



**Washington
Association for
Community Health**
Community Health Centers
Advancing Quality Care for All



Coordinating with Regional Healthcare Coalitions Before and During Emergencies

Webinar Training: 1pm-2pm, May 28, 2020

BACKGROUND



Before and during public health events and other emergencies, it is important for health centers to coordinate with local and regional emergency management and response teams.

Northwest Healthcare Response Network and REDi Healthcare Coalition will explain their role in emergencies and how they coordinate with and support health systems in their regions.



TRAINING OBJECTIVES

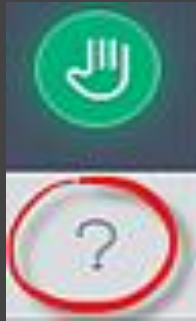


Training Objectives!

- Increase awareness of regional emergency support
- Relationship building between health centers and their regional healthcare coalition



Housekeeping



Your lines are currently muted.

You can raise your hand to have your line unmuted, or type questions/comments in your Dashboard.

This session is being recorded. Slides and a recording will be available after the webinar.
Click on the Webinar Evaluation link in your Dashboard to provide feedback.



Host: Patricia Gepert, Outreach & Equity Coordinator

REDi 

Regional Emergency and Disaster
HEALTHCARE COALITION

Supporting Eastern Washington Communities

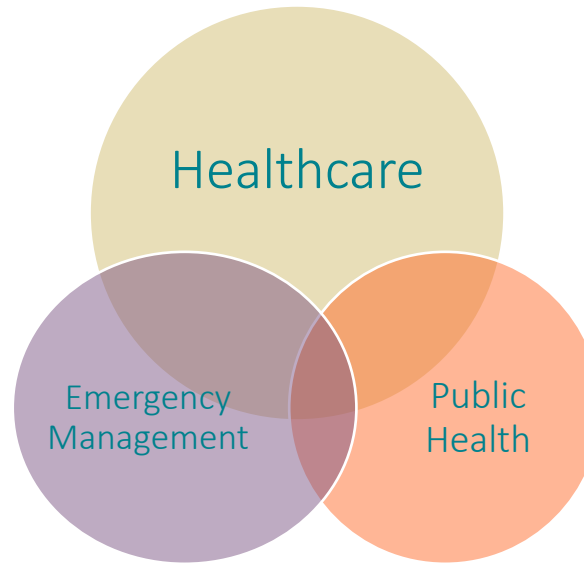
Connecting with Regional Healthcare Coalitions Before and During Emergencies

Victoria Warthen

REDi HCC Operations Section Chief

05/28/2020

The mission of the REDi HCC is to prepare for, respond to and recover from crisis using all available resources to provide patient care at the appropriate level and in the most efficient manner.

