



KING COUNTY
Healthcare
Coalition

Prepare. Respond. Recover.

Annual Report 2008



Through collaboration and partnerships,
we build the relationships and systems needed to
support an effective health and medical response
during an emergency.

Vision / Mission

A coordinated response across the continuum of health care that meets the health and medical needs of the community during an emergency.

The Coalition is a network of health care organizations & providers that are committed to coordinating their emergency preparedness & response activities. The purpose is to develop & maintain a comprehensive system that assures effective communication, strategic acquisition and management of resources, & collaborative planning in response to emergencies & disasters.

The Coalition is a voluntary organization that is open to all organizations that provide health care services in King County. Membership includes hospitals, long term care, safety net, home health & home care, behavioral health, ambulatory care, pediatric, palliative and other specialty providers.

On the Cover:

In 2008 the Pandemonium full scale exercise provided an important opportunity for the health care community in King County to test the emergency response and medical surge capabilities under development. The four-day exercise demonstrated the value of collaboration and partnership among health care organizations across King County.

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Letter from the Director & Health Officer Dr. David Fleming

Dear Colleagues,

Effective health and medical disaster response is a shared commitment and an ongoing process. As collaborative partners, the King County Healthcare Coalition and Public Health - Seattle & King County have taken important steps forward in the past year to build the systems that enhance our response capacity.

Our shared progress is reflected in three key areas.

First, with your support, Public Health - Seattle & King County has developed a Health and Medical Area Command structure to coordinate policy decisions, medical resources, and incident information during disasters. The Healthcare Coalition Executive Council, EMS Medical Directors, and the Medical Examiner have been essential partners in this initiative. During disasters, these leaders will participate on a policy group that will advise the Local Health Officer on decisions affecting the capacity of the local healthcare system.

Second, we have made substantial progress in building capabilities for communicating with, supporting, and monitoring the status of the healthcare system during emergencies. Through the implementation of

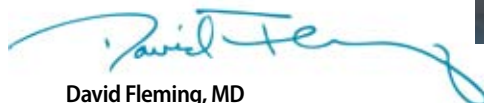
WATrac, our web-based information and resource management system, we have gained the dual benefit of tracking healthcare facility capacity on a daily basis, and providing essential healthcare status information during disasters.

Third, in order to create greater medical surge capacity, we have launched a Volunteer Management System to register, credential, track, and deploy volunteers for health and medical operations during disasters. We have also developed substantial capability to activate and operate Alternate Care Facilities that can augment existing patient care capacity and alleviate constraints on our critical and ambulatory care sectors.

These are considerable accomplishments, but they are a prelude to the next steps of our collaboration. In the coming year, we will continue to expand our partnership with additional healthcare, private industry, and community based partners, enhance our emergency preparedness training capacity, ensure that our response measures account for our most vulnerable residents, and actively seek sustainable resources for maintaining this critical work.

Thank you for your active leadership and contributions to the Coalition. Our past and future efforts reinforce the importance of this public and private collaboration in creating a more disaster resilient community.

Sincerely,



David Fleming, MD
Director and Health Officer



Letter from the Healthcare Coalition Executive Council

Dear Friends,

This year we embarked on a formal evaluation of the King County Healthcare Coalition to assess our progress and to identify areas for improvement in the months and years ahead. Across the board, our members and community partners recognize that the Coalition has helped healthcare organizations and King County become better prepared. Respondents to the assessment also recognize that the Coalition has played an important role in developing robust and reliable response capability for emergencies and disasters and has facilitated the development of county-wide systems that help us achieve greater healthcare surge capacity.

Despite the progress we have made so far, there are important steps we need to take to strengthen the Coalition and continue to enhance our collective response capability. For example, the Coalition must continue to expand its coordination with and support for all healthcare sectors including nursing homes, home health organizations, ambulatory care organizations, and private physician practices. Additionally, as we face tight fiscal budgets and reductions in federal funding for preparedness activities, we must take a comprehensive look at the organizational and financial model for the Healthcare Coalition and assess the best options for ensuring its sustainability.

These efforts will take leadership and commitment from each of us as we strive to achieve prepared organizations, a strong Healthcare Coalition and a disaster resilient community. We look forward to the collaborative work ahead.

Sincerely,



Johnese Spisso
Chair, Executive Council VPMA/COO,
UW Medicine



David Grossman, MD
Vice-Chair, Executive Council
Medical Director,
Preventive Care Group Health



Paul Hayes
Valley Medical Center



Patty Mulhern
Home Health and Home Care



Gayle Ward
Northwest Hospital



Pamela Piering
Aging & Disability Services



Joyce Jackson
Northwest Kidney Centers



Cal Knight
Swedish Medical Center



Dianna Reely
Overlake Hospital Medical Center



Anita Geving
The Polyclinic



Peter McGough, MD
University of Washington Physicians
Network



Jean Robertson
King County Mental Health, Chemical Abuse
& Dependency Services Division



Jeff Sconyers
Seattle Children's Hospital

King County health care community tests its response to a pandemic influenza outbreak

Throughout 2008, the King County Healthcare Coalition and Public Health - Seattle & King County focused significant

efforts on building key capabilities that will help improve health and medical response during disasters. These include establishing a leadership decision-making structure for health and medical response, building systems for managing and credentialing staff and volunteers, and developing capabilities to expand patient surge capacity and the distribution of medical resources. The culmination of our work this year was a four-day full-scale exercise held in November

2008 to evaluate key aspects of a health and medical response to a pandemic influenza outbreak. *Pandemonium*, sponsored by Public Health and the Washington State Department of Health (DOH), allowed Public Health, health care organizations, and emergency response agencies throughout King County to test the medical response capabilities we are building.

