Hospital Preparedness Program
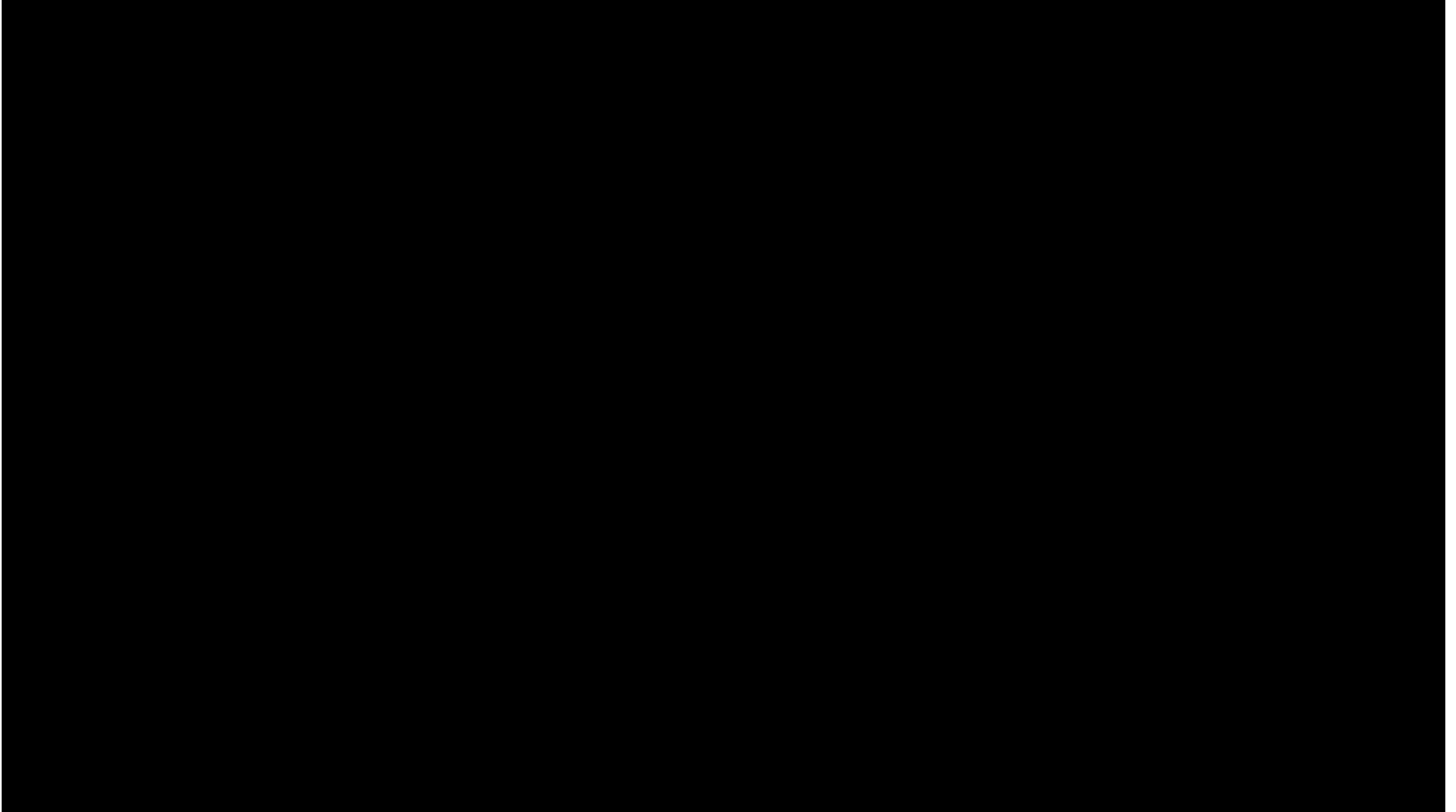
Healthcare Coalition Orientation

February 2019

Overview

- Hospital Preparedness Program
- Performance Measures
- Coalition Development Activities
- HPP YR 17 Goals*
- Assistance Request
- Assets / Purchases
- HPP Future

HOSPITAL PREPAREDNESS PROGRAM

What is the HPP?

Hospital Preparedness Program

- The Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) provides leadership and funding through grants and cooperative agreements to states, territories, and eligible municipalities to improve surge capacity and enhance community and hospital preparedness for public health emergencies.

Hospital Preparedness Program

Response Ready
Community-Driven
Health Care Prepared

HPP prepares the nation's health care system to save lives during disasters and emergencies.

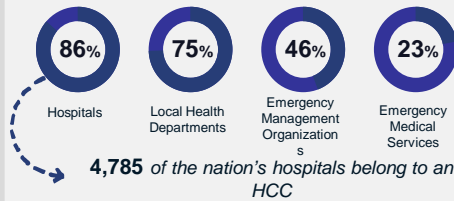## Health care coalitions incentivize diverse health care organizations to work together.

Many different health care entities must come together to ensure community preparedness. Developed and sustained with HPP's support, HCCs are groups of health care and response organizations that collaborate to prepare for and respond to emergencies, natural disasters, and other crises.

HCC membership is diverse and varied, but all coalitions must include four core members.

Core member participation improves patient outcomes and enhances load-sharing during emergencies.

HEALTH CARE COALITION · Hospitals · Emergency Medical Services · Public Health Departments · Emergency Management Organizations

~ HCC ~

National HCC Core Member Participation Rate

86% Hospitals

75% Local Health Departments

46% Emergency Management Organizations

23% Emergency Medical Services

4,785 *of the nation's hospitals belong to an HCC*

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

HPP is the only source of federal funding for health care delivery system readiness.