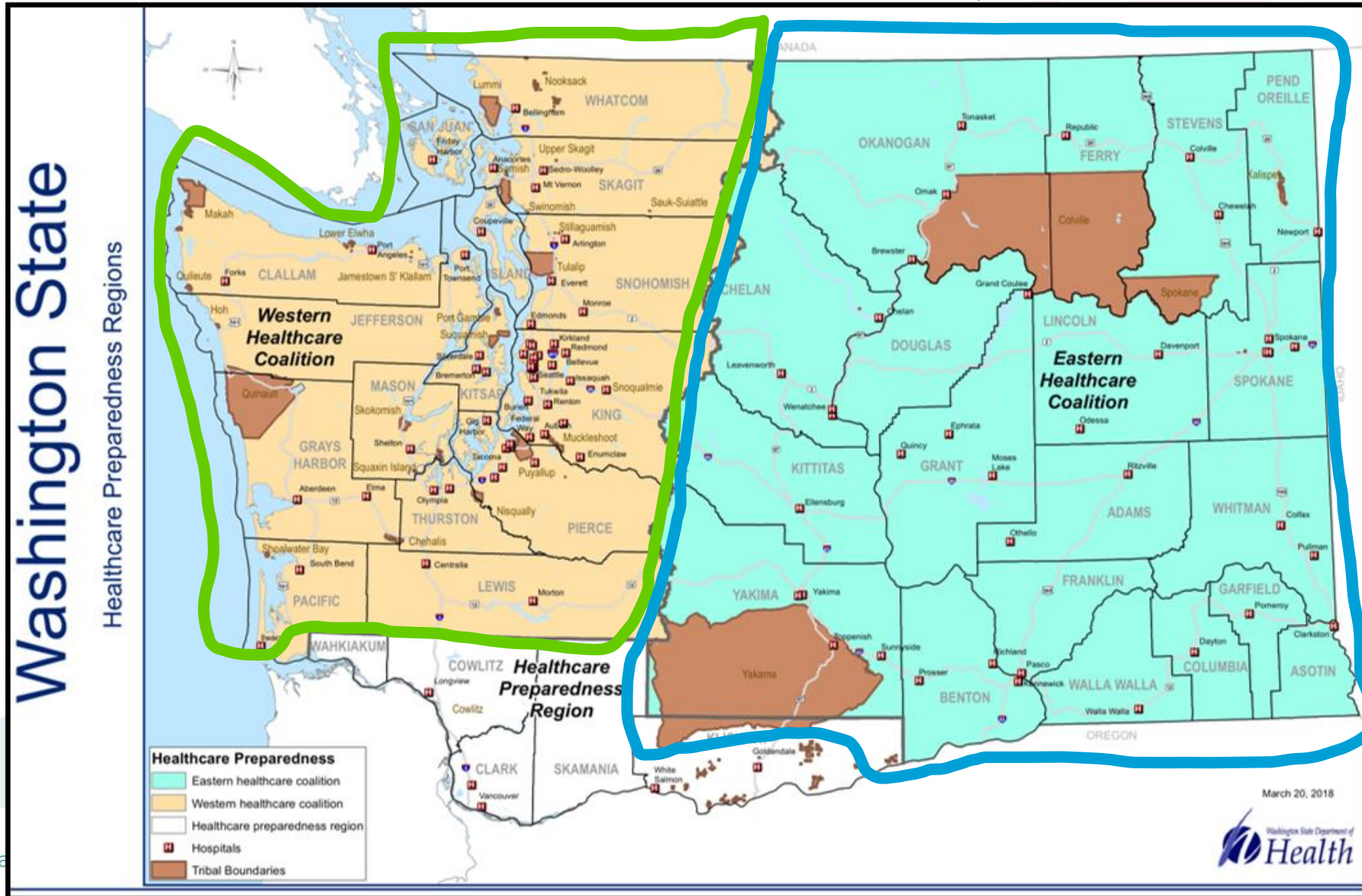


The REDi Healthcare Coalition works to strengthen the emergency preparedness and response planning for all aspects of healthcare through community coordination and collaboration. Coalition participation is appropriate for all types of healthcare providers, mental health providers, EMS professionals, public health professionals, emergency managers and related services.



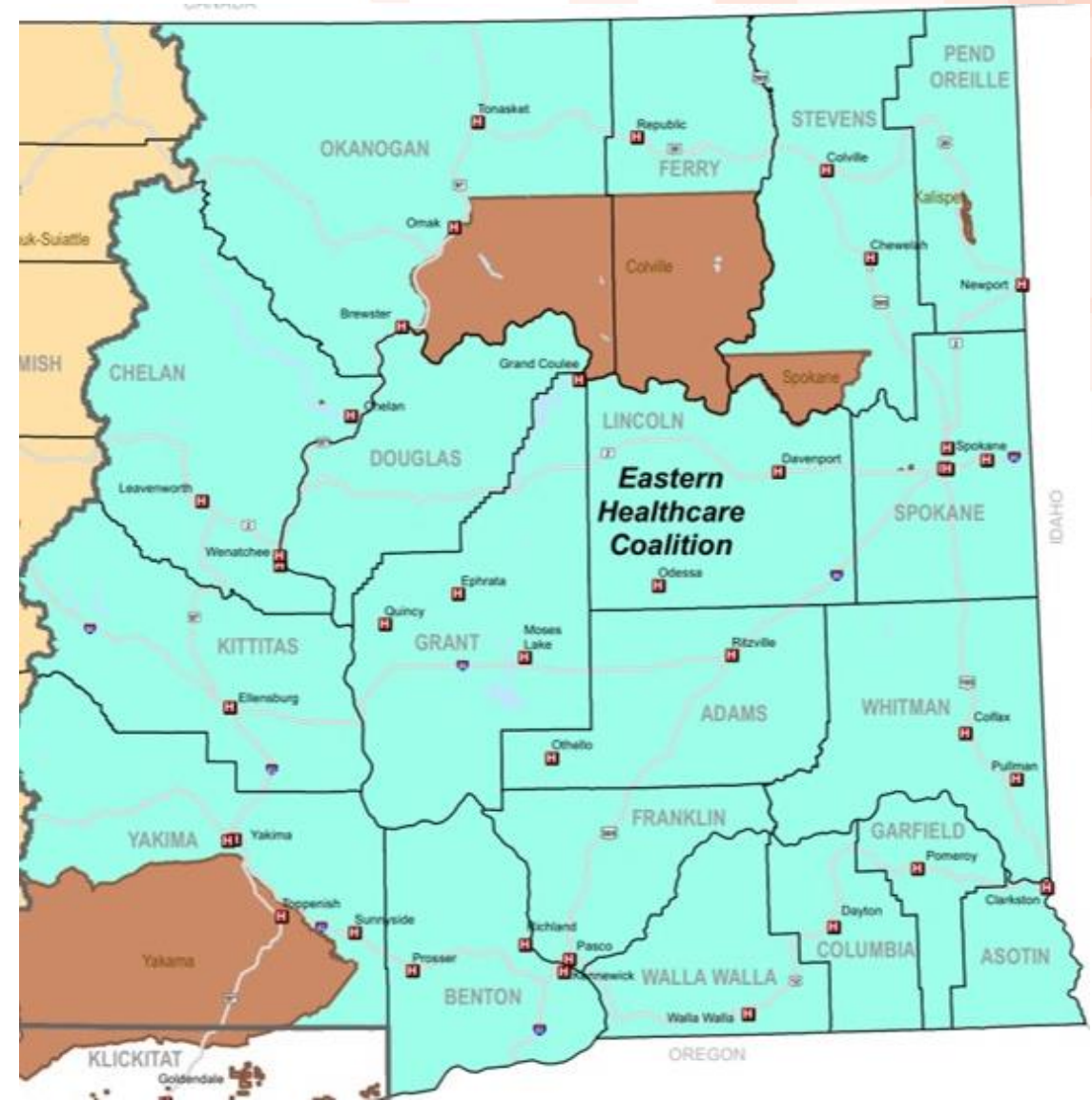
Introduction to the REDi Healthcare Coalition