Establishing a leadership structure for managing health and medical response

Having a leadership decision-making structure in place to direct and manage the health care system response is one of the most important aspects of any jurisdiction's emergency plan. Public Health, with support from the King County Healthcare Coalition Executive Council, EMS Medical Directors and the King County Medical Examiner has developed a Health and Medical Area

Command structure to coordinate policy decisions, medical resources and incident information during disasters. This command structure includes a Multi-Agency Coordinating Group (MAC Group) that will advise the Local Health Officer on decisions affecting the capacity of the local health care system. *Pandemonium* was the first opportunity to test the new Health and Medical Area Command and MAC Group structure in King County. Throughout the exercise

the Health and Medical Area Command led and supported a variety of response activities including epidemiological response, public communications, resource requests for and distribution of antivirals and other medical supplies and the activation of an Alternate Care Facility. The exercise demonstrated the successful collaboration between Public Health, health care and emergency response organizations.

[story continued >](#)



During the Pandemonium exercise, the Alternate Care Facility (ACF), also called a Health Care Center, was set up in the Exhibition Hall at Seattle Center.

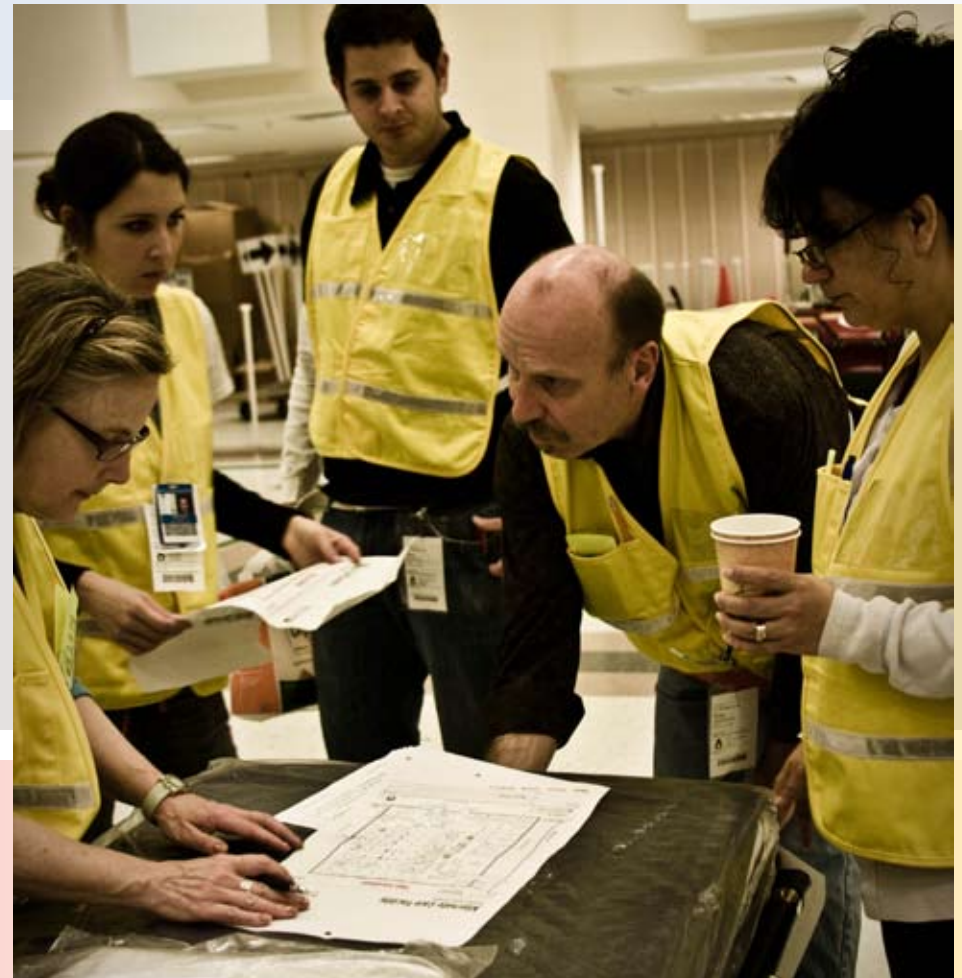


More than 170 medical and non-medical staff and volunteers participated in operating the ACF.

An ACF provides a variety of medical services to non-acute patients.



Each ACF can provide up to 250 patient care beds.



