

June 2014 HMCC Regional Representatives Meeting

June 26, 2014

Tower Hill



Meeting objectives

As the facilitated process wraps up, we want to:

- Thank you for your participation
- Present themes and highlights
- Share materials
- Offer national and local perspectives
- Provide information on upcoming activities

Key Questions

1. What are resources/capacities in the regions that can be adapted and/or information regional HMCC planning? (January)
2. What are possible operating/program models for meeting required functions of a regional HMCC? (March)
3. Who are partners who should be involved/engaged in the regional HMCC? (March)
4. What are the desirable attributes and capacities for an HMCC regional coordinating agency? (May)
5. What are the pros/cons of possible governance models? (May)

Themes and Highlights from exploration of the key questions

Question 1:

What are the resources/capacities that can be adapted and/or inform HMCC planning?

Health and medical assets

- Although many assets/capacities exist, few common assets were identified across all four regions and five disciplines
- Across the four regions and five disciplines, the common assets identified were:
 - internal resources/infrastructure (chemPAKs, generators, web database access)
 - Relationships (mutual aid)
 - communication capacity/infrastructure (radio communications)
 - Staff/personnel (MRCs and nurses)

Highest priorities for continuation under HMCC funding

Community Health Centers/Ambulatory Care :

- Collaboration & information/resource sharing (i.e., MRC, epi support, MLCH) (all regions)
- Supplies & equipment
- Staff time for emergency preparedness
- Training and education

EMS:

- MCI Trailer supplies (all regions)
- MCI-related training/exercises
- ChemPAK



Highest priorities for continuation under HMCC funding

Hospitals:

- Preparedness related training & drills (all)
- RX caches/supplies
- Decon supplies/equip/facilities
- Med/Surg assets
- Communication equipment
- Coordinators (EOC, Hospital EP, OPEM Regional)

Highest priorities for continuation under HMCC funding

Public health:

- Exercises, training & drills (all)
- Communication technology/supplies
- EDS supplies & equipment
- Planning staff and Tech support/expertise
- MRC training

Long-term care:

- Continued support for MassMAP (all)



Question 2:

What are possible operating/program models for meeting required functions of a regional HMCC?

Identified important aspects of operational models

- Multiple partners & disciplines for ESF-8 support
 - Scope broader than hospitals
- Address ASPR & PHEP guidance & capabilities
- All-hazards approach
- Staff similar to the COTs Healthcare Incident Liaison role
- 72 hour readiness/capability
- Training/education component

Question 3:

Who are partners who should be involved/engaged in the regional HMCC?

Brainstorm – Who might we work with in a response?

Reported by all four regions (1,3, 4AB, 5):

- Behavioral/mental health providers & organizations
- Colleges/universities including their health services
- Public works
- Faith-based organizations
- Emergency management agencies

Also frequently reported (3 regions):

- MRCs, pharmacies, home health, HAM radio operators, transportation, volunteer organizations, vets/animal care, food banks & suppliers

Many others particular to only one or two regions



Brainstorm – who might need support during a response

Reported by all four regions (1,3, 4AB, 5):

- Organizations that support individuals with functional needs (e.g., home health, assisted living)

Also frequently reported (3 regions):

- Dialysis centers and behavioral health facilities

Several others particular to only one or two regions

Question 4:

What are the desirable attributes and capacities for an HMCC regional coordinating agency?

Common desirable attributes/capacities across regions

- Ability to engage partners in all disciplines
- Knowledgeable about the work and the region
 - ESF-8
 - ICS
 - All-hazards planning
- IT and Communications technology capacity
- Fiduciary capacity
 - Manage sub-contracts
 - Manage resources among disciplines fairly

Question 5:

What are the pros/cons of possible governance models?

What are considerations for possible governance models?