Welcome to your Coalition for emergency preparedness and response



A Collaborative Approach to Medical Surge

- 19 counties and 4 tribal nations
- 3 catchment areas: Spokane, Wenatchee, Tri-Cities
- 1.6 million residents
- 65% of the geography
- Over 2,000 healthcare organizations
- Nearly 150,000 healthcare workers



REDi serves Healthcare in collaboration with Public Health, Emergency Management, and EMS

Inpatient

1. Hospitals
2. Critical Access Hospitals
3. Long-Term Care Facilities, Skilled Nursing Facilities, and Nursing Facilities
4. Religious Nonmedical Health Care Institutions
5. Ambulatory Surgical Centers
6. Psychiatric Residential Treatment Facilities
7. Programs of All-Inclusive Care for the Elderly

Outpatient

8. Transplant Centers
9. Intermediate Care Facilities for Individuals with Intellectual Disabilities
10. Home Health Agencies
11. Comprehensive Outpatient Rehabilitation Facilities
12. Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
13. Community Mental Health Centers
- 14. Rural Health Clinics and Federally Qualified Health Centers**
15. Organ Procurement Organizations
16. End-Stage Renal Disease Facilities
17. Hospices

Here to support you

- **Preparedness:** prior to a disaster, we provide regional and support local planning, trainings, exercises
- **Response:** during a disaster, we provide situational awareness, resource coordination, information sharing, and medical surge capabilities
- **Recovery:** after a disaster, we promote sharing of lessons learned while adapting from our experiences

PLANNING

- **Preparedness Plan**
 - Hazard Vulnerability Assessment (HVA)
 - Multi-Year Training and Exercise Plan (MYTEP)
 - Coalition Strategic Planning
- **Response Plan**
 - Patient Tracking
 - Patient Movement
 - Patient Placement (DMCC)
 - Resource Coordination
 - MOUs
 - Emergency Communications
 - Pediatric Medical Surge
 - Infectious Disease
 - Behavioral Mental Health
 - Response Roles
 - Burn
 - HCC Staff Internal Response Roles

TRAINING AND EXERCISE

- **Training** on regional plans
- **WATrac** training
- Patient Tracking training
- Coordinate external training
- Surge exercise planning and coordination
- Communication **drills**
- **Exercise toolkits**
- Community based **exercises**
- Coalition exercises
- **Exercise Evaluation Guides**
- **Exercise AAR/IP development**

RESPONSE

- **24/7 Duty Officer**
- **Situational Awareness Response Process**
- **Resource Coordination**
- **Coordination Calls**
- 24/7 Agency Contact List
- WATrac administration
- Liaison Officer

COMMUNICATIONS

- **Newsletters**
- Webinars
- Membership Tracking
- Website
- Eventbrite
- WATrac Alerts

CONVENING

- Coalition General Meetings
- **Community Incident AAR/IPs**
- **Advisory committees**
- CMS workgroups
- Planning workgroups

CMS Emergency Preparedness Rule Z

- Tag #0004 Develop and maintain the Emergency Preparedness program
- Tag #0006 Maintain and Annual EP Updates
- Tag #0009 Process for EP Collaboration
- Tag #0018 Procedures for tracking of staff and patients
- Tag #0020 Policies and procedures including evacuation
- Tag #0029 Development of communication plan
- Tag #0030 Names and contact information
- Tag #0031 Emergency officials contact information
- Tag #0032 Primary/alternate means for communication
- Tag #0033 Methods for sharing information
- Tag #0034 Sharing information on occupancy/needs
- Tag #0036, 37, 39 Emergency preparedness training and testing



REDi HCC COVID-19 Response

How REDi is responding during this pandemic



REDi HCC COVID-19 Response

Activation:

- January 2020
- Objectives set February 2020 with hospitals in eastern Washington

Response Objectives:

- **Objective 1:** Create a common operational picture among REDi partners.
- **Objective 2:** Support regional healthcare system resiliency and medical surge.
- **Objective 3:** Manage regional resource coordination.
- **Objective 4:** Support a consistent state-wide response.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

February 21, 2020

Dear Hospital, Health Care System, and Health Plan Executives:

We are writing today to begin a "call to action" to ready your healthcare systems for potential supply shortages and patient surge associated with COVID-19. This letter invites you to join a webinar entitled **COVID-19: Ready our Healthcare Systems to be held Friday, February 28, from 11 a.m. to 12:00 p.m.**

Please register for Health Systems Webinar on Feb 28, 2020 11:00 AM PST at:

<https://attendee.gotowebinar.com/register/2400631212208110091>

This webinar is co-sponsored by the Washington State Hospital Association, Northwest Healthcare Response Network, REDi Healthcare Coalition, Region IV Healthcare Preparedness Alliance, Public Health - Seattle and King County, and the Washington State Department of Health.

The situation with COVID-19 is evolving rapidly, and we are concerned that this virus poses a significant public health threat. Since we know that community transmission is occurring in multiple countries, and with the ease of global travel, we believe significant community spread in Washington is very likely in the future so we must prepare now.

