hospitals that open up in the future.
  - Now that we have more Centers for Medicare and Medicaid Services (CMS) partners involved (home health, hospice, dialysis, SNFs, long-term care, etc.), we do not have the funding to supply them a radio.
  - We have discussed that if additional funding becomes available, we will fund free standing EDs before the CMS partners noted above.
  - As we move forward, a facility will only get one radio if we get any additional allocations. If the individual facilities wish to purchase a radio, we will coordinate with them on what to purchase and how to get them programmed.

**SME Cadre Member 2:**

- In my experience, I have seen several examples of issuing radios to healthcare facilities, both as part of preparedness and during actual incidents “on the fly.” Most radios are provided through grant funds by the localities or regional coalitions initially, but are maintained by the facilities themselves from that point forward.
- As outlined below, I have seen radios in hospitals, free-standing EDs, and SNFs, but not other facilities.
  - [Redacted jurisdiction] Emergency Management/ Health Department: all of the SNFs and hospitals in [redacted jurisdiction] have radios, and there are frequent drills to test their functionality and response rates are tracked.
  - [Redacted jurisdiction]: the [redacted organization] and the [redacted organization] have worked to equip hospitals and SNFs with radios, conduct frequent drills, etc. During the 2012 Derecho, they issued several facilities with radios “on the fly” (many had not been issued radios yet as part of the preparedness project that would grow out of the response to get them into SNFs) so they could communicate with the County Emergency Operations Center, since phones and power/ internet were out in many places.
  - [Redacted jurisdiction]: the team at [redacted organization] do a great job working with the hospitals and free-standing ERs on getting them radios, doing drills, etc.

**SME Cadre Member 3:**

- In [redacted jurisdiction], we have distributed emergency radios to hospitals, nursing homes, and adult care facilities (a total of around 300 facilities). The program is managed by [redacted jurisdiction] Emergency Management.

**SME Cadre Member 4:**

- There isn't a standardized approach on how to allocate radios to these systems in general.
- Is the requestor going to use the radios to only talk with internal personnel or with EMS and Emergency Management? If it is with EMS, the hospitals definitely should have a channel with EMS so that they can give reports on patients as they are bringing them in to the EDs.