Expanding medical surge capacity with an Alternate Care Facility

A key component of developing medical surge capacity for disasters in King County is to ensure that we can establish Alternate Care Facilities (ACF). An ACF is a non-medical facility that converted to provide limited health care services on a temporary basis. Alternate Care Facilities will help address the increased demand for medical

care that results from emergencies such as earthquakes or epidemics. The goal of establishing ACFs is to ensure health care facilities can maintain care for their most critical patients. Specifically, the ACFs can provide a range of health care services including:

- ▶ Non-complex acute/chronic medical care
- ▶ Non-life threatening urgent care
- ▶ End of life care

- ▶ Screening for exposure to hazardous agents, and
- ▶ Distribution of medications and vaccinations, including prescription refills.

During the *Pandemonium* exercise, King County was among of the first local health jurisdictions in the nation to test its ability to operate this type of emergency medical facility. Over 170 exercise staff and volunteers set up and staffed the Seattle Center Exhibition Hall with more than 100 patient

care beds, medical supply stations, medical screening and an incident command post. This exercise attracted the attention of media, planners, policy makers, and emergency responders locally, statewide, nationally and from Canada.

Mobilizing staff and volunteers to support Alternate Care Facility Operations

In addition to testing the ACF operation, the Coalition also had the opportunity to test its

Volunteer Management System (VMS), a program established to help notify, mobilize, credential and track medical volunteers during an emergency response. Approximately 120 medical and non-medical volunteers, including physicians, nurses, pharmacists, administrative and logistics personnel participated in the ACF activation during *Pandemonium*.



Testing the distribution of medical supplies and pharmaceuticals

During a pandemic influenza outbreak or other health emergency it is essential that local communities have the necessary medical supplies and pharmaceuticals to

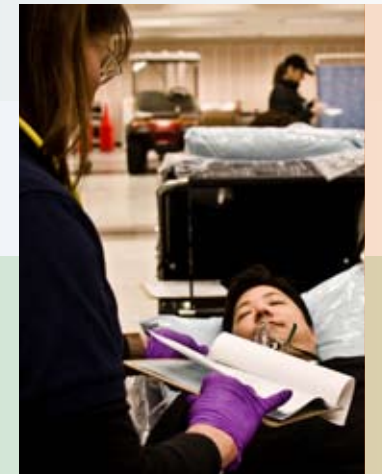
[story continued >](#)



Alternate Care Facilities provide additional patient care capacity to the health care system during disasters.



The success of operating an Alternate Care Facility requires partnership and collaboration between many agencies and a variety of health care providers.



protect its population. The federal government maintains a national cache of medical resources, called the Strategic National Stockpile (SNS) available to help augment state and local supplies in an emergency. The SNS is stored at locations throughout the United States so that it can be delivered anywhere in the country within 12 hours. It is incumbent upon the state and local jurisdictions to receive the SNS and distribute the medical resources to the community.

As a part of *Pandemonium*, DOH, Public Health and King County hospitals tested their ability to identify medical resource needs, submit formal requests for federal resources through proper channels, and receive deliveries of medical supplies from the SNS. This exercise proved to be an informative experience for all participants and identified important gaps to be

addressed between state and federal partners. It identified key areas for future planning and coordination that will help improve SNS distribution in King County and throughout Washington State.

Addressing lessons learned and future planning issues

Pandemonium proved to be a beneficial exercise for testing the systems we have built to support health care partners throughout King County. It provided a valuable opportunity for Health and Medical Area Command to practice communicating and coordinating with partners at the local, state and federal levels. Lessons learned will be addressed in future planning updates and trainings. The success of this exercise was due to the engagement and dedication of all of King County's health care and emergency response partners.



During disasters, Alternate Care Facilities serve as a critical component of King County's health and medical response system.



Did you know?

Healthcare Coalition planning assists hospitals in addressing over 50% of required Joint Commission Emergency Management Standards.

98% of surveyed Healthcare Coalition participants said that participation in the Healthcare Coalition allows them to have a greater impact than they could have on their own.

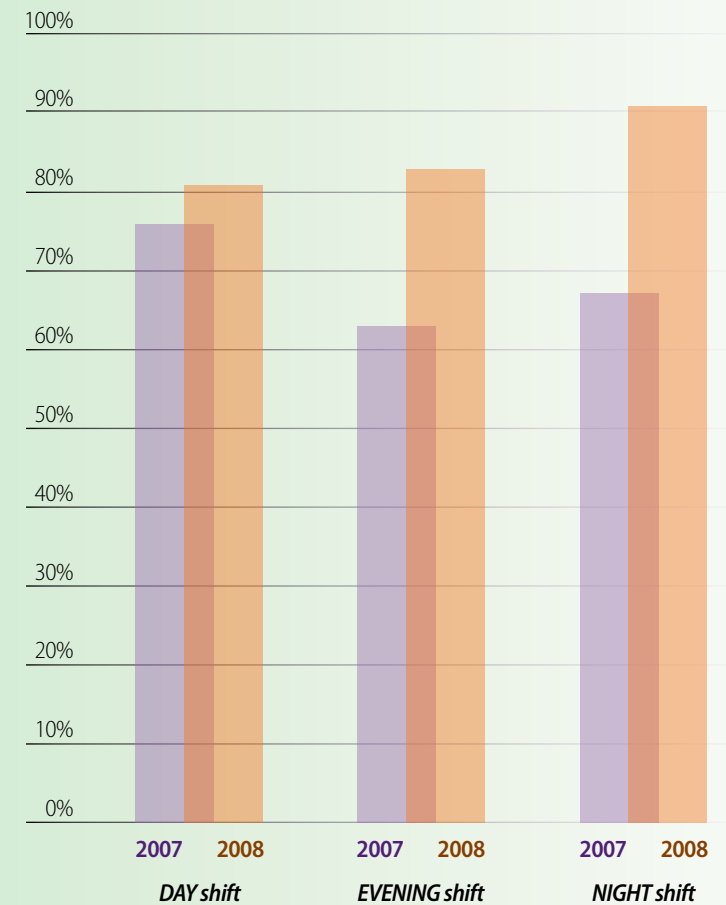
100% of surveyed Healthcare Coalition participants said that because of their participation in the Healthcare Coalition they have developed valuable relationships.