Community transmission of COVID-19 in Washington would very likely result in a much greater than usual number of persons seeking care in outpatient facilities and emergency departments and a higher number of persons requiring hospitalization including critical care. We know some of you are already experiencing a tightening of PPE supplies, and we anticipate that to become more common in the days ahead. So, even if we don't experience community transmission of COVID-19, we have concerns that we need to alter our standards to conserve PPE supply.

It is prudent that we ready our systems. Our strategies need to encompass a coordinated response to decrease the demand for healthcare services in the worried well and those with mild COVID-19 (e.g., making use of on-line self-triage assessments, nurse triage lines, and telemedicine options), while also increasing the surge capacity of our systems (e.g., cohorting patient care, expanding clinic hours, temporarily suspending elective surgeries, and exceeding bed capacity).

If you have not done so in response to COVID-19, we strongly encourage you review your emergency operation plans, review your staffing and surge capacity plans, review your PPE supplies, and step up environmental cleaning to reduce respiratory virus spread.

REDi HCC Response Capabilities

- [REDi HCC Situational Awareness Response Process](#)
 - REDi Survey, WSHA survey, WATrac data, in one Situation Report – focused on healthcare capacity of space, staff, supplies
- [Resource Coordination Process](#)
 - Weekly query for healthcare resources
 - Submit completed 213 RR to REDi
- [REDi Operations Center \(ROC\)](#)
- [Crisis Standards of Care Regional Triage Team](#)
- [Newsletter](#)
 - Timely, but succinct, reports on immediate regional and national news.
- [Coalition Connection](#)
 - Weekly opportunity to be briefed on Coalition response activities and discuss COVID-19 challenges healthcare is facing
- 24/7 Duty Officer (509) 323-2804
- [WATrac](#) technical and administrative support
- [Coordination Calls](#) (by request)

Situational Awareness Response Process



Regional Emergency and Disaster
Healthcare Coalition

Supporting Eastern Washington Communities

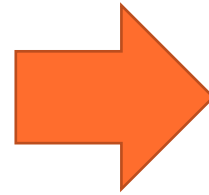
04.15.20 REDi Healthcare Coalition Situational Awareness Data Collection Form

Please note: To ensure timeliness of information sharing, only data reported between 09:00 a.m. - 11:00 a.m. will be shared in the Situation Report.

This survey is intended to gather essential elements of information about affected healthcare providers to create situational awareness and assist with the development of a coordinated response. This report should be used in conjunction with WATrac for timely agency and bed availability status.

About this survey: This survey contains 15 questions total. Some questions have multiple parts (e.g., 5a-5d). In the bottom right corner is a progress bar (showing you % completed) as well as up and down arrows (to help you move through the survey). Click on the up arrow to view/change previous responses or the down arrow to look ahead. Some responses are required before you can submit the survey, but for those questions that do *not* require a response, simply click enter (or the down arrow) to skip.

enter agency data press Enter ↵



Situation Details

Crisis Standards of Care common definitions

In asking for agency information to be shared throughout this report, the capacity levels of the healthcare agencies are defined in the following manner:

- **Conventional capacity:** The spaces, staff and supplies (resources) used are consistent with daily practices within the institution
- **Contingency capacity:** The spaces, staff and supplies (resources) used are not consistent with daily practices but provide care that is functionally equivalent to usual patient care
- **Crisis capacity:** Adaptive spaces, staff and supplies (resources) used are not consistent with usual standards of care but provide sufficiency of care in the context of a catastrophic disaster (i.e. Provide the best possible care to patients given the circumstances and resources available)

COVID-19 Survey Results Dashboard

Provider Type	Agency Name	ED Status	Critical Care Unit Status	Space Operating Conditions	Staff Operating Conditions	Supplies Operating Conditions
Ambulatory Surgery Center	Columbia Surgical Specialists	N/A	N/A	Conventional	Contingency	Contingency
Ambulatory Surgery Center	Spokane Valley Ambulatory Surgery Center	N/A	N/A	Conventional	Contingency	Contingency
Assisted Living	Cataldo Community Residential Care	N/A	N/A	Conventional	Conventional	Contingency
Dialysis Center	Davita Mid-Columbia Kidney center.	N/A	N/A	Conventional	Conventional	Contingency
Federally Qualified Health Center	Chas Health	N/A	N/A	Conventional	Conventional	Contingency
Federally Qualified Health Center	Columbia Valley Community Health	N/A	N/A	Contingency	Contingency	Contingency
Federally Qualified Health Center	Yakima Neighborhood Health Services	N/A	N/A	Conventional	Conventional	Conventional

Resource Coordination Process

- Ways you can request/find needed resources:
 - Exhaust all commercial resources (internal, network, parent company, etc.)
 - Exhaust all agreements, MOU's, etc
 - Complete the WA DOH Statewide Resource Request Process
 - Submit an ICS 213 RR form to request support from your local health jurisdiction (public health)
 - PH will work with Emergency Management to find support
 - If PH and EM cannot find the requested resources, they will submit your ICS 213 RR to DOH
 - Complete and submit the [ICS Form 213 RR](#) to the REDi HCC [Resource Request Link](#)

