
Forming An Emergency Healthcare Coalition

Presentation by Dorothy Teeter
Public Health - Seattle & King County
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The Challenge

- How can our healthcare system respond most effectively to a major health emergency that could overwhelm its routine capacity and resources?
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Current Situation

- Since 9/11, community-wide preparedness planning has increased significantly.
 - King County has developed a county-wide regional disaster plan.
 - The County has adopted an incident command structure for emergency response.
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Current Situation

- Many healthcare organizations have developed emergency plans.
 - Local hospitals have
 - ❑ conducted regional planning through the Region 6 Hospital Emergency Preparedness Committee
 - ❑ used Federal funding to support institutional and regional emergency preparedness.
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Gaps

- The healthcare system is fragmented.
 - Planning by individual facilities is necessary but not sufficient for robust community emergency response.
 - Community-wide healthcare emergency response structures and plans are not sufficiently comprehensive to respond to major disasters.
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Gaps

- There is no forum for public officials and healthcare leaders to discuss policy issues.
 - In an emergency, there is no operational mechanism in place to coordinate response activities across healthcare organizations.
 - The linkages between the overall healthcare system and the emergency incident command structure need to be strengthened.
 - Emergency preparedness planning has focused primarily on hospitals.
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The Proposal

- Healthcare leaders will create a Coalition to
 - strengthen the healthcare system's emergency preparedness and response to all hazards
 - increase medical surge capacity
 - improve coordination and communication during emergency response
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Coalition Objectives

- ❑ Expand the health system's emergency response capacity through regional agreements and plans
 - ❑ Coordinate the emergency response of health care organizations through effective communications
 - ❑ Integrate the health system's response into the larger emergency response
 - ❑ Advise public officials on health policy matters during emergencies
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Basic Assumptions

- Coordinated action is more effective than multiple individual organizational efforts.
 - Cooperative agreements and plans promote the most effective use of resources.
 - Leadership and operational management must come from within the healthcare community.
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Basic Assumptions

- The County Executive and the Health Officer have emergency powers to preserve the public health.
 - The use of emergency health powers, if necessary, will be more effective with advance planning and in timely consultation with healthcare leaders.
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Basic Assumptions

- Public Health's primary role in this context is to support and facilitate the healthcare system's emergency preparedness planning and response.



Best Practices

- Coalition model was adapted from the Medical Surge Capacity and Capability (MSCC) Management System
 - Consistent with the requirements of the National Incident Management System (NIMS)
 - Similar coalitions have been formed and effectively used in emergency situations in other communities, including Minnesota, Washington DC, and Northern Virginia
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Best Practices

■ Minnesota

- Formed a Metropolitan Hospital Compact in 2002
 - 27 hospitals in 7 counties, operating 4800 beds
 - Agreement provides for:
 - Staff and supply sharing
 - Staffing off-site facilities for first 48 hours
 - Communications, Joint Public Information Center
 - Regional Hospital Resource Center
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Current Emergency Response Structure

Tier 6: Federal Response

Support to state and local

Tier 5: Interstate Regional

Management, coordination & mutual support

Tier 4: State Response

Management, coordination and support to jurisdictions

Tier 3: Local Jurisdiction

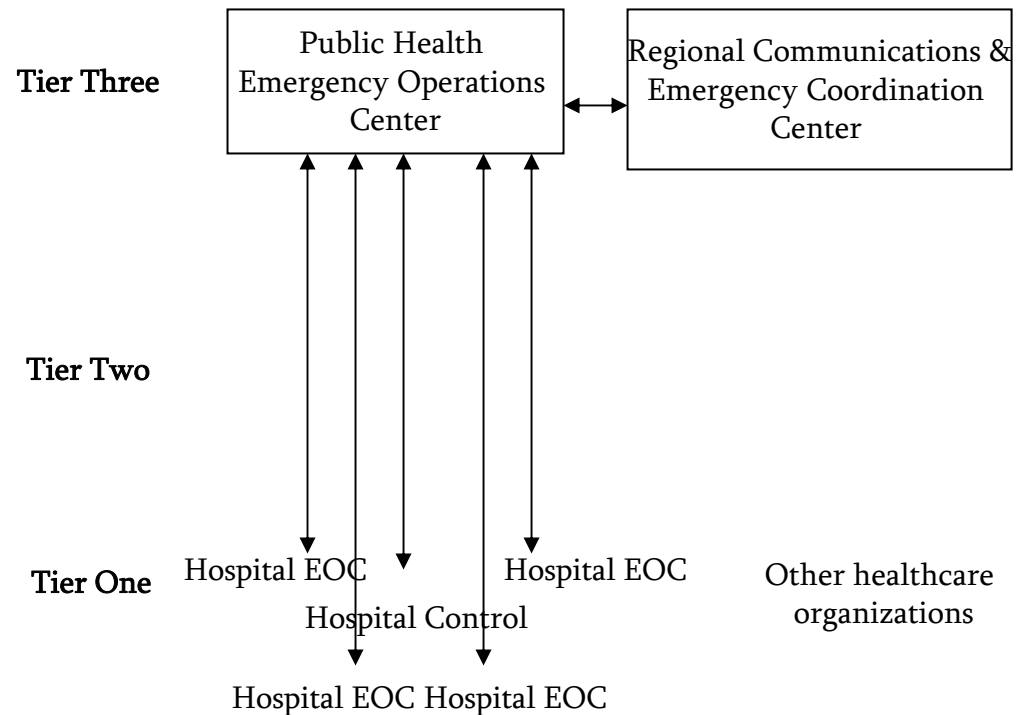
Jurisdiction incident management, medical IMS and emergency support