The 800 MHz radio testing

The 800 MHz radio system is the first line of communication among hospital Emergency Departments during a disaster and serves as the primary mechanism for notification of a mass casualty event in King County. Each month, hospitals in King County respond to a random 800 MHz radio test conducted once per shift. Randomized shift-based testing

began in June 2007 at the request of area hospitals. The initial results indicated that few hospitals were routinely monitoring the radio system. After nearly 18 months of testing, improvements have been dramatic, with some shifts reaching 100% response rate on multiple occasions. This improvement ensures that when critical information is broadcast across our radio system, the hospitals will be able to hear the notification and respond as required.

Average response rate



Health care and community based organizations that serve vulnerable populations in King County prepare for disasters



During an emergency or disaster, protecting King County's most vulnerable residents is a primary objective. Many community members are especially at risk because they have limited or no ability to prepare for a disaster and are often dependent on a variety of community resources, services and care providers to assist them. This includes individuals that are medically or chemically dependent, physically or mentally disabled, limited or non-English speaking or culturally

isolated. Over the last year the King County Healthcare Coalition, in partnership with Public Health's Vulnerable Population Action Team (VPAT), has worked with more than 230 health care and community based organizations that serve at-risk or vulnerable populations to increase their level of preparedness so they can continue to deliver services to their clients during a crisis.

All of the organizations involved in this effort took part in a series of specially designed trainings developed by the Healthcare Coalition and VPAT. The trainings provided the opportunity to learn about emergency management, the Incident Command System (ICS), how to identify their agency's essential services and critical functions, and define their role and responsibilities in an emergency. Customized tools and templates guided these organizations through the essential components of developing an emergency response plan, including developing Memorandums of Agreement with other agencies.

88% of workshop participants rated the "overall usefulness to you or your agency" as "excellent" or "very good."

"Very helpful...in providing information about emergency preparedness that I can't get anywhere else."

"I feel very motivated to proceed with disaster preparedness at home, in my facility, and with my staff."

—Business Resiliency Workshop participants

Additionally, in conjunction with these workshops more than 220 health care and community organizations received grants, ranging from \$2,500 to \$25,000, to purchase emergency preparedness supplies and equipment. These grants, provided by Public Health through a combination of federal, local and nonprofit funding¹, represent a collaborative approach to

supporting the diverse needs of vulnerable populations while building a more prepared community.

¹ Funding support for the workshops and grants was made available through the U.S. Department of Health and Human Services Assistant Secretary for Preparedness and Response Healthcare Facilities Partnership Grant, funding from the King County Executive Ron Sims and the King County Council, funding from the City of Seattle Human Services Department and the United Way of King County.

King County's health information and resource management software tool goes statewide

In 2007, the King County Healthcare Coalition purchased an incident management software system, KCHHealthTrac, to support health and medical response in King County. This system is a web-based software tool that supports health care organizations by providing:

- ▶ Hospital bed availability and diversion status
- ▶ Resource tracking including beds, pharmaceuticals and other resources
- ▶ Emergency alert notifications, and
- ▶ Emergency communications via secure chat rooms

During the spring of 2008 KCHHealthTrac was implemented in all King County hospitals, creating a unique opportunity to coordinate hospital resources and information county-wide. Harborview Medical Center adopted KCHHealthTrac as the means for tracking daily

emergency department status and bed capacity in King County. In addition, the Washington State Department of Health (DOH) adopted this system as the statewide replacement for the Hospital Capacity Website. With this expansion, KCHHealthTrac was rebranded as WATrac.



Public Health-Seattle & King County is currently working with DOH to facilitate the state-wide implementation of WATrac. As a first step, the implementation team undertook a rigorous schedule to transition all current users of the Hospital Capacity Website to WATrac to track emergency department status and bed capacity. More than two-thirds of Washington State was covered by this initial process, which included configuration and on-site training for 46 hospitals in six regions outside of King County. In 2009, the implementation

team will begin the rollout of all the incident management features of the WATrac system. These features include emergency alerting, communications, reporting, mapping and resource tracking. The statewide WATrac Users Group, comprised of representatives from health care, Emergency Medical Services, and public health will help to guide this process.