Coalition Response Plan

- Information Sharing
- Medical Surge Support
 - Resource Coordination
 - Patient Placement
 - Patient Tracking
 - Patient Movement
- Pediatric Medical Surge
- Behavioral Health
- Emerging Infectious Disease
- Crisis Standards of Care



**REDi Operations
Center (ROC)**

The ROC: How we got here

- 3/13/20 – Regional DMCC Coordination Call
 - Outcome: DMCCs to activate to Information Collection Level
- 3/24/20 – REDi Regional Patient Placement and Crisis Standards of Care Coordination Call
 - Outcome: Reconvene the DMCCs to decide how to proceed
- 3/26/20 - Regional Patient Placement and Spread of Covid-19 Coordination Call
 - Outcome: Use the DMCCs they are exhausted, then the plan is to centralize resources, tracking and patient movement regionally.
- 4/1-4/3 – Regional Patient Placement Planning Meeting
 - Outcomes: Reviewed draft of the ROC Annex. Need improvements on how to collect relevant information and a better understanding of what type of patients facilities can take.
- 4/4-4/6 – 2 ROC Workshops
 - Outcome: Better understanding of training needs, WATrac service categories, ROC call
- 4/10: ROC Launched and staffed 24/7

REDi to ROC

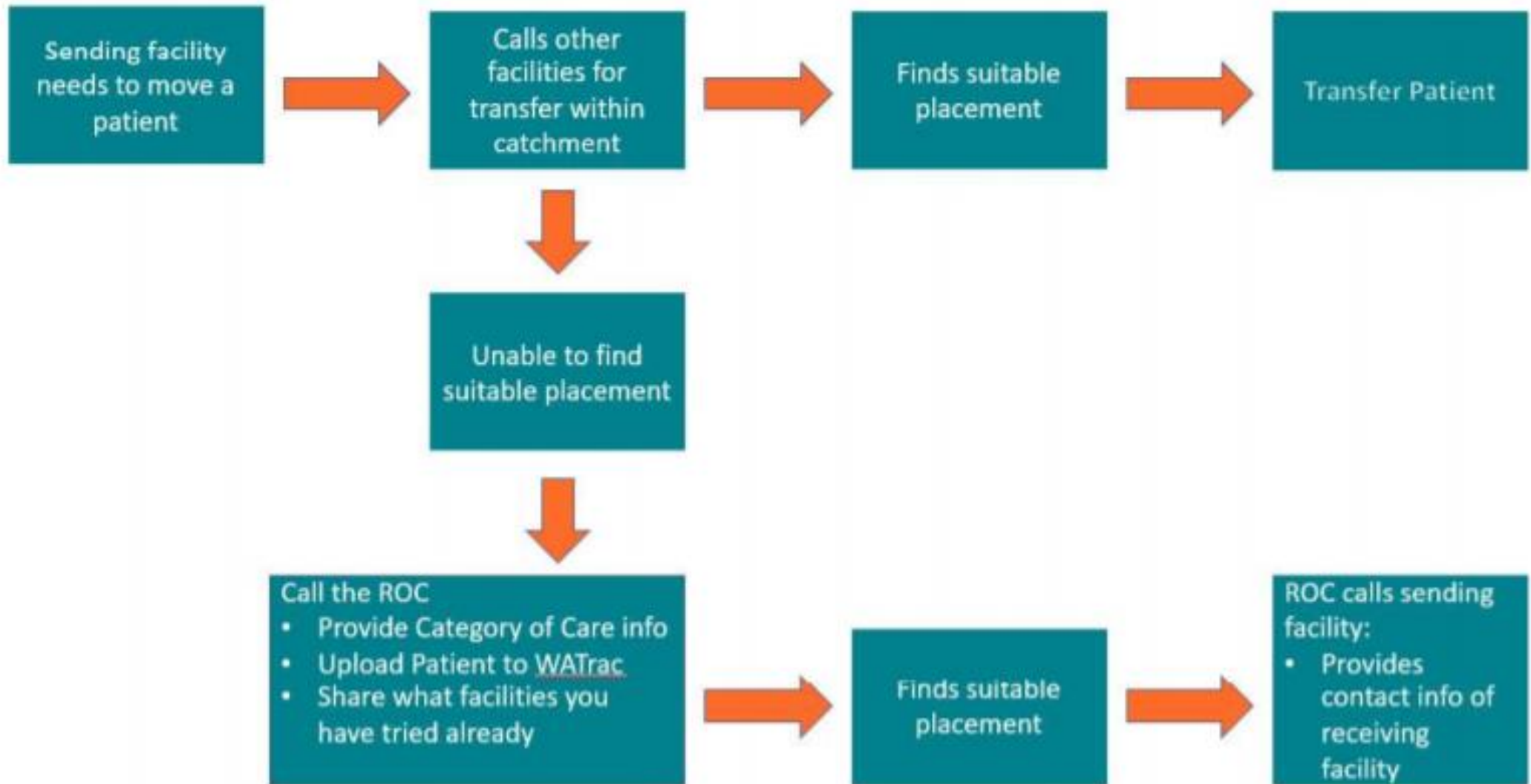
Placing Patients Level: ROC is actively assisting transfer centers/staff in finding non-traditional pathways for placement for patients.

Trigger: Transfer center/staff member calls the ROC to request patient placement assistance.