- Organization types
 - Public, private or non-profit
- Authority and functionality
- Procurement
- Governance
- Fiduciary duty
- Provisions for dissolution

Health care coalitions: Success factors nationally

Paul Biddinger, MD, FACEP

Chief, Division of Emergency Preparedness

Medical Director, Emergency Department Operations

Massachusetts General Hospital

The Cape Cod multi-disciplinary experience

Sean O'Brien

Coordinator, Barnstable County Regional Emergency

Planning Committee



A National Perspective on Health Coalitions in Emergency Response

Paul Biddinger MD FACEP
Harvard School of Public Health
Massachusetts General Hospital
Partners Healthcare

Background

- Attended numerous conferences, meetings and other events around the country following the Boston Marathon bombings of 2013
- Shared experiences and discussed various systems of response
- Learned many lessons

Michigan Health Preparedness Planning

- 8 coalitions across the state
- Activities include:
 - Surge planning to 20% above average daily census
 - Surveillance within the Michigan Department of Community Health's Bureaus of Epidemiology and Laboratories
 - Support for MI volunteer registry
 - Pharmaceutical cache support
 - Others
- Supported by:
 - Full time staff member
 - Part time medical director
- Central role of the coalitions was cited by numerous attendees at a statewide conference

Central Texas

- Visited Texas after the West, Texas explosion
- Met with local and state public health, hospital, EMS, long term care, and other officials
- Health coalition was a critical point of contact and key resource for emergency management
- Crucial functions of the coalition were repeatedly cited regarding:
 - Situational awareness
 - Coordination of response
 - Verification of facts
 - Addressing rumors

Broward County Florida

- Broward County Healthcare Coalition
- Mission:
 - to develop and promote effective collaboration, planning, training, exercises, response, recovery and mitigation within the healthcare industry and for the residents and visitors in Broward County
- Made up of Broward county hospitals, municipalities, county health department, and other health and medical partners
 - Essential link among health responders in the community
- Also provides key input into emergency management and the county EOC

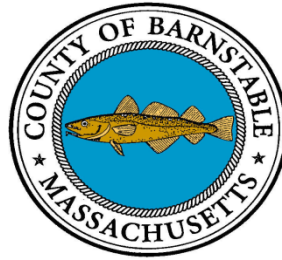


Common Themes

- Planning activities pre-event improved relationships and facilitated improved response
- Coordinating situational awareness among public health, hospitals, EMS, other health responders is essential
- The volume of information shared and tasks during major events requires local/regional preplanned systems and structures for health response
- A shared local/regional focal point of contact for health responders is useful internally and externally



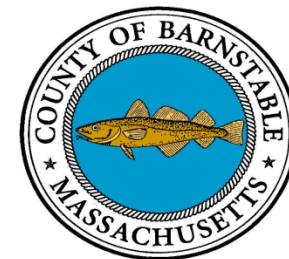




Utilization of Multi-Agency Coordination Centers for All Hazard Response in Barnstable County

Sean M. O'Brien, Coordinator
Barnstable County Regional Emergency
Planning Committee

June 26, 2014

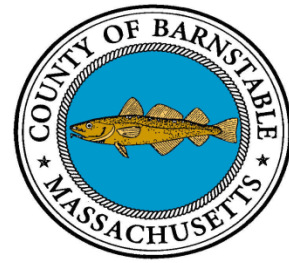


What is the BCREPC?

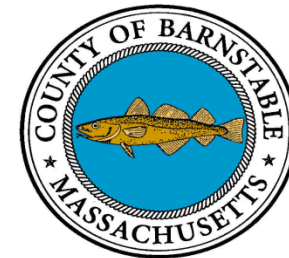


- The Barnstable County Regional Emergency Planning Committee is a Regional “All Hazard” Multi-disciplined Emergency Planning Organization.
- First Formed to Address Hazardous Materials Issues
- We are a Support Function for the Participating Communities and Agencies.