In King County, many new health care partners will begin working with WATrac including outpatient behavioral health, home health, palliative care, ambulatory care, dialysis providers, and the Puget Sound Blood Center. The expansion of the system state-wide also creates opportunities for cross-county coordination between health care partners.

WATrac has already been used for small events and exercises in King County and has dramatically enhanced our ability to remain connected to, and support our health care partners. We are excited by the opportunities this system will provide to better coordinate health care response in King County and throughout Washington State.

2008 emergency preparedness trainings and exercises

Providing the community with effective health care during or following an emergency requires strategic planning, training and practice. Training and exercises provided by the King County Healthcare Coalition strive to create consistency in response across the region. They also provide a platform for healthcare organizations to network with local first responders and other health care partners on all-hazard issues.

Throughout 2008 the King County Healthcare Coalition and Public Health – Seattle & King County provided a variety of trainings and exercises to support the health care community and agencies' efforts to become more prepared.

- January 10, 2008
- January 15 & 16, 2008
- March 5, 2008
- March 25, 2008
- April 16 & 17, 2008
- April 23 & 24, 2008
- April 28 & 29, 2008
- May 7 & 8, 2008
- May 28 & 29, 2008
- June 18, 19 & 20, 2008
- June 30, 2008
- July 29, 2008
- September 16, 2008
- September 24, 2008
- October 22, 2008
- November 13, 14, 17 & 18, 2008

- Mass Fatality Management Tabletop Exercise**
- KCHHealthTrac Train the Trainer**
- Soundshake Exercise**
- Alternate Care Facility Activation Exercise**
- Business Resiliency Workshop**
- KCHHealthTrac Training**
- Business Resiliency Workshop**
- Business Resiliency Workshop**
- Business Resiliency Workshop**
- Disaster Mental Health Training**
- Hospital Fatality Management Workshop**
- Public Information Officer WATrac Training**
- Antiviral Dispensing Workshop**
- Security Workshop**
- Regional Hospital Evacuation Tabletop Exercise**
- Pandemonium Full Scale Exercise**

Advancing health and medical preparedness in 2009

During 2008 the King County Healthcare Coalition made many advancements towards our goals of building the systems and infrastructure needed to support a coordinated health and medical emergency response during disasters, and assisting health care organizations in strengthening their own level of preparedness. This work will continue in 2009 through a combination of projects and planning initiatives that engage many facets of our health care community. Here is just a snapshot of some of the work to come!

Hospital Evacuation Planning

In October 2008, hospitals throughout King County completed a Regional Hospital Evacuation and Patient Tracking Mutual Aid Plan. In 2009, the Healthcare Coalition will continue to work with emergency response partners including emergency management, transportation, Emergency Medical Services and others to train them on this plan, including an exercise in summer 2009 to test hospital facility evacuation.

Nursing Home Evacuation Planning

The Healthcare Coalition will be working with nursing homes throughout King County to develop a Nursing Home Facility Evacuation and Mutual Aid Plan. This work will build on the model developed for Hospital Evacuation in King County and will address issues regarding patient tracking, transportation and patient relocation.

Pediatric Planning

As a supplement to the Regional Hospital Evacuation and Patient Tracking Mutual Aid Plan, the Healthcare Coalition will work with pediatric providers at area hospitals to develop a Pediatric evacuation plan. In addition, the Pediatric Workgroup will develop a toolkit for emergency departments about the management of pediatric patients during a mass casualty incident. A plan to ensure the continuity of childbirth services during a disaster will also be developed with regional neonatal and obstetrics nurse managers.

Palliative Care Planning

In 2009 the Palliative Care Committee will finalize a palliative care plan that addresses the provision of comfort care kits and information needed to support end of life care during a disaster. The Committee will also complete just-in-time training materials for lay caregivers, health care professionals, call center staff and emergency responders.

Behavioral Health Planning

In early 2009, the Healthcare Coalition will be working with mental health providers throughout King County to implement inpatient psychiatric and chemical dependency bed availability tracking through WATrac.

Methadone treatment providers will finalize remaining Memorandums of Agreement between those providers will evaluate their preparedness planning efforts in 2008 through a tabletop exercise to be held in early 2009.

As a part of the Family Assistance Planning project, the Healthcare Coalition will launch a disaster behavioral response workgroup to develop an operational response plan for providing mental health and spiritual care to victims' loved ones during a disaster.

Victim Information and Family Assistance Planning

The Healthcare Coalition will be working with health care and emergency response partners to develop a comprehensive Family Information and Assistance plan for responding to catastrophic emergencies. Planning will include how to coordinate patient status information, operational plans for addressing family needs at the health care facility during an emergency response, and establishing a Family Assistance Center during mass casualty or mass fatality events.

Health Care Worker Survey

During summer and fall 2008 the Healthcare Coalition, in partnership with the Northwest Center for Public Health Practice and the Survey Research Division at the University of Washington conducted a survey of more than 4000 King County health care workers about their willingness and ability to report to work during a disaster. The data analysis will be completed in early 2009 with report of survey results to follow.