Patient Surge Level: When the ROC can no longer place patients within Eastern Washington, the ROC will reach out to RC3 and connect the requesting healthcare facility to the Crisis Standards of Care Regional Clinical Triage Team.

Trigger: When there are multiple patients competing for the same resource (i.e. critical care bed or ventilator) and the jurisdiction has implemented crisis standards of care.

2. Process of Patient Placement and Tracking



The ROC uses WATrac

- WATrac is a web-based application serving the Washington healthcare system by providing two distinct functions:
 - 1) daily tracking of agency or organizational status, bed availability, and specialists and
 - 2) incident management and situational awareness for disaster planning and response.
- The REDi Operations Center uses the WATrac Patient Tracking Module
 - HIPAA compliant
 - Patient placement and tracking
 - Command center for real time communications

REDi Operations Center (ROC) Training Plan + Curriculum

Last revised: 04.07.2020

Introduction

This guide serves as training for hospitals, standalone emergency rooms, specialty hospitals, and skilled nursing facilities who may need assistance from the ROC. This training guide should be used in conjunction with the ROC Annex and the standard operating guidelines listed in the plan annex. This training is completely virtual and can be done on individual time.

This training is split into two parts for the sending facility and general training. The target audience should understand both procedures and train to both. Many facilities already understand the general training components and regularly update information on WATrac. In this case, the general training is not needed.

This training curriculum assumes the following:

- The ROC Annex is used in conjunction with this technical training curriculum
- WATrac is a centralized database used for this process.
- Ensure access to WATrac and Patient Tracking Module (all roles) prior to, and during ROC activation. No WATrac account? [Sign up here](#). If you are new to WATrac, [sign your agency up here](#). Access to the Patient Tracking Module? If not, e-mail us at hcc@srhd.org

Washington State Crisis Standards of Care

“In an important ethical sense, entering a crisis standard of care mode is not optional – it is a forced choice, based on the emerging situation. Under such circumstances, failing to make substantive adjustments to care operations – i.e., not to adopt crisis standards of care – is very likely to result in greater death, injury or illness.”

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Crisis Standards of Care

A substantial change in usual healthcare operations and the level of care it is possible to deliver... made necessary by a pervasive or catastrophic disaster

Ethical Principles

Saving the Most Lives

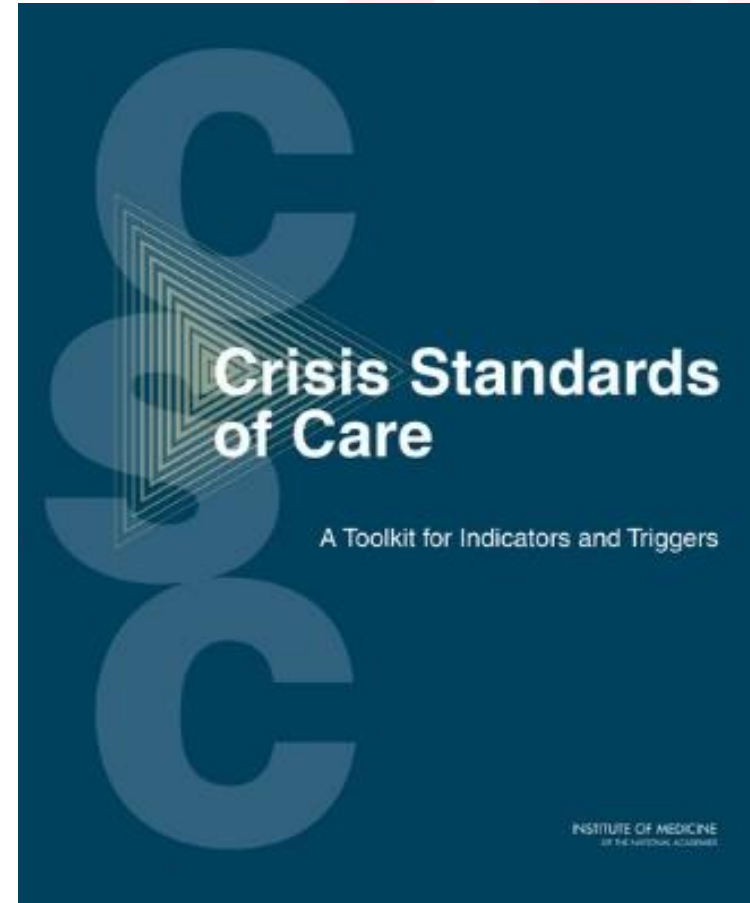
Maximizing Life-Years

Life-Cycle Principle

Instrumental Value

First Come-First Served

Lottery



Institute of Medicine Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations, 2009

Incident demand/resource imbalance increases →
 Risk of morbidity/mortality to patient increases →

← Recovery

	Conventional	Contingency	Crisis
Space	Usual patient care space fully utilized	Patient care areas re-purposed (PACU, monitored units for ICU-level care)	Facility damaged/unsafe or non-patient care areas (classrooms, etc.) used for patient care
Staff	Usual staff called in and utilized	Staff extension (brief deferrals of non-emergent service, supervision of broader group of patients, change in responsibilities, documentation, etc.)	Trained staff unavailable or unable to adequately care for volume of patients even with extension techniques
Supplies	Cached and usual supplies used	Conservation, adaptation, and substitution of supplies with occasional re-use of select supplies	Critical supplies lacking, possible re-allocation of life-sustaining resources
Standard of care	Usual care	Functionally equivalent care	Crisis standards of care ^a

Normal operating conditions

Extreme operating conditions

Indicator: potential for crisis standards^b

Trigger: crisis standards of care^c

Crisis Standards of Care Regional Clinical Triage Team

Step 1-2

Healthcare agency requests CSC RTT consultation; submits intake form

Step 3

REDi staff assembles the CSC RTT and connects the healthcare agency to the group.