Through regional collaboration on health care preparedness and response, HPP promotes a sustained national focus on improving patient outcomes, minimizing the need for supplemental state and federal resources during emergencies, and enabling rapid recovery in the wake of emergencies and disasters.
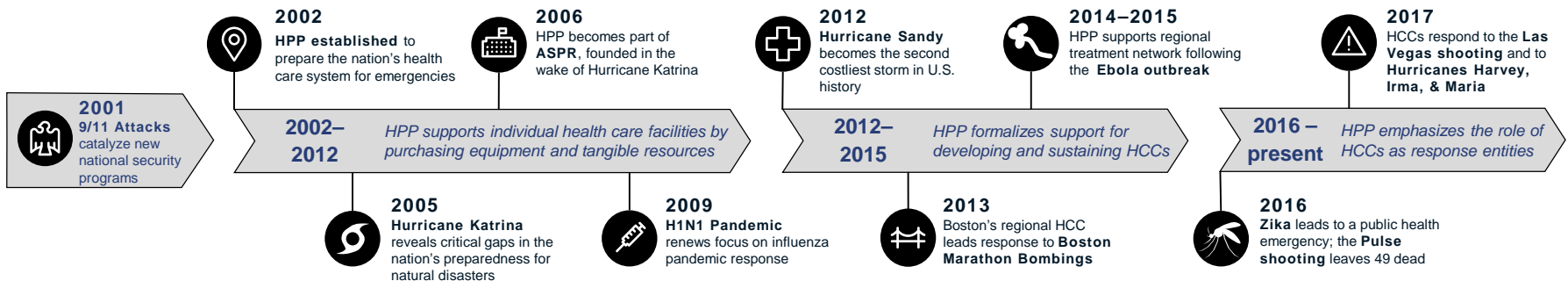
| **62** HPP awardees | **476** HCCs nationwide | **28,000** HCC members | **$5.3b** Invested since 2002 |
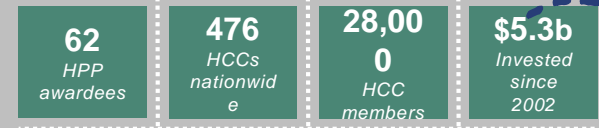
98% of HPP awardees say that HPP funding has been **critical** to health care preparedness and response

"As a result of HPP's efforts, our nation's health care system is more prepared than ever.

---

15 Years of Health Care Preparedness and Response

Evolution of HPP

2001
9/11 Attacks catalyze new national security programs

2002
HPP established to prepare the nation's health care system for emergencies

2002–2012 *HPP supports individual health care facilities by purchasing equipment and tangible resources*

2005
Hurricane Katrina reveals critical gaps in the nation's preparedness for natural disasters

2006
HPP becomes part of **ASPR**, founded in the wake of Hurricane Katrina

2009
H1N1 Pandemic renews focus on influenza pandemic response

2012
Hurricane Sandy becomes the second costliest storm in U.S. history

2012–2015 *HPP formalizes support for developing and sustaining HCCs*

2013
Boston's regional HCC leads response to **Boston Marathon Bombings**

2014–2015
HPP supports regional treatment network following the **Ebola outbreak**

2016
Zika leads to a public health emergency; the **Pulse shooting** leaves 49 dead

2016 – present *HPP emphasizes the role of HCCs as response entities*

2017
HCCs respond to the **Las Vegas shooting** and to **Hurricanes Harvey, Irma, & Maria**

Information current as of 10/17/2017

NCTTRAC: *Prepare. Support. Respond.*

HPP Background

- HPP authorized in 5-year blocks
  - Currently in Year 2 of the 4th 5 year block
    - Program Year 17

- Hospital LOAs valid from July 1, 2017-June 30, 2022

HPP Capabilities – YR16-20

- Capability 1: Foundation for Health Care and Medical Readiness

- Capability 2: Health Care and Medical Response Recovery Coordination

- Capability 3: Continuity of Health Care Service Delivery

- Capability 4: Medical Surge

2017-2022 Health Care Preparedness and Response Capabilities

Office of the Assistant Secretary for Preparedness and Response

November 2016
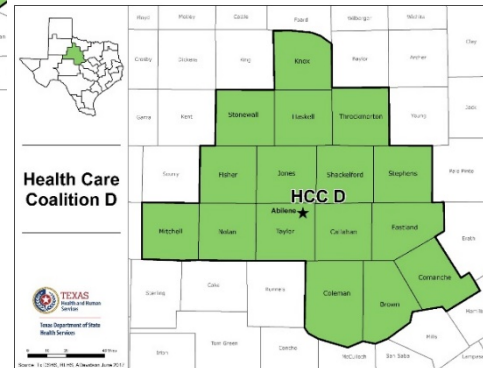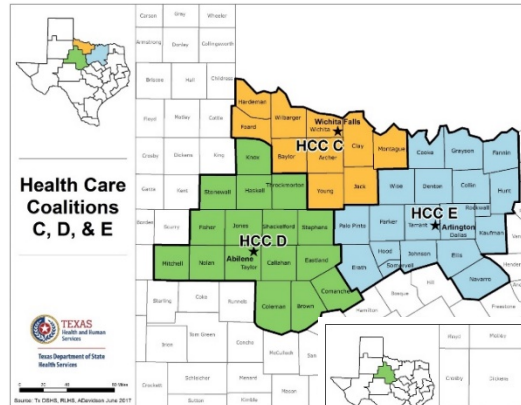
NCTTRAC: *Prepare. Support. Respond.*

