Hospital Preparedness Program

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Objectives

- Understand the evolution of preparedness and response toward the Health Care Coalition (HCC) model
- Review the goals and objectives of HHS/ASPR/HPP capabilities
- Present available resources for the Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness Rule
Overview of HPP and Health Care Coalitions

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Evolution of Preparedness and Response Toward the HCC Model

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Evolution from Facility-Based Equipment to an HCC Capabilities-Based Approach

2002-2011
- Facility-based equipment purchases
  - Personal protective equipment, mobile medical units, pharmaceutical caches, other emergency supplies and equipment

2012-Present
- Capabilities-based approach to planning
  - HPP funding is used to enhance health care system planning and response at the state, local, regional, and territorial levels
  - Foundation for Health Care and Medical Readiness
  - Health Care and Medical Response Coordination
  - Continuity of Health Care Service Delivery
  - Medical Surge

HCCs: Coordinating a Regional Approach to Health Care and Medical Response

HCCs coordinate activities among health care organizations and other stakeholders in their communities; these entities comprise HCC members that actively contribute to HCC strategic planning, operational planning and response, information sharing, and resource coordination and management. **Hospitals are CORE members of an HCC.**

- Behavioral and Mental Health Centers and Agencies
- Outpatient Facilities
- Emergency Medical Services
- Home Health Agencies
- Long Term Care
- Health Centers
- Community Partners
  - Rural Health Centers
  - Community Health Centers
- Academic Institutions
  - Non-profit | Volunteers
- Emergency Management Agencies
- Physicians
  - Primary Care Specialists
- Public Health Departments
- Local Government
  - Elected Officials
  - Fire Departments | Police Departments
HCCs in Action: Oroville Dam, Regional Response – February 2017

• The Oroville Dam in Butte County, California, is the tallest dam in the United States. This earth-filled dam is 770 feet tall and spans three quarters of a mile.
• On February 12, 2017, the Oroville Dam emergency spillway failed, triggering flash flood warnings.
  - Residents were given 45 minutes to evacuate.
  - 188,000 people living downstream were evacuated.
• Immediate impacts included traffic congestion; relocation of health care facility patients as far as Shasta, Alameda and Sonoma Counties; relocation of county jail residents, including mental/behavioral health facility patients; and a growing need for shelter.

HCCs Improve Situational Awareness and Information-Sharing For Disaster Response

• Incorporated Lessons Learned: HPP programs, utilizing the Emergency Operations Manual (EOM) for the State, Regional and Local Response, activated the Regional Disaster Medical Health Coordinator (RDMHC). The RDMHC worked with local Medical and Health Operational Area Coordinators (MHOACs), facilitated resource requests, and coordinated with the Local Emergency Medical Service Authority to provide transport for evacuated patients.
• Effective Information-Sharing: Vertical and horizontal situational awareness included a variety of partners, including the Department of Social Services, Department of Health Care Services, Department of State Hospitals, Department of Developmental Services, and Department of Managed Health Care. Information was also shared with several programs within the California Department of Public Health.
• Resource Requesting: Resource requests for medical cots and standard cots were filled within counties, neighboring counties, the region and the State. Patient beds were filled in facilities extending almost 200 miles away to accommodate the need to evacuate all long-term care and skilled nursing facilities.
HCCs in Action: Madera and Mariposa County Fires—July and August 2017

- **Madera & Mariposa Counties** had multiple fires, including the **Detwiler and Railroad fires** that burned more than **88,000 acres** and damaged or destroyed 169 structures.
- Multiple highway closures, with **mandatory evacuations** in place for Sugar Pine, Fish Camp, Mariposa, and many other area residents.
  - Many residents left their homes and took shelter at the Red Cross and other shelters.
- As **temperatures rose and air quality decreased**, the Community Regional Medical Center in Fresno saw an influx of emergency room patients.

HCCs Provide Important Information to the Public

- **Incorporated Lessons Learned**: Shelters opened early to prepare for evacuations. A Red Cross shelter in Oakhurst, originally opened for people affected by the Railroad Fire in Sugar Pine and Fish Camp, closed, then later reopened to accommodate evacuees from the Mission Fire. Shelters established in multiple locations to accommodate evacuees.
- **Improved Situational Awareness**: The Central Valley air quality was very poor and considered unhealthy because of the smoke being pushed into the valley by fires to the west, south and east.
- **Public Information**: Air quality warnings were issued for Fresno, Kern, Merced and Tulare Counties during the fires.
HCCs in Action: Hurricane Harvey – August 2017

HCC Success Stories from Hurricane Harvey

Texas HCC Demonstrates Value of Coordinated Disaster Response
Texas’s health care coalitions are making headlines thanks to their exemplary response to Hurricane Harvey. The Southeast Texas Regional Advisory Council (SETRAC) led a catastrophic medical operations center to coordinate hospital responses to the hurricane, ultimately evacuating over 1,000 patients. SETRAC’s preparedness for and response to Hurricane Harvey has garnered praise and highlighted the importance of coordination and partnership in planning for and responding to disasters. Read more about SETRAC’s successes in the stories below.