“All Discipline All Hazard”



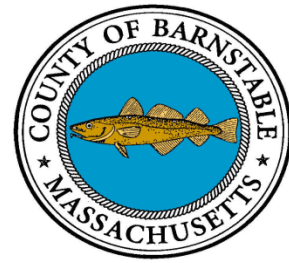
- Early on BCREPC was thought of as an “All Hazard” Committee
- We are based out of the Barnstable County Department of Health and Environment who serves as the fiduciary agent to the Cape and Islands Health Agent’s Coalition
- We believe it is important to involve all departments in the community at the planning and response stages to ALL emergency situations.
- The use of the Multi-Agency Coordination Center gives you a multi-jurisdictional/multidiscipline resource center.
- 15 Cape Cod Communities



Membership

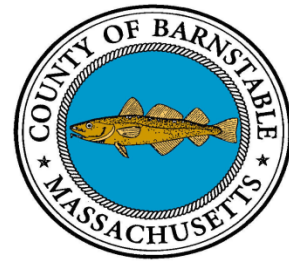
- 15 communities on Cape Cod and Nantucket
- SARA Title III mandates we have the following 13 disciplines
 - Public Health
 - Environmental
 - Police, Law Enforcement
 - Fire
 - Emergency Medical Services
 - Health Care/Hospital
 - Local Political
 - Emergency Management
 - Community Groups
 - Broadcast/Print Media
 - HAZMAT Facility Operators
 - Disaster Relief Agencies
 - Transportation Agencies
- We added
 - Regional Communication Centers

Multi Agency Coordination Center



- The MACC is operated to assist our region with resource management and support of Regional Plans (Sheltering)
- BCREPC Executive Committee Determines if Shelters Open and to Make MACC Operational
- MACC is staffed by the BCIMT. It most often provides support to the communities with storm response. Ex. NSTAR, Shelter, MEMA

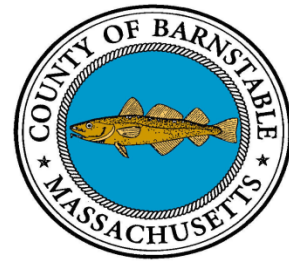
Multi Agency Coordination Center



- The MACC would be used for “All Hazard Response”
- In certain responses it may be mobile.
- The community maintains the Incident Commander Role.
- The MACC provides the region with one voice with regional coordination

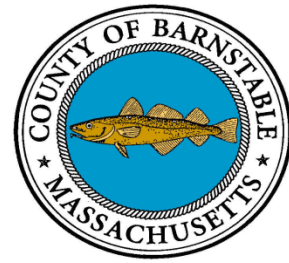


Barnstable County Type 3 Incident Management Team

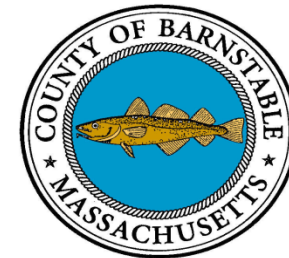


- What is an IMT?
- Multi Disciplined teamed formed to support command structure during a major event.
- Extensive FEMA and MEMA ICS Training and Position Specific Training in ICS Roles.
- They never take over an incident, Support with ICS
- On Cape Cod
 - Supports Planned and Emergency Events
 - Supports a Multi Agency Coordination Center (MACC)

Regional Sheltering Initiative



- Locations
 - Nauset Regional HS, Eastham
 - Cape Cod Technical HS, Harwich
 - Dennis Yarmouth Regional HS
 - Barnstable IS
 - Falmouth HS
 - Sandwich HS
 - Veterans School Provincetown.
 - Bournedale School
- Plan was developed to consolidate sheltering in the region
 - Volunteer Shortages
- Shelters have been opened for many weather events since 2008
- Full Service Partner Shelters
 - MRC, ARC, CERT, DART, ARES



The End



- Any Questions?
- Sean M. O'Brien Email
 - bcrepc@barnstablecounty.org
- Phone (508)-375-6618

Gains and concerns discussion

What questions have been answered?

What is better understood now?

What is still to be answered?