- Coalition Assessment Tool Update
  - Four Capabilities
  - Membership
  - Exercise Reporting
    - Semi-annual Redundant Communication Drill
    - Annual Coalitional Surge Test
  - Documentation
    - Governance / SOP
    - Strategies and Plans

- HPP / GC-11 Inventory

- Hazard Vulnerability Analysis*

- Multi Year Training and Exercise Report

- Coalition Surge Test After Action Reports

- Vulnerable Population Reports*

- Sign In Sheets and Agendas

- Assessments*
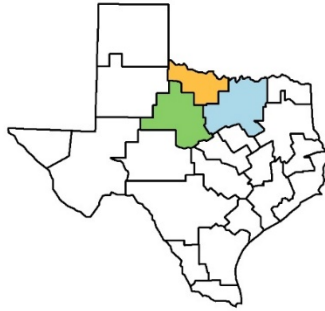
- Strategies and Plans*

*Also ASPR Requirements

NCTTRAC Requirements

- Sign In Sheets and Agendas
- HCC Asset Request
- Training Recommendations
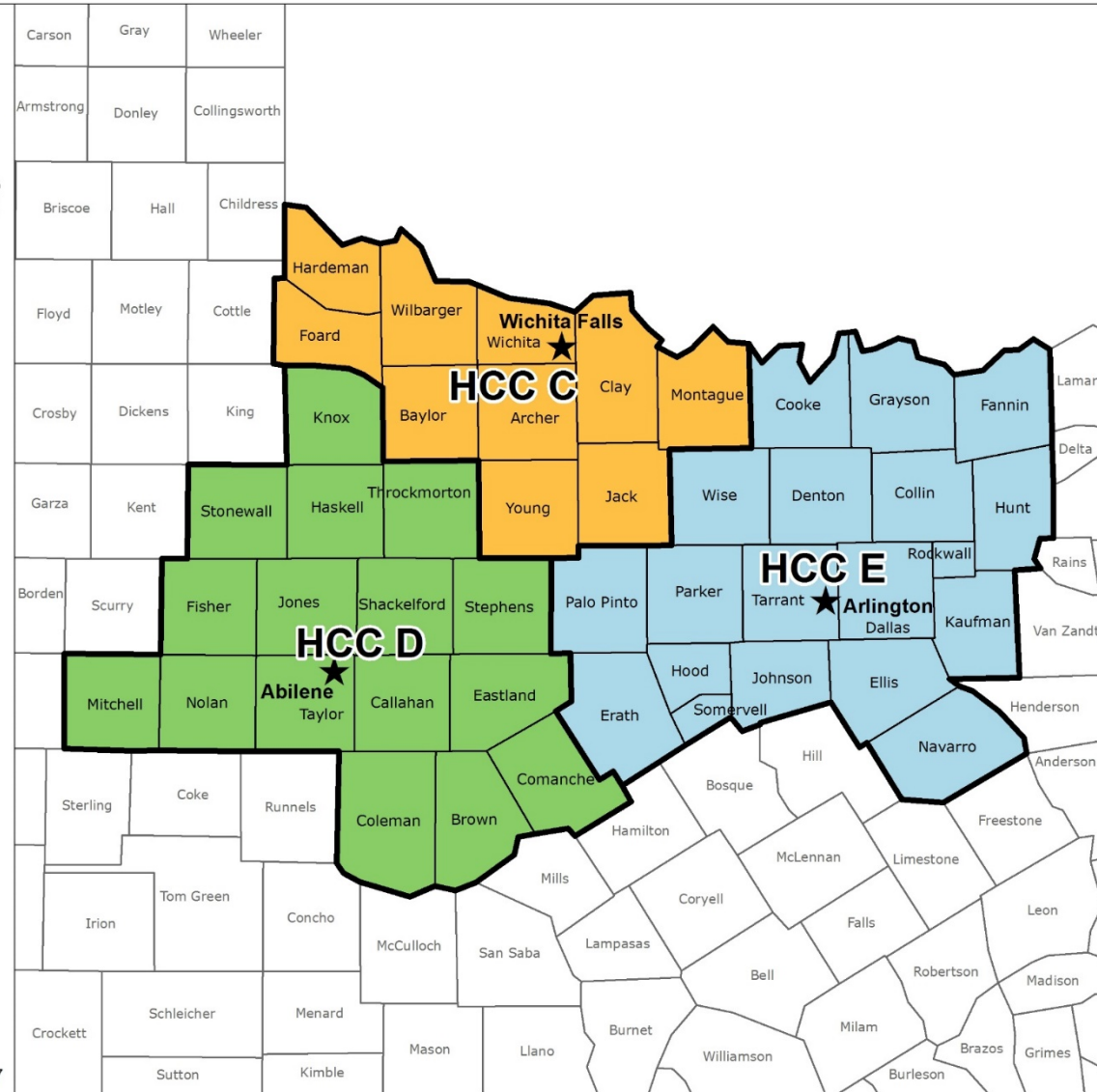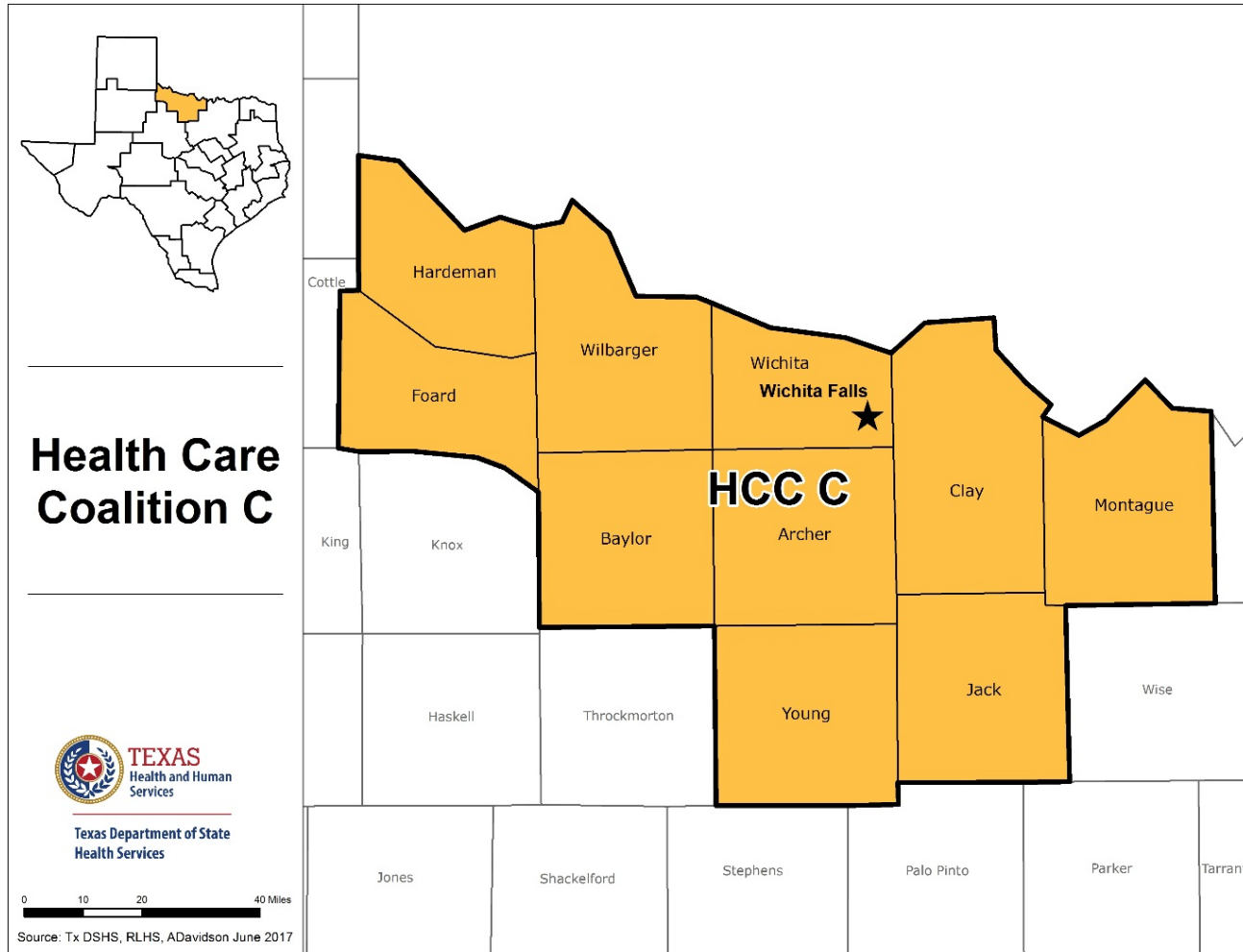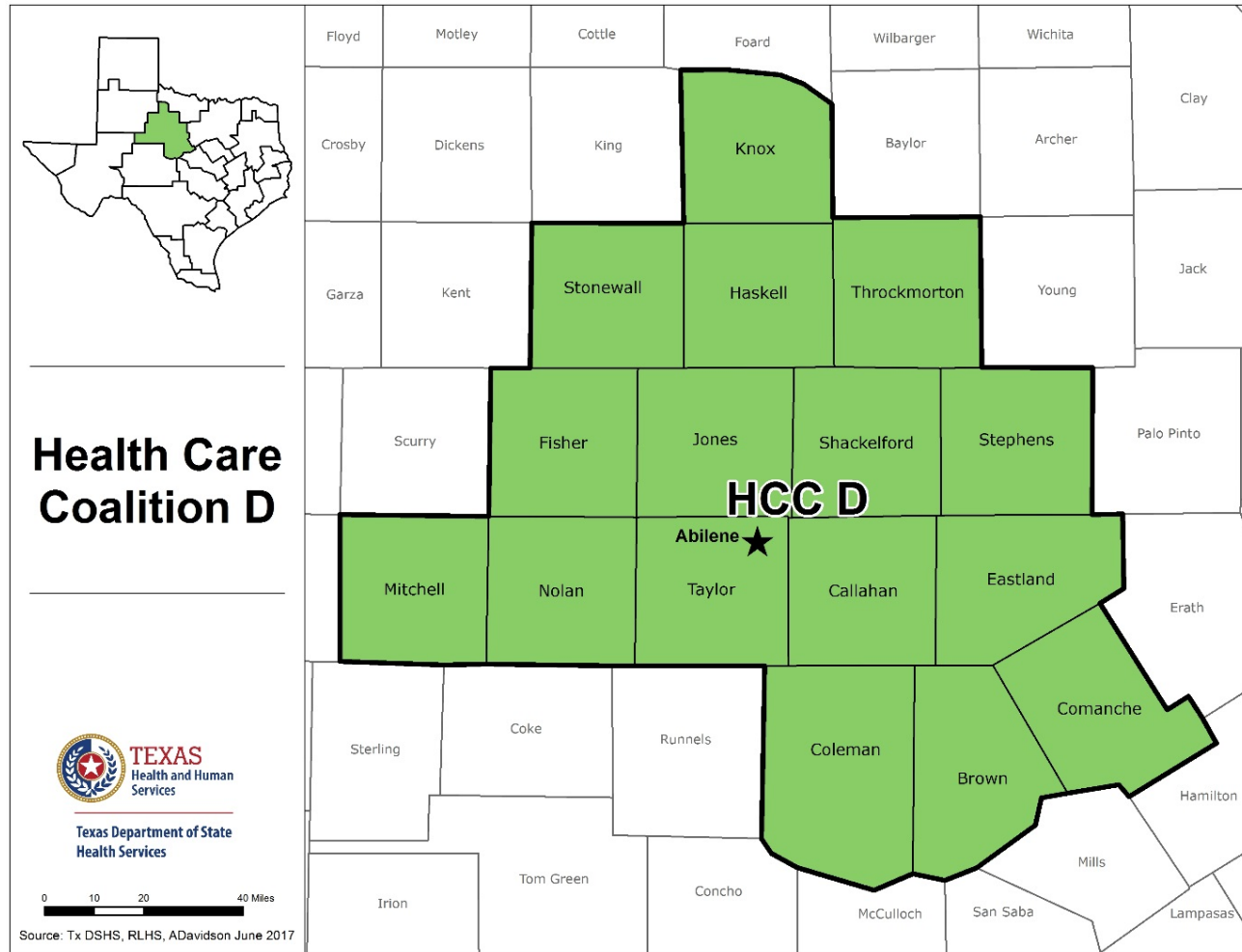- HCC Preparedness and Response
- Performance Measure Tracking

