



Health And Medical Coordinating Coalitions

September 23, 2014



AGENDA

- Instructions
- Three presentations
- Q & A immediately following
- Recording and transcript available online by 9/30



INSTRUCTIONS

To avoid echo and feedback

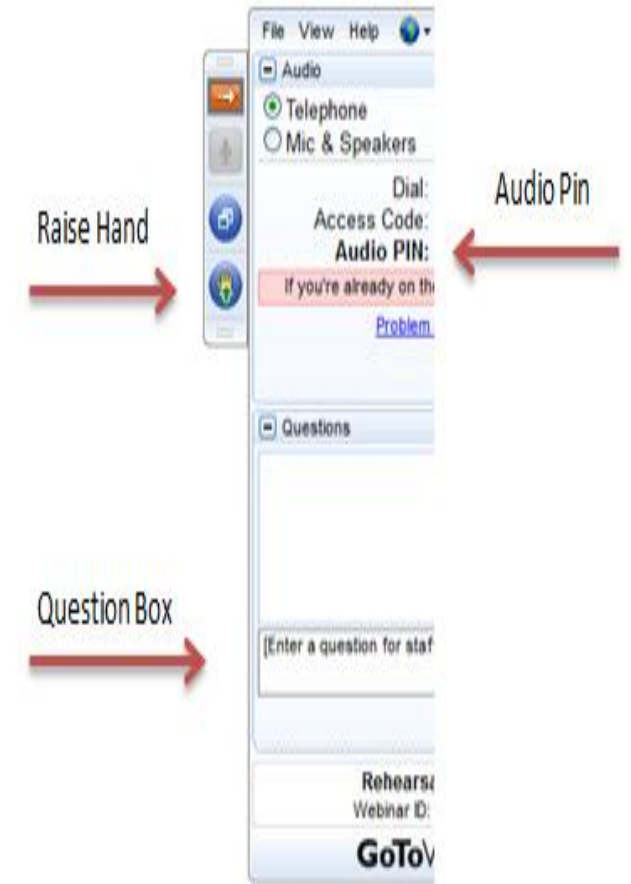
- If you are connecting by telephone, please turn off your computer speakers
- If you are participating in a group, have only one device and one phone line connected

If you have a technical question during the webinar

- Please use the question box to let us know

If you require Live Caption access

- You may access this by opening another browser window using the address
<http://www.streamtext.net/player?event=BUSPH&title=false>



INTRODUCTIONS

- John Hick, MD, Associate Medical Director, Emergency Medical Services Department of Emergency Medicine, Hennepin County Medical Center, MN
- Kevin M. McCulley, Public Health and Medical Preparedness Manager, Bureau of EMS and Preparedness, Utah Department of Health
- Linda Scott, RN, BSN, MA, Manager, Healthcare Preparedness Program, Office of Public Health Preparedness, Michigan Department of Community Health