King County Healthcare Coalition conducts a program evaluation

This year the King County Healthcare Coalition conducted a program evaluation to assess our progress since the Coalition launched in 2005 and to identify areas for improvement. This evaluation was done in partnership with the Northwest Center for Public Health Practice at the University of Washington. Lessons derived from this process will help improve the Coalition's ability to provide regional and organizational programming and ensure we are best meeting the needs of health care community in King County.

Through a combination of stakeholder interviews and a survey of Healthcare Coalition participants, the evaluation validated the importance of the Healthcare Coalition's work as a benefit to health care organizations and the community as a whole. In 2009, the Coalition will focus addressing the findings from this evaluation by integrating recommendations into our programming and management activities.

"We would not be where we are now without the Coalition being in place."

—Stakeholder interview participant

2008 Financials

In 2008-09 Federal funds from the Health and Human Services Office of the Assistant Secretary of Preparedness and Response (ASPR) make up a majority of the funds for the Healthcare Coalition. The Department of Homeland Security (DHS) and support from Executive Ron Sims and the King County Council comprise the remainder of the funds. In addition, several staff from Public Health Seattle & King County, funded through various federal preparedness grants, support Healthcare Coalition projects including programming for the volunteer management system, alternate care facilities development, acquisition of medical equipment and supplies and health care sector planning.

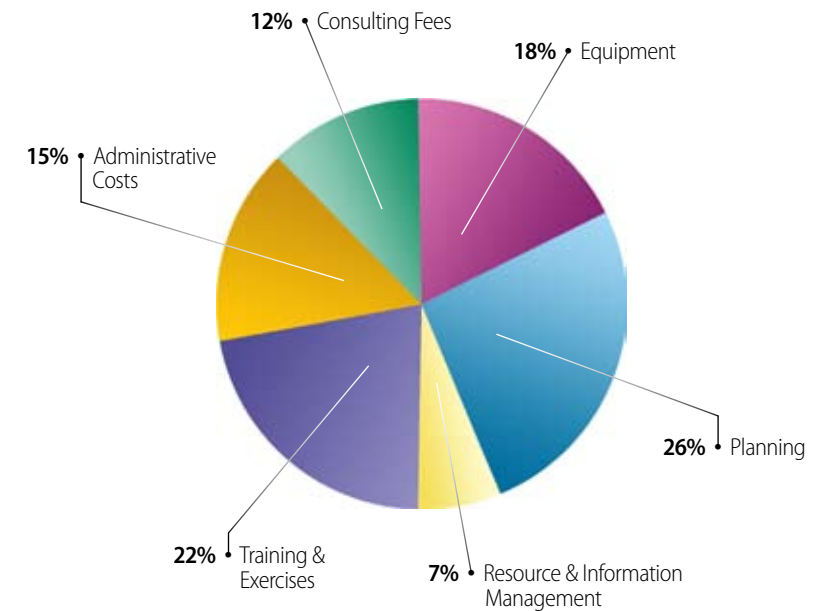
In 2009-10, primary funding will be provided by the ASPR grant with supplemental funding from the Department of Homeland Security. The Healthcare Coalition will begin exploring sustainable funding strategies in 2009 so that we are better able to leverage both public and private resources. Diversity of funding sources is important because federal funds to support preparedness are decreasing overall. Continued investment in Public Health preparedness and the King County Healthcare Coalition, and individual organizations is necessary to ensure that the health and medical needs of the public during a disaster are met in a coordinated and community-based manner.

King County Healthcare Coalition receives federal funding to plan for catastrophic emergencies

In fall of 2008, Public Health – Seattle & King County on behalf of the King County Healthcare Coalition was awarded a two year grant from the Department of Homeland Security and the Federal Emergency Management Agency to pursue planning for catastrophic emergencies. This funding has been received to support two planning projects: Victim Information and Family Assistance and Nursing Home Evacuation Planning.

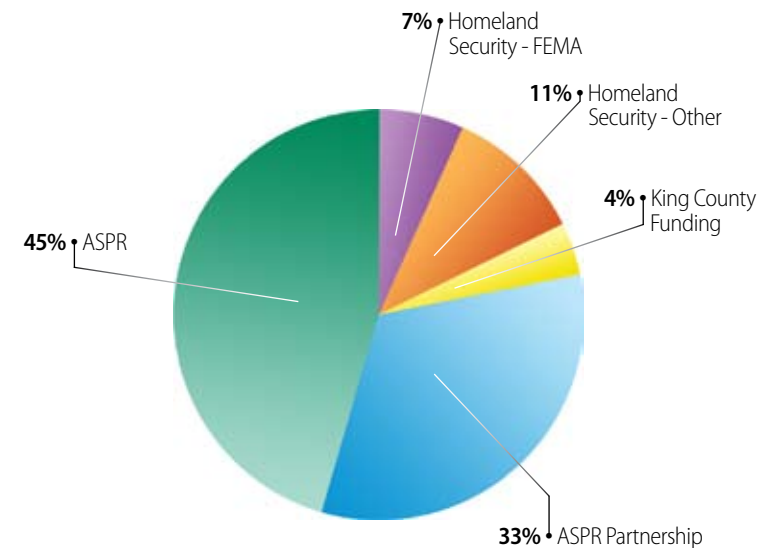
Funding Output

January 2008 - December 2008



Funding Sources

September 2008 - September 2009



2008 Emergency Preparedness Awards

Preparedness requires initiative, determination, creativity and planning. Many of our members face competing priorities, but still manage to excel in their commitment to our vision. The Healthcare Coalition would like to recognize the following individuals and group of individuals for demonstrating excellence in leadership, collaboration and innovation:

Excellence in Innovation

Evergreen Healthcare

Evergreen Healthcare Community
Emergency Preparedness Fair

Excellence in Leadership

Beth Cordova

The Summit at First Hill

Excellence in Collaboration

Palliative Care Workgroup

Pat Ablar

Highline Home Health and Hospice

Celia Harper

Evergreen Home and Community
Services

Maria Hatcliffe

Swedish Home Care Services

Dr. Darrell Owens

Harborview Medical Center

Anna Rhys-Johnson

Seattle Children's Hospital

Peg Rutchik

Providence Hospice and Home Health
of Seattle

Mary Jo Tornberg

Group Health Cooperative Home Health
and Hospice

Members

A Caring Adult Family Day Home

ACAP Child and Family Services

Alpha Supported Living Services

Amenity Home Lake City

Amicable Healthcare

Anderson House Boarding Home

Asian Counseling and Referral Services

Auburn Adult Family Home LLC

Auburn Regional Medical Center

Benevolence Adult Family Home

Camelot Group Homes

Candlewood Adult Family Home

Catholic Community Services

Center for Human Services

Chateau at Valley Center

Chesterfield Health Services, Inc

Childhaven

Seattle Children's Hospital

Circle of Friends

Columbia Lutheran Home Nursing Home

Community Health Centers of King County

Community Psychiatric Clinic

Cone Adult Family Home

Consejo Counseling

Corinthians Healthcare Home Care

Country Doctor Community Health Centers

Crisis Clinic

Crista Assisted Living

Dana Horita Adult Family Home

Divino Amore Healthcare Corporation

Elder Health Northwest Connections

Enumclaw Regional Hospital

Evergreen Hospital Medical Center

Exeter House Nursing Home

Faerland Terrace

Fairfax Hospital

Fely Corpuz Adult Family Home

For Senior's Sake Adult Family Home

Franciscan Medical Group

Fred Hutchison Cancer Research Center

Fred Lind Manor Boarding Home

Friends of Youth

Garden Grove Adult Family

Golden Hearth Boarding Home

Group Health Cooperative

Harborview Medical Center

Hidden Gardens Family Home

Highline Medical Center

Highline Mental Health Facilities

Hospice of Seattle

Inglewood Residential Services

International Community Health Services

Kent Youth and Family Services

Kin On Community Health Care

Kindred Healthcare

King County Medical Society

KinOn

Korean Women's Association

Lake Vue Gardens

L'Arche Noah Sealth

Life Care Center West Seattle

Lincoln Park Group Home

Minor & James Medical

Muckleshoot Tribal Health Program

Multicare Health System

Navos Healthcare

New Horizons Adult Family Home

Northwest Hospital & Medical Center

Northwest Kidney Centers

On Your Own Home Health Care

Overlake Hospital Medical Center

Overlake Terrace Boarding Home

Pacific Medical Centers

Pediatric Associates

Pioneer Counseling Services

Polyclinic

Providence Home Health

Providence Infusion and Pharmacy Services

Providence Marianwood

Providence Mt. St. Vincent

Providence Senior & Community Services

Public Health Seattle & King County Clinics

Puget Sound Blood Center

Puget Sound Neighborhood Health Centers

Qliance Medical Group of Washington, PC

Raging River Recovery Center

Recovery Centers of King County

Regional Hospital for Respiratory &
Complex Care

Renton Area Youth and Family Services

Ruth Dykeman Childrens Center

Ryther Child Center

Saint Anne Nursing & Rehabilitation

Sea Mar Community Health Centers

Seattle Cancer Care Alliance

Seattle Children's Home

Seattle Indian Health Board

Snoqualmie Tribal Health Services

Snoqualmie Valley Hospital

St. Francis Hospital

Stafford Suites

Swedish Medical Center

The ALS Association

The Summit At First Hill

Therapeutic Health Services

Tourette Syndrome Association

Transitional Resources

University of Washington Medical Center

University of Washington Physicians
Network

Valley Cities Counseling and Consultation

Valley Medical Center

Vashon Community Care Center

Virginia Mason Hospital & Medical Center

Visiting Nurses Services of the Northwest

Washington Care Center

Washington Poison Center

West Seattle Community Hospital

Wilma Gayden Adult Family Home

Partners

Aging and Disability Services

Airlift Northwest

American Red Cross

City and County Emergency Management,
King County

Consolidated Laundry

Department of Social & Health Services

Fire Departments within King County

Home Care Association of Washington

Hospital Central Services

King County Medical Examiners Office

King County Medical Society

King County Metro

King County Sheriffs Office

Medical Services Team

Northwest Center for Public Health
Preparedness

Paramedic Providers within King County

Police Departments within King County

Private Ambulance Companies, King County

Puget Sound Energy

Qwest

Seattle Aging & Disability Services

Seattle Center

Seattle City Light

Seattle University

University of Washington

Verizon

Veterans Association Puget Sound
Healthcare System

Washington State Hospital Association

We would like to extend a special thank you to the many members and partners who participated in committees and workgroups in 2008!