NCTTRAC: *Prepare. Support. Respond.*

NCTTRAC: *Prepare. Support. Respond.*

NCTTRAC Overview

Health Care Coalition E

HCC E

Arlington ★
Tarrant

Source: Tx DSHS, RLHS, ADavidson June 2017

NCTTRAC: *Prepare. Support. Respond.*
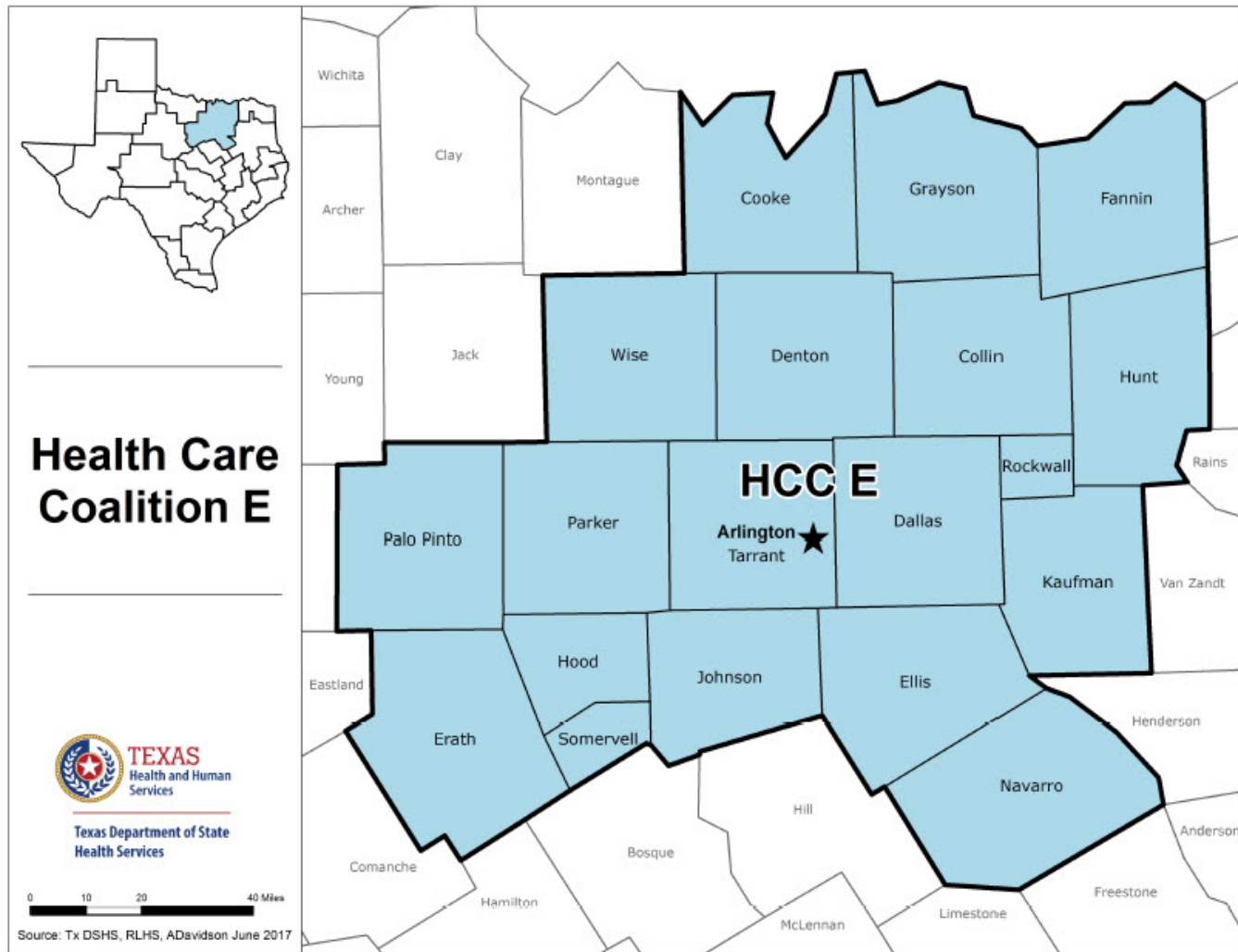
What is a Health Care Coalition?