Tier 2: Multi-organizational

Information sharing, cooperative planning & mutual aid

Tier 1: Individual organizations

Healthcare asset management



What Is the King County Health Emergency Coalition?

- The proposed Coalition is a voluntary organization -
 - ❑ comprised of representatives from a broad base of health care organizations
 - ❑ operating under a charter with elected or appointed leaders
 - ❑ operating with dedicated staff (hired or assigned)
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Preparedness Responsibilities

- The Coalition will:
 - work with Public Health and emergency management officials to develop all-hazard preparedness plans
 - develop an executive-level policy advisory body to review preparedness plans and resource sharing agreements
 - develop an emergency coordination and communication system for healthcare organizations
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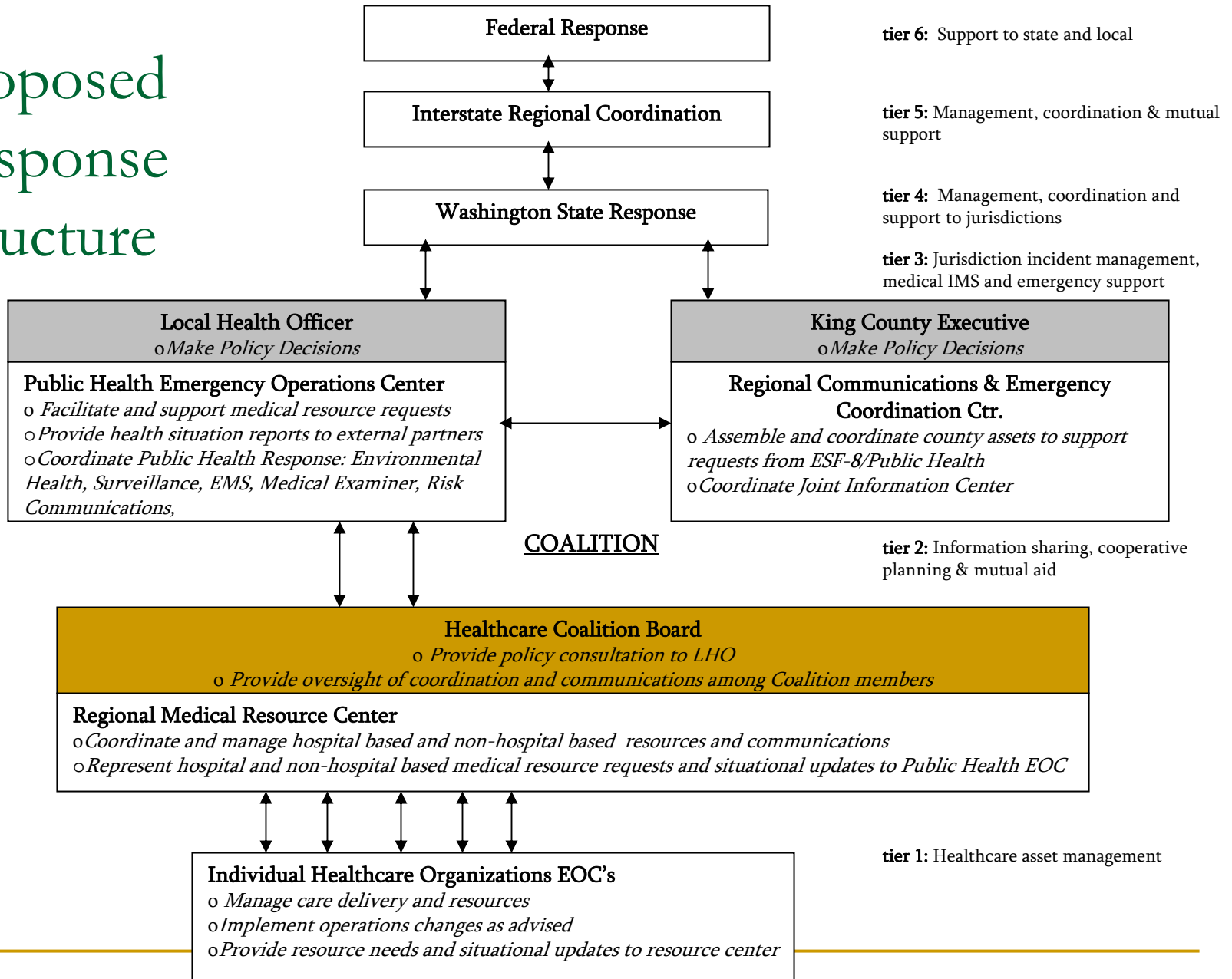
Response Responsibilities