Step 4

CSC RTT meets virtually for deliberation.

Step 5-6

REDi staff document key decision points and submits to requesting agency.

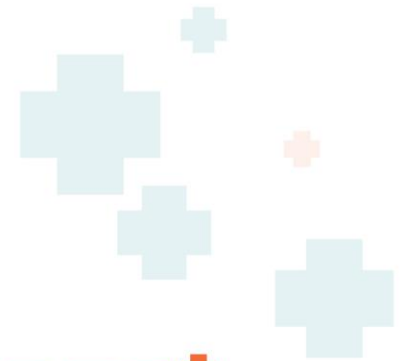
Step 7

Recommendations are shared across RTTs to ensure consistency.

How can you get involved?

- Sign up to receive our [REDiLINK newsletter](#)
- [Sign up 3 emergency points of contact from your organization](#) to participate in the [REDi HCC Situational Awareness Response Process](#)
- Participate in the [REDi Resource Coordination Process](#)
- Save the [24/7 REDi HCC Duty Officer](#) number in your EOP/COOP (509) 323-2804 and train your staff when to use it
- Learn about [WATrac](#)

What Questions Do You Have For Us?



Thank You

Victoria Warthen

REDi HCC Operations Section Chief

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509-324-1694

For other questions, please contact the REDi
Healthcare Coalition at hcc@srhd.org

For healthcare emergencies, please contact the
REDi HCC Duty Officer at (509) 362-0041

PREPARE.

RESPOND.

Coordinating with Regional Healthcare Coalitions Before and During Emergencies

RECOVER.

Susan Pelaez, Director of Preparedness and Response

“When a disaster hits, Americans rely on a fragmented healthcare system to miraculously mount a timely, cohesive, and effective recovery effort. Yet, the carefully orchestrated and sequenced medical responses to disasters lean on a disjointed health system.”

Closing the Seams: Developing an integrated approach to health system disaster preparedness,
Price Waterhouse Coopers - HRI, 2007



What the Network does

We lead regional healthcare collaboration to effectively respond to and recover from emergencies and disasters.