An HCC is a group of individual health care and response organizations in a defined geographic location. HCCs play a critical role in developing health care delivery system preparedness and response capabilities.

NCTTRAC: *Prepare. Support. Respond.*

HPP Benefits
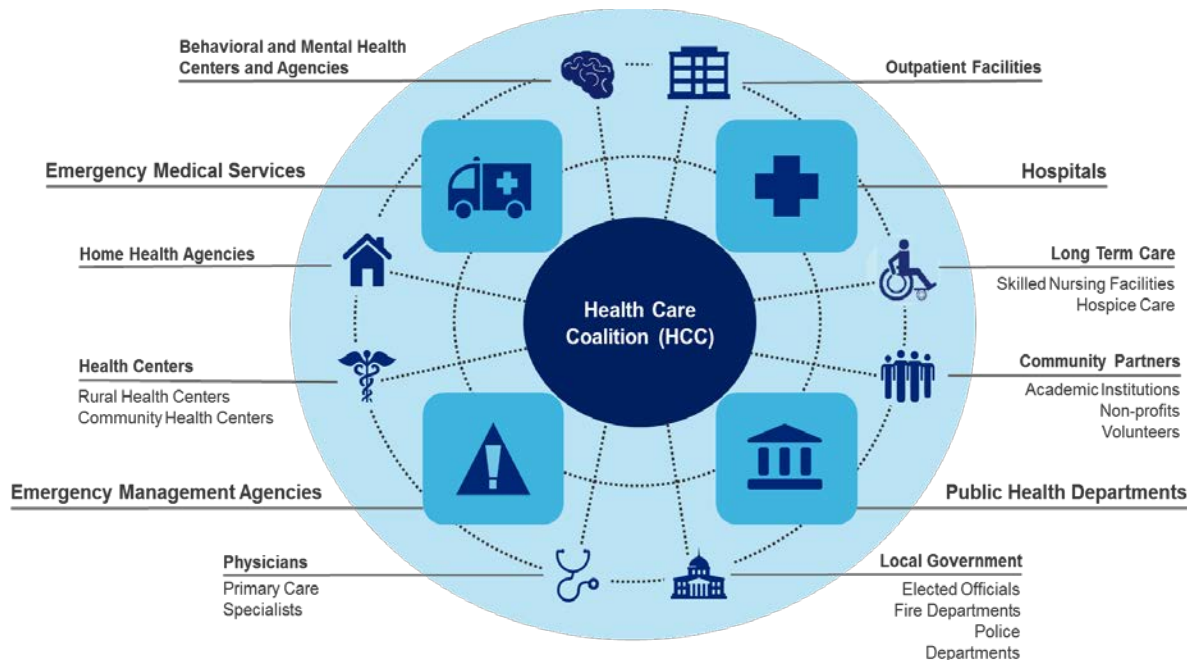
- Meeting regulatory and accreditation requirements
- Enhancing purchasing power
- Accessing clinical and non-clinical expertise
- Networking among peers
- Sharing leading practices

How to Join HPP

- Complete Letter of Agreement (LOA)
  - Signed by Hospital Executive
- Complete Memorandum of Sharing (MOS)
  - Signed by Hospital Executive
- Complete Contact Form
- Submit the above to logistics@ncttrac.org

- Complete Performance Measures
- Participate Coalition Development Activities

Non-Compliance in HPP

- Perform less than 50%
  - Letter to CEO requesting next steps
  - 30 Days to respond
  - Site visit scheduled to review performance measures
  - Follow up letter
    - 15 Days to Respond
    - Request Termination

HPP YR 17 PERFORMANCE MEASURES

HPP YR 17 Performance Measures

- HPP Annual Assessment

- Semi - annual Redundant Communications Drill Participation

- Quarterly Hospital Response to the No-Notice Whole Bed Request Summaries

- HPP / GC -11 Inventory Submission

- HVA Submission

Redundant Communications Drills

- **Duty Phone** – Contact BCHCC duty phone at 325-627-4518 during the drill.

- **EMResource** – Log-in to EMResource and update available beds.

- **WebEOC –** Log-in to the NCTTRAC Server of WebEOC (https://webeoc.ncttrac.org/eoc7/default.aspx), find the incident named "***Redundant Communications Drill Date***" and create a post in the "***Local Medical Events***" board that contains your name, facility, and a line confirming that you are checking in to the Redundant Comms Drill for the given **Date**.

Hospital No-Notice Whole Bed Request

- Take Online Training in Litmos
  - EMResource Daily Bed Availability Report Guide
  - Use the Report Guide
- All reporting due in EMResource
- Report beds daily in EMResource

- HPP / GC -11 Inventory Submission
  - Excel Worksheet
  - tharbuck@ncttrac.org
  - If you have no inventory, submit a blank sheet to receive credit

HVA Submission

- Use Kaiser Permanente formulated worksheet or a tool of your choosing to assess hazards in your hospitals

- Submit top hazards via Survey Monkey

COALITION DEVELOPMENT ACTIVITIES

Coalition Development

- Regional Healthcare Coalition Meetings
    - Second Thursday of Every Month
    - 10:00 A.M. – 11:00 A.M. Executive Committee Meeting
    - 11:00 A.M. – 12:00 P.M. HCC Meeting
    - 1:00 P.M. – 3:00 P.M. Educational Offering

- Online and in-person Training
    - Litmos Online Courses
    - On site and off site in-person courses

Regional Coordination

- BCHCC Duty Phone
  - 325-627-4518
  - Creating incidents in WebEOC
  - Bed Request in EMResource
  - Region Wide Alerting via EMResource and email