Alternate Care Facilities Workgroup

Ambulatory Care Workgroup

Infectious Disease Workgroup

Legal Workgroup

Medical Directors Committee

Methadone Preparedness Workgroup

Palliative Care Workgroup

Pediatric Steering Committee and
Workgroups

Pharmaceutical Task Force

Region 6 Hospital Emergency
Preparedness Group & Strategy Group

Regional Evacuation and Patient Tracking
Task Force

WATrac Configuration Workgroups

Staff

Health Officer:

David Fleming, MD
Public Health -Seattle & King County

2008 Executive Council:

Chair-

Johnese Spisso
University of Washington Medicine

Vice Chair-

David Grossman, MD
Group Health Cooperative

Anita Geving
The Polyclinic

Paul Hayes
Valley Medical Center

Joyce Jackson
Northwest Kidney Centers

Cal Knight
Swedish Medical Center

Peter McGough, MD
University of Washington Physicians
Network

Patty Mulhern
Home Health and Home Care

Pamela Piering
Aging & Disability Services

Dianna Reely
Overlake Hospital Medical Center

Jean Robertson
King County Mental Health, Chemical
Abuse & Dependency Services Division

Jeff Sconyers
Seattle Children's Hospital

Thomas Trompeter
HealthPoint

Gayle Ward
Northwest Hospital

Staff:

Alison Alcoba
Program Assistant

Barbara Andrews
State WATrac Manager

Joe Cropley
Puget Sound Call Center Coordination

Cynthia Dold
Coalition Program Manager

Jeff Duchin, MD
Infectious Disease Group
& Medical Directors Committee

Amy Eiden
Legal Workgroup

Bryan Heartsfield
Alternate Care Facilities & Volunteer
Management System

Kay Koelemay, MD
Palliative Care & Pediatric Workgroups

Onora Lien
Coalition Special Projects Manager

Sarah Magill
Ambulatory Care & Long Term Care

Danica Mann
Training & Exercise Coordinator

Michelle McDaniel
Behavioral Health Planning & Home Health
& Home Care

Lydia Ortega
Grants, Contracts & Marketing

Allison Schletzbaum
Resource & Information Manager

Glossary

Alternate Care Facility – (also referred as Health Care Center) A building other than a medical facility that has been repurposed to provide medical care and sheltering as part of the county's medical surge effort.

Area Command – Established when multiple incident or response sites, each being managed by an ICS organization, require central coordination and direction. Area command will set overall strategy and priorities, allocate critical resources, ensure that response activities are properly managed, objectives are met, and strategies are followed.

EOC -Emergency Operations Center – A location from which centralized emergency management can be performed. The EOC is established by appropriate jurisdictional authority.

MAC – Multi-Agency Coordination – Describes the functions and activities of representatives of involved agencies and/or jurisdictions who come together to make decisions regarding the prioritizing of incidents, and the sharing and use of critical resources.

Memorandum of Understanding – Agreement between or among government agencies, community organizations, and other entities that define respective roles and responsibilities in preparing for and responding to emergencies.

SNS –Strategic National Stockpile – Designed to supplement and re-supply state and local public health agencies in the event of a national emergency anywhere and at anytime within the U.S. or its territories.

Surge Capacity – Health Care system's ability to expand quickly to meet an increased demand for medical care in the event of a large scale public health emergency that exceeds the limits of the normal infrastructure of an affected community.

VMS – Volunteer Management System – The guiding plan on utilizing staff, volunteers and support groups in response to a public health incident.

VPAT – Seattle & King County Public Health Vulnerable Populations Action Team – Works to assure access to public health preparedness, response and recovery information and services for the most vulnerable and hardest-to-reach residents in King County through mutually respectful relationships with vulnerable populations and the organizations that serve them.

WATrac – A database-driven web application for the state of Washington that tracks resources, alerts, and communications. This system has been designed specifically to track bed, pharmaceutical and resource availability from all designated facilities within the state as well as providing for allocation of these resources to support surge capacity needs. Hospital bed diversion status, emergency event planning, emergency chat, and alert notifications are supported in real time.

Want more information about the Healthcare Coalition?

Go to our webpage and check out our
monthly newsletters:

[http://www.kingcounty.gov/
healthservices/health/preparedness/
hccoalition.aspx](http://www.kingcounty.gov/healthservices/health/preparedness/hccoalition.aspx)

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Prepare. Respond. Recover.