- “Houston hospitals kept patients safe during Harvey thanks to years of forced team bonding.” Katherine Ellen Foley, Quartz, Aug. 31, 2017.
- “After Harvey Hit, a Texas Hospital Decided to Evacuate. Here’s How Patients Got Out.” Sheri Fink and Andrew Burton, New York Times, Sept. 6, 2017.

HCC Membership is Diverse and Growing

There are 28,055 HCC members nationwide, a 63 percent increase from 2012.
Core Member Participation Enhances Load-Sharing During Emergencies

Even after significant progress, only 58% of HCCs include all four core member types.

Health Care Preparedness and Response Capabilities
Capabilities Crosswalk – Current 2012 vs. New 2017

2017-2022 Health Care Preparedness and Response Capabilities

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<tr>
<th>Capability</th>
<th>Capability Goal</th>
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<tr>
<td><strong>Foundation for Health Care and Medical Readiness</strong></td>
<td>The community’s health care organizations and other stakeholders—coordinated through a sustainable HCC—have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.</td>
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<td><strong>Health Care and Medical Response Coordination</strong></td>
<td>Health care organizations, the HCC, their jurisdiction(s), and the ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.</td>
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<td><strong>Continuity of Health Care Service Delivery</strong></td>
<td>Health care organizations, with support from the HCC and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.</td>
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<td><strong>Medical Surge</strong></td>
<td>Health care organizations—including hospitals, EMS, and out-of-hospital providers—deliver timely and efficient care to their patients, even when the demand for health care services exceeds available supply. The HCC, in collaboration with the ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC’s collective resources, the HCC supports the health care delivery system’s transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.</td>
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**Capability 1: Foundation for Health Care and Medical Readiness**

Hospitals should:
- Become engaged members of an HCC and actively contribute to HCC strategic planning, identification of gaps and mitigation strategies, operational planning and response, information sharing, and resource coordination and management
- Identify hazards or risks, assess resources, and prioritize gaps; communicate these to the HCC
- Develop a preparedness plan as required by CMS-3178; incorporate into HCC plan
- Plan for how to support those that may require additional assistance before, during, and after emergencies
- Educate and train based on your gaps
- Conduct annual training and exercises based on identified preparedness and response gaps
- Engage health care executives, clinicians, and community leaders to promote HCC preparedness efforts

**Capability 2: Health Care and Medical Response Coordination**

Hospitals should:
- Develop an Emergency Operations Plan; share with HCC
- Share information with the HCC and other members using communications systems and platforms; share information about operational status, resource needs, etc.
- Develop an incident action plan; share with HCC
- Facilitate clinical knowledge sharing among health care providers and health care organizations during responses
- Communicate to the public during emergencies
Capability 3: Continuity of Health Care Service Delivery

Hospitals should:
• Determine key functions essential for maintaining health care functions during an emergency
• Develop a Continuity of Operations plan
• Share equipment, supplies, and pharmaceutical stores and needs with the HCC
• Plan for sheltering-in-place
• Develop strategies to protect health care information systems and networks
• Protect responders, employees, and their families through distributing PPE, training and exercising, and developing health care worker resilience
• Develop, exercise, and implement evaluation and relocation plans
• Facilitate patient repatriation and systems operation restoration; utilize the HCC to help with health care delivery system recovery

Capability 4: Medical Surge

Hospitals should:
• Incorporate medical surge plans into the Emergency Operations Plan that include:
  ▪ Activation and notification processes to initiate medical surge response coordination
  ▪ Crisis standards of care plans
  ▪ Strategies to track identified and unidentified patients
  ▪ Processes for coordinated joint decision making about resource allocation
• Develop medical surge capacity and capabilities for the following types of responses:
  ▪ In-patient medical surge
  ▪ Pediatric care
  ▪ Behavioral health
  ▪ Out-of-hospital medical surge
  ▪ Exposure management to chemical or radiation
  ▪ Infectious diseases
  ▪ Medical countermeasures
  ▪ Alternate care systems
  ▪ Burn care
  ▪ Trauma care
  ▪ Mass fatalities
HPP Priorities in 2017-2022 FOA

- Awardees can only make subawards to HCCs that meet core membership requirements:
  - Hospitals (a minimum of two acute care hospitals)
  - Emergency medical services
  - Emergency management organizations
  - Public health agencies
- Each funded HCC must develop a preparedness plan by the end of BP1
- Each funded HCC must develop a response plan by the end of BP2
- Each funded HCC must develop a HCC continuity of operations (COOP) plan by the end of BP3
- Each awardee must develop a health care system recovery plan by the end of BP4
- HCCs must be engaged in response activities
- Each funded HCC must conduct an annual exercise using the Coalition Surge Test
- Enhanced focus on infectious disease surge capability and capacity
  - Developed guidance to improve HCC infectious disease coordination among members and between health care and public health sectors

CMS Emergency Preparedness Rule
The CMS Emergency Preparedness Rule establishes national emergency preparedness requirements to ensure adequate planning for both natural and man-made disasters, and coordination with federal, state, tribal, regional, and local emergency preparedness systems.