- Overview
  - State and Regional Health & Medical disaster response assets
  - Goal of EMTF is to provide coordinated response, offer rapid medical assistance to emergency operation systems during large-scale incidents
  - Each region coordinates with Healthcare partners to provide deployable assets
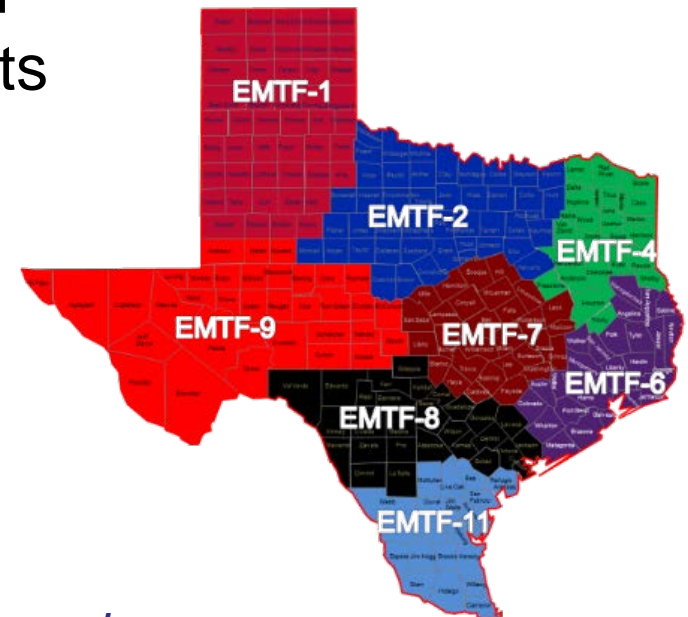
EMTF-2 Assets

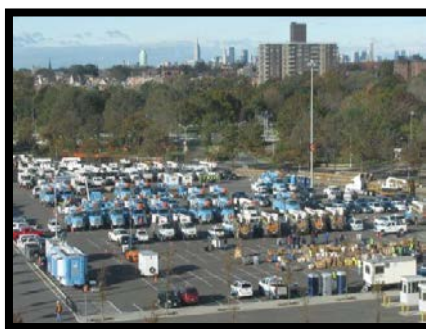**Ambulance Strike Team**

AMBUS

Mobile Medical Unit

RN Strike Team

Medical Incident Support Team

Ambulance Staging Manager

Task Force Leadership

Infectious Disease Response Unit

NCTTRAC: *Prepare. Support. Respond.*

TSA-E Medical Coordination Center

- Overview
  - Supports health and medical functions (ESF-8) in TSA-E
  - Provides and shares Essential Elements of Information

- EMCC Functions
  - NCTTRAC Emergency Line **817-607-7020**
  - Creating incidents in WebEOC
  - Bed requesting in EMResource
  - Region wide notifications
  - Resource requests
  - Support patient tracking

NCTTRAC: *Prepare. Support. Respond.*

Assets / Purchases

- Fill Out Asset Request Form
  - Identify item as regional asset or training
  - Identify corresponding HPP capabilities and activities
- Submit to HCC for approval
- Submit to NCTTRAC to send to DSHS for approval
- Purchase through guidelines

HPP YR 17 GOALS

HPP YR 17 Goals

1) Strengthen regional preparedness and response to CBRNE incidents through improved plans and increased exercises

2) Strengthen regional preparedness and response to mass casualty medical/infection incident through improved understanding and plans, and increased community-based exercises

3) Improve regional redundant communications response

4) Improve coalition member healthcare organizations' understanding and implementation of NIMS

5) Improve coalition member hospitals' understanding and implementation of Hospital Incident Command System

6) Improve regional Hospital recovery

7) Improve medical surge response

HPP FUTURE

HPP FOA – What's New?

1 | Encourage additional HCC membership

2 | Designate lead or co-lead hospital and 1 FTE

3 | Encourage hospital partnerships with NDMS

4 | Develop state and HCC specialty surge annexes

5 | Complete HCC Surge Estimator Tool

6 | Flexibility for geographically isolated areas (FAR 4 + 60 miles between hospitals)

ASPR

Encourage Additional HCC Membership

The four core members of HCCs will remain the same. However, HPP encourages additional representation from these functional entities that are required to support acute health care service delivery. These are not limited to the following:

- Medical supply chain organizations
- Pharmacies
- Blood banks

- Clinical labs
- Federal health care organizations
- Outpatient care centers

In addition, all HCC inpatient facilities, must demonstrate **existing transfer agreements** specifically to the following specialty care centers:

- Pediatric centers
- Trauma and burn centers

Designate Lead or Co-Lead Hospital and 1 FTE

1. All HCCs must **designate a lead or co-lead hospital** or health care organization.
2. All HCCs should fund at least **1.0 FTEs** to support the following role requirements:

CLINICAL ADVISOR	HCC READINESS AND RESPONSE COORDINATOR
Provide clinical guidance and coordination pertaining to acute medical surge readiness and response for CBRNE, trauma, burn, and pediatric emergencies. Individual must be clinically active and should be from the lead or co-lead hospital or health care organization.	Oversee planning, training, exercising, operational readiness, financial sustainability, and evaluation of the HCC.

Encourage Hospital Partnerships with NDMS

Hospitals should **enter into formal agreements with the National Disaster Medical System (NDMS)** to serve as receiving facilities if they:

1 Meet the eligibility criteria for participation in the NDMS

2 Are members of HPP-funded HCCs

This is intended to improve the awardee's and HCC's **surge capacity** and enhance hospital preparedness in response to a medical surge event.