Serving the state's medical epicenter

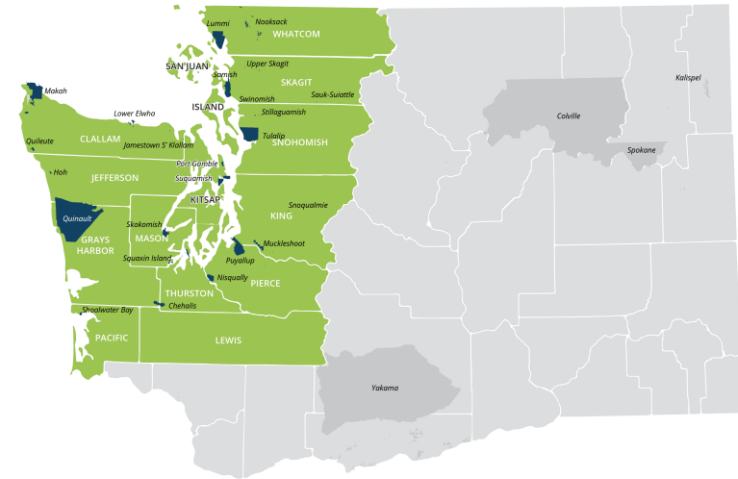
Public-private partnership

5.2 million residents

Almost 70% of the state's
hospital beds

Nearly 3,000 healthcare organizations

178,000 healthcare workers



Serving Our Community Before, During and After Emergencies and Disasters

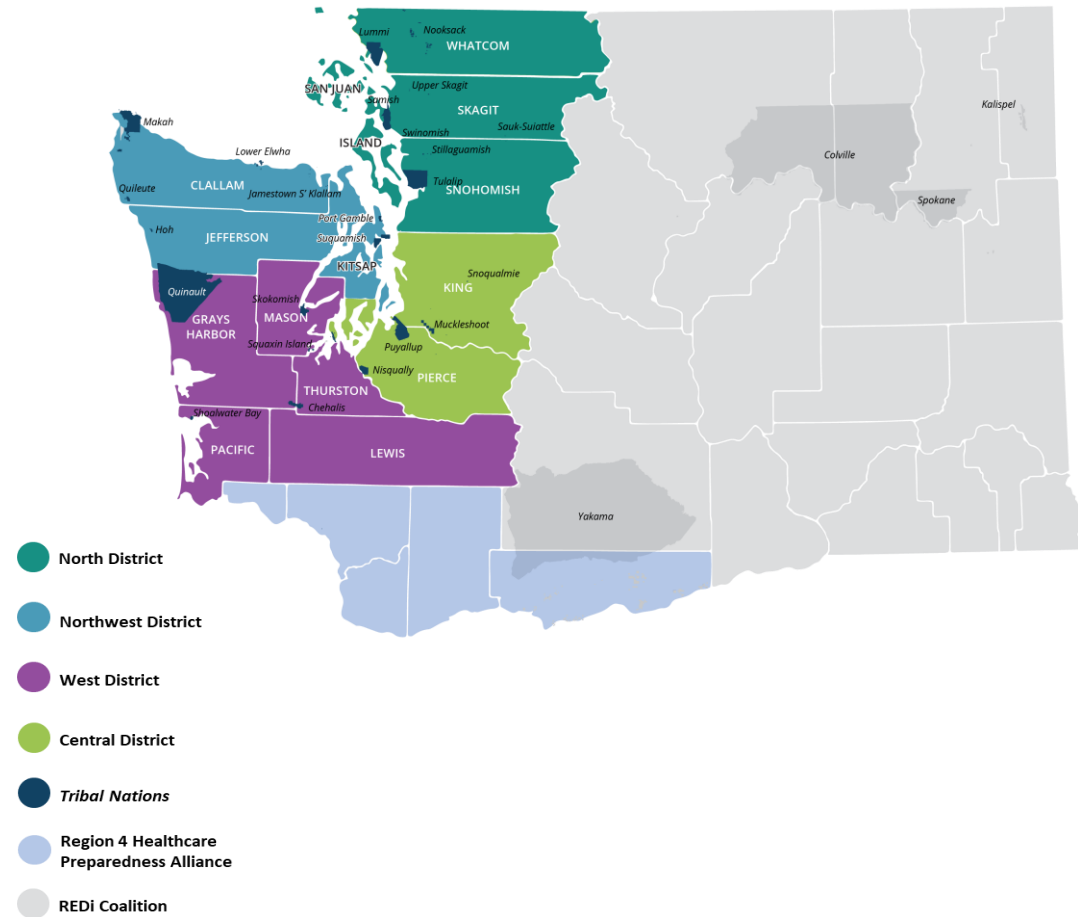
- ✓ **Before** disasters happen, we help prepare healthcare organizations and our response partners through **planning, training and exercises**, to build cutting-edge emergency response and recovery practices.
- ✓ **During** a disaster, we **coordinate information, resources and policy issues** for the healthcare community and facilitate a collaborative response among healthcare and with other emergency response agencies.
- ✓ **After** a disaster, we **advocate for and support healthcare through the recovery process**, while learning from our front-line experiences to develop and implement innovative life-saving response strategies.



Western WA. Coalition Response Service Area

ALL hospital/clinic/long-term care/other healthcare providers and organizations, Public Health agencies, local/county/ federal emergency management, EMS, Tribal Nations, and any other stakeholders that play a role in the healthcare delivery system preparedness and response capabilities of the NWHRN service area, which includes 15 counties and 25 tribal nations in Washington State

Entities are not required to be actively engaged in District meetings or other NWHRN activities to be supported in response for free



COVID-19 PANDEMIC RESPONSE

“Everything we do before a pandemic will seem alarmist.

Everything we do after a pandemic will seem inadequate.”

Michael Leavitt, former Governor of Utah and former Health and Human Services Secretary



What: The HECC

Healthcare Emergency Coordination Center (HECC)

The Northwest Healthcare Response Network's (NWHRN) Healthcare Emergency Coordination Center (HECC) serves as a **single point of contact for coordination** of the healthcare system's response to an emergency or disaster in the 15-county and 25 tribal nation service area of the Western Washington Healthcare Coalition. The HECC is a means of coordination, rather than a physical place, and therefore can be activated in either a physical location or virtually, based on the needs of the situation.



Response | Regional disaster or emergency

During a disaster we support by providing:

- Community-sourced **critical situational awareness briefs** for healthcare
- Emergency **alerts**
- Emergency **patient tracking**
- Healthcare resource **sharing and coordination**
- **Coordination** of regional healthcare **operational response and policy**



PARTNERSHIPS

The Network deepened and created new partnerships at the state and local levels to support providers and communities.

- WSHA and WSMA
- Convened care providers to share best practices, identify needs
- Support and responded to emerging and organic partnerships



CONVENING CARE PROVIDERS

The Network convened care providers on best practices around essential issues of care such as:

- Surge strategies for hospitals
- Connected siloed efforts to streamline processes for telehealth implementation and linked to technology solutions
- Developed RC3 concept; Harborview implemented
- Framework for long term care
- Crisis standards of care



RESOURCES

The Network helped to connect healthcare with additional resources for patient care.

- Supported surge strategies
- Supported resource and staffing requests
- Data-gathering
- Pursued and supported waivers



LASTING BENEFITS

The Network helped create structures, tools and approaches that will be of lasting benefit.

- Data-gathering platforms – build out for multiple sector information gathering
- Quick identification of multi-regional approaches
- Continue to convene partners engage in comprehensive multi-sector surge strategies
- Long-term care framework
- Crisis Standards of Care engagement



SEMPER GUMBY





Questions?

Thank You

CONTACT US:



www.nwhrn.org



[@TheNetworkNWHRN](https://twitter.com/TheNetworkNWHRN)

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THANKS



Webinar slides and recording will be posted on Association's website.

Click on the Webinar Evaluation link in your Dashboard to provide feedback.

Questions/Comments contact: Patricia Gepert (pgepert@wacommunityhealth.org)