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<td>Position all provider types to establish a baseline level of preparedness</td>
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<td>Integrate the “whole” of community health care into the local emergency response system</td>
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<td>Improve continuity of care options across the health care system</td>
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<td>Increase executive level buy-in</td>
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The CMS Emergency Preparedness Rule

The New CMS Emergency Preparedness Rule Creates Exciting Opportunities for HCCs and Their Members

- The new CMS Emergency Preparedness Rule offers HCCs and newly engaged providers a tremendous opportunity to achieve greater organizational and community effectiveness and financial sustainability.
- HPP anticipates that health care entities that have not previously engaged in community preparedness will seek to do so through participation in HCCs.
- HCCs will function as an accessible source of preparedness and response best practices as newly engaged provider types adapt to the new requirements.
- HPP funding may not be used by individual health care organizations to meet the requirements of the CMS rule, but may be used by HCCs to provide technical assistance to their members.
ASPR TRACIE Provides Support for the CMS Emergency Preparedness Rule

• Dedicated CMS Rule page: ASPRtracie.hhs.gov/CMS rule
• “CMS Emergency Preparedness Rule: Resources at Your Fingertips” document
  ▪ Provides description of each of the 17 supplier and provider types affected by rule
  ▪ Includes requirements crosswalk table
• ASPR TRACIE’s Topic Collections and provider- and supplier-specific resources can help organizations involved in implementing the CMS requirements with resources tailored to their specific needs
• Assistance Center support

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27

CMS Rule Requirements for Hospitals

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<td>Develop a plan based on a risk assessment using an “all-hazards” approach, which is an integrated approach focusing on capacities and capabilities critical to preparedness for a full spectrum of emergencies and disasters. The plan must be updated annually.</td>
<td>Develop and implement policies and procedures based on the emergency plan, risk assessment, and communication plan which must be reviewed and updated at least annually. System to track on-duty staff &amp; sheltered patients during the emergency.</td>
<td>Develop and maintain an emergency preparedness communication plan that complies with both federal and state laws. Patient care must be well-coordinated within the facility, across health care providers and with state and local public health departments and emergency systems. The plan must include contact information for other hospitals and CAHs; method for sharing information and medical documentation for patients.</td>
<td>Develop and maintain training and testing programs, including initial training in policies and procedures and demonstrate knowledge of emergency procedures and provide training at least annually. Also annually participate in: • A full-scale exercise that is community- or facility-based; • An additional exercise of the facility’s choice.</td>
<td>Generators—Develop policies and procedures that address the provision of alternate sources of energy to maintain: (1) temperatures to protect patient health and safety and for the safe and sanitary storage of provisions; (2) emergency lighting; and (3) fire detection, extinguishing, and alarm systems.</td>
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28
Additional CMS Rule Resources for Hospitals

• CMS has developed a new, on-demand **Emergency Preparedness Training Online Course**. Learners may access it at their convenience 24 hours a day, 7 days a week, and 365 days a year. This course is required for all State Survey Agency (SA) and Regional Office (RO) surveyors and reviewers who conduct or review health and safety or LSC surveys for emergency preparedness requirements. Non-survey professionals and other SA or RO support staff responsible for ensuring compliance with regulations are also encouraged to take the course. Enroll at this link: [https://surveyortraining.cms.hhs.gov/](https://surveyortraining.cms.hhs.gov/)

• FEMA’s Center for Domestic Preparedness (CDP) is offering a **Health Sector Emergency Preparedness Course** that will provide healthcare providers and suppliers with training in achieving the four core emergency preparedness elements outlined in the CMS Emergency Preparedness Requirements Rule. Contact Clay Calkins at [Clayton.Calkins@fema.dhs.gov](mailto:Clayton.Calkins@fema.dhs.gov) for additional information.

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Appendix
HCC Response Leadership Course

- Developed by the Division of National Health Care Preparedness Programs (NHPP) and FEMA’s Center for Domestic Preparedness (CDP)
- Held at CDP in Anniston, Alabama
- Three day course provides instruction and exercise opportunities to guide coalitions in preparing and responding as a HCC leadership team
- Target Audience: Health care leaders, public health leaders, emergency medical service leaders, emergency management professionals and public officials
- There will be 27 participants in the class representing three HCCs with 9 participants per HCC
- Travel, lodging, and meals will be provided for non-federal participants who are registered through CDP for the course

Healthcare and Public Health Sector Critical Infrastructure Partnership

- By providing a venue for public and private sector partners to collaborate, we
  - Promote risk management activities;
  - Share threat information;
  - Socialize best practices; and
  - Develop useful tools and policies;

  to mitigate impacts of disasters and enhance resilience of the entire health care system to minimize disruptions in care for all Americans
Healthcare and Public Health Critical Infrastructure

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Security
- Information sharing
- Training
- Suspicious activity reporting

Systems
- Cyber
- Communications
- Power
- Water

Stuff
- Supply Chain
- MCMs
- Transportation
- Shortages

Space
- Safety
- Security
- Disaster resilience
- Recovery

Questions?

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