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

Vision: 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

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Coalition Partners list

Preparedness Functions and Outcomes

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
Utah Department of Health

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<tr>
<th>Urban/Suburban</th>
<th>Rural/Frontier</th>
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<tr>
<td>Structure</td>
<td>LHD, Hospital</td>
</tr>
<tr>
<td>Funding</td>
<td>FTE = Staffing, Training, Equipment, Exercises</td>
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<tr>
<td>Funding (Staff)</td>
<td>Full FTE + Admin Asst.</td>
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<td>Impression</td>
<td>1/2-1/2/17, can = 94 per SW</td>
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<tr>
<td>Meetings</td>
<td>Full coal. bi-monthly, Executive Committee bi-monthly</td>
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<td>Key Documents</td>
<td>By-Laws &amp; Signed MOU</td>
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<td>Base Response Plan</td>
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<td>Resource Management Plan</td>
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<td>Corona Plan</td>
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<td>Priority Threats</td>
<td>Pandemic/Novel Event</td>
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<td>Earthquake</td>
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<td>Hospital Expiration</td>
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<td>Large AGI Plans</td>
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<td>Utility Restoration</td>
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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: MediComm 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

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

Snapshots

THE REALLY BIG ONE

Healthcare Emergency Coordination Center
Date: November 21, 2014
Time: 1:00 PM

Status Update

The Really Big One
A metaphor of disaster, a call-to-action for the nation. This event requires...
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
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, evaluating, and revising

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