- In a major emergency, the Coalition will:
 - ❑ advise the Health Officer and other elected public officials about health emergency-related matters
 - ❑ provide a coordinated emergency response from healthcare organizations through its emergency coordination and communications center
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Coalition Members

- Hospitals
 - Large medical groups
 - Safety net healthcare organizations
 - Professional associations
 - Home health and long term care providers
 - Key stakeholders, e.g. EMS, Puget Sound Blood Center, Red Cross
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Proposed Response Structure



Coalition Structure

- Executive Advisory Body
 - Policy role in the Healthcare Coalition
 - Members are healthcare executive leaders
 - Meets regularly (semi-annually) and as needed in emergencies
 - Reviews & approves agreements, policies and plans
 - Advises public health leadership on emergency-related policy issues
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Executive Advisory Body: Sample Issues

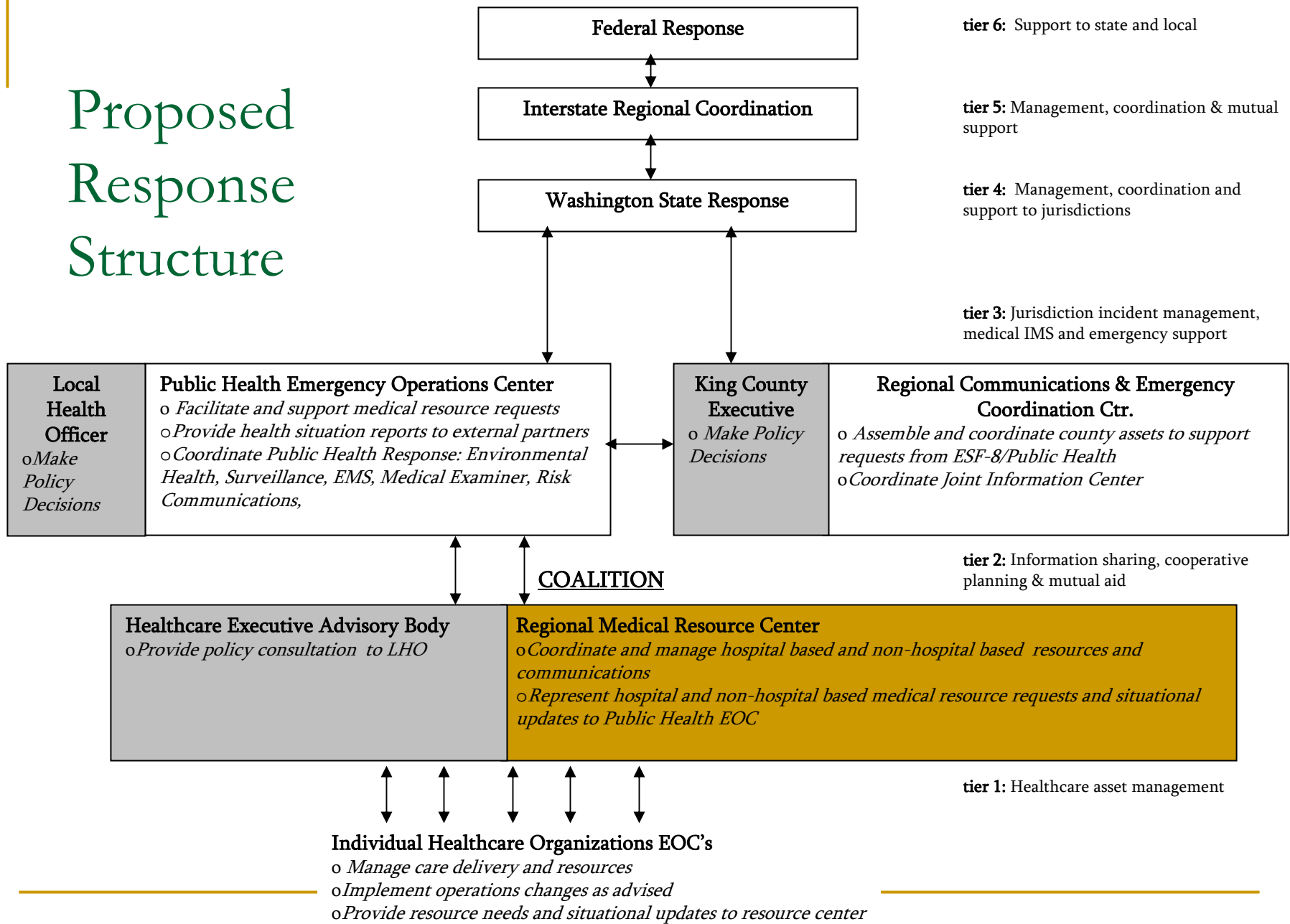
■ Regional Agreements

- Review resource-sharing agreements developed by workgroups, including the Hospital Emergency Preparedness Committee

■ Policy Issues

- Defining elective admissions, surgeries and procedures to be suspended
 - Defining threshold for canceling elective surgeries to expand bed capacity
 - Identifying essential healthcare workers for prioritization of vaccines and antiviral medications
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Proposed Response Structure



Coalition Structure

- Regional Medical Resource Center
 - Operations role in the Healthcare Coalition
 - Coordinates operational communications among Coalition members
 - Serves as clearinghouse for managing resources, such as beds, equipment, pharmaceuticals, staffing
 - Monitors available resources and coordinates deployment where needed during emergencies
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Structure

- Regional Medical Resource Center
 - Staffed and managed by representatives from the Hospital Emergency Preparedness Committee and non-hospital organization representatives
 - Operational communications center to be developed
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Examples

- Regional Medical Resource Center
 - In a disaster, the RHRC might coordinate
 - Equipment and patient care supplies
 - Pharmaceutical supplies, Blood
 - Lab resources
 - Beds
 - Staffing
 - Triage and screening resources
 - Hospital and other facility evacuations