Develop State and HCC-Level Specialty Surge Annexes

- Awardees and HCCs will develop complementary state and coalition-level annexes to their base surge capacity/trauma mass casualty response plan to manage a large number of **casualties with specific needs**.

- Five annexes will be developed and tested over the course of five years in this order:

| Pediatric | → | FY 2019 |
Burn	→	FY 2020
Infectious Disease	→	FY 2021
Radiation	→	FY 2022
Chemical	→	FY 2023

ASPR

Complete HCC Surge Estimator Tool

HCCs must complete the HCC Surge Estimator Tool to support coalitions in determining surge capacity. Three distinct variables drive rapid development of surge capacity and vary significantly between hospitals:

1 Use of **all available "staffed" beds**, including closed units that could be rapidly re-opened with appropriate staff but are otherwise equipped and appropriate for inpatient care

2 Use of **pre-induction, post-anesthesia, and procedural area beds** that can be used for temporary inpatient care, usually at an intermediate care (telemetry) or higher level

3 Ability to generate space or reduce the numbers of patients requiring evacuation by early discharge of appropriate current inpatients to support **surge discharge**
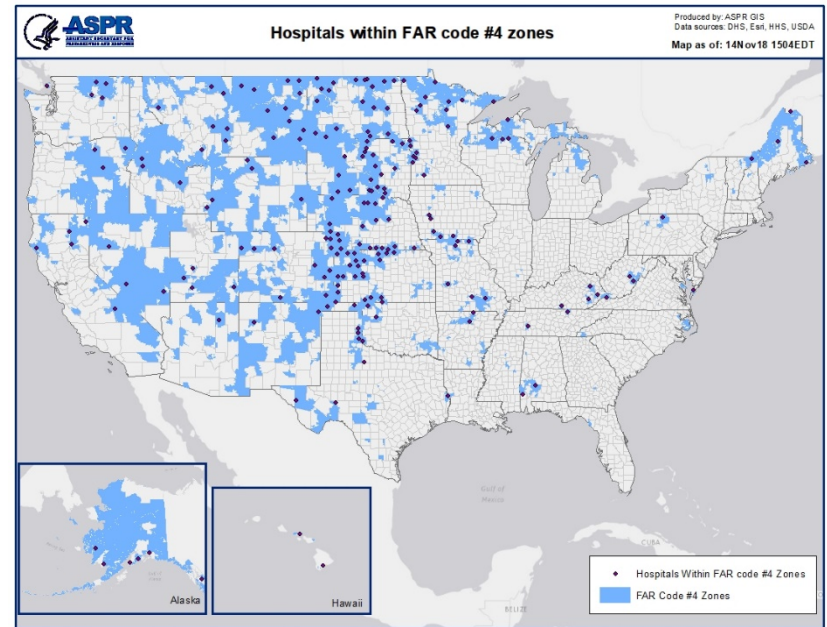
Integrate with Regional Pilot Programs

For those jurisdictions in which a **Regional Disaster Health Response System (RDHRS)** state-level or regional entity has been identified, HCCs must integrate their planning, training, exercising and response, and evaluation and situational awareness activities.

Regional Disaster Health Response System (RDHRS) "Notional"
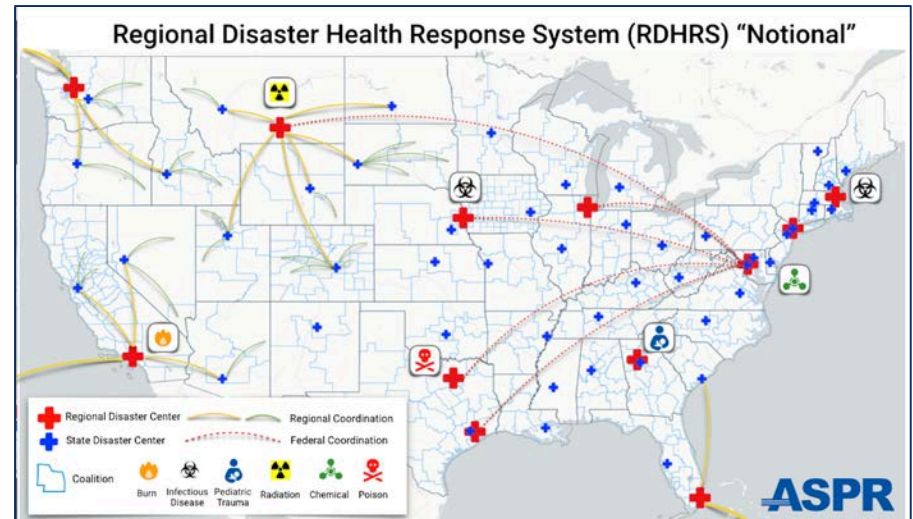
Flexibility for Geographically Isolated Areas

- ASPR is providing flexibility by adding additional locations to existing territory/FAS guidance, but ASPR strongly prefers coalition guidance.

  - Frontier and Remote (FAR) level four areas have hospitals that are more than 60 miles apart.

- FAR four includes ZIP code areas with majority populations living:
  - > 60 minutes from urban areas of 50,000 or more people
  - > 45 minutes from urban areas of 25,000-49,999 people
  - > 30 minutes from urban areas of 10,000-24,999 people
  - > 15 minutes from urban areas of 2,500-9,999 people

Hospitals within FAR code #4 zones

Produced by: ASPR GIS
Data sources: DHS, Esri, HHS, USDA
Map as of: 14Nov18 1504EDT

- Hospitals Within FAR code #4 Zones
- FAR Code #4 Zones

Alaska

Hawaii

Questions?

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North Central Texas Trauma Regional Advisory Council