 - Communications with Public Health EOC
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What Is Needed from Healthcare Leaders

- Commitment to active participation in the Coalition -
 - Participation of executive leaders on the Coalition's Executive Advisory Body
 - Participation in the development of emergency response agreements among hospitals and healthcare organizations
 - Participation in the implementation of the Regional Medical Resource Center
 - Participation of staff in Coalition work groups
 - Increased support for emergency preparedness activities within your organization and in the region
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What Is Needed from Public Health

- Continued efforts to obtain State & Federal funding to develop the healthcare system's emergency response capacity.
 - Ongoing technical assistance to the Coalition to support
 - Formation of the Executive Advisory Body
 - Development of the Regional Medical Resource Center
 - Development of regional medical surge plans
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Next Steps

- Formally establish the King County Healthcare Emergency Coalition
 - Draft and adopt a Coalition Charter
 - Expand the membership to include a broad range of health care organizations
 - Appoint a Chair and Vice-Chair
 - Establish the Executive Advisory Body
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Next Steps

- Develop the Regional Medical Resource Center
 - Begin drafting regional resource-sharing agreements
 - Focus on continued development of acute care medical surge plans
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Next Steps

- Focus initial preparedness work of Coalition on planning for an influenza pandemic and medical surge capacity.
 - Convene Work Groups with appropriate technical experts to address priority areas, including:
 - Critical care and hospital surge capacity
 - Ambulatory care and triage surge strategies
 - Regulatory and legal issues
 - EMS
 - Mass fatalities
 - Financial and reimbursement issues
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Next Steps

- ❑ Discuss the Coalition proposal in your organization
 - ❑ Contact Dorothy Teeter with your comments, concerns, suggestions by November 18th.
 - ❑ Identify representatives from your organization to serve on the Executive Advisory Body and to help develop the Regional Medical Resource Center
 - ❑ Let us know if you are interested in taking a more active leadership role in forming and developing the Coalition
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Feedback and Discussion