MINNESOTA





Minnesota

John L. Hick, MD
Hennepin County Medical Center
September 23, 2014

HPP Grant

Minnesota Local Public Health Regions

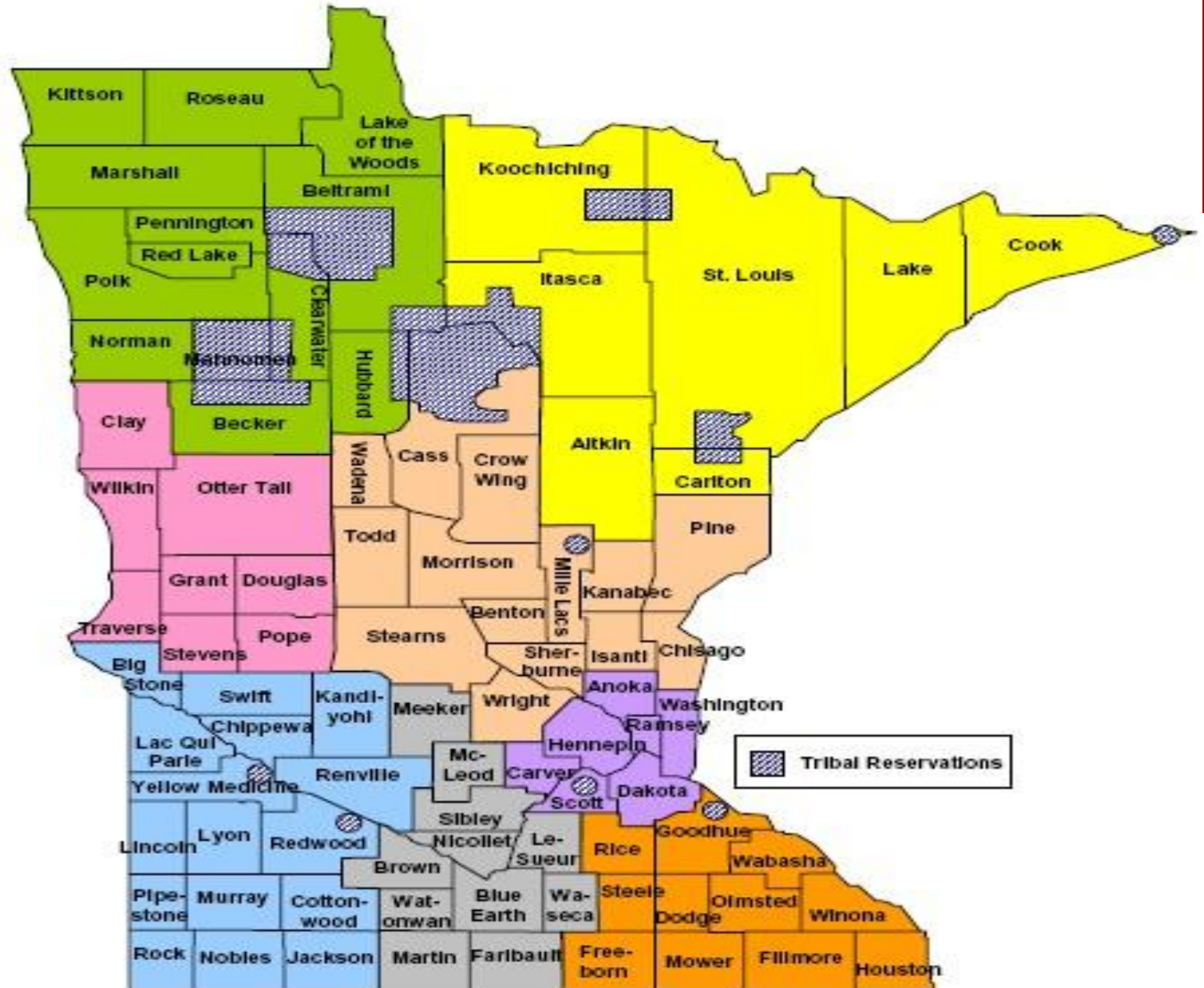
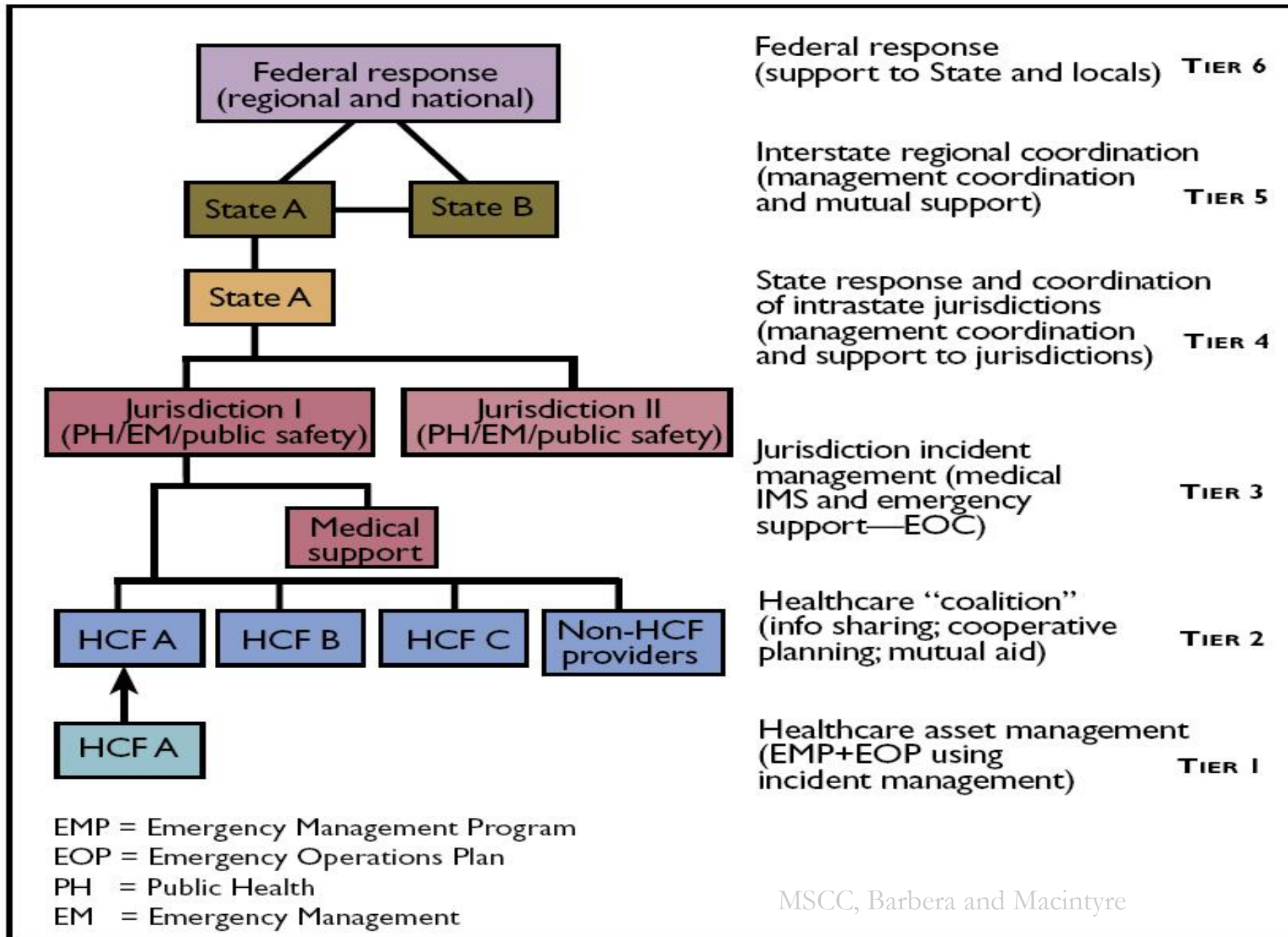


Figure I-2. MSCC Management Organization Strategy

Tiered System



Metro Hospital Compact

- 30 hospitals, about 5000 beds
- Founded 2002
- Compact, bylaws, exhibits
- Communications, staff/supply sharing, Regional Healthcare Resource Center (RHRC), management functions included in exhibits



Partner Organizations

- Metropolitan Hospital Compact
- Metro Local Public Health Association
- Metropolitan 911 Board – EMS JPA
- Metropolitan Emergency Managers Association



Other Partners

- LTC workgroup
- Clinic workgroup – affiliated and unaffiliated
- NGOs – ARC, Salvation Army
- Liaisons – MDH, infection prevention, etc.



Workgroups

- Exercise
- Mobile medical team
- Behavioral health
- Alternate care site
- Chempack / CRI (with MMRS)



HPP grant

- HPP grants support compact activities
- Personnel
 - Administration – 0.5 FTE (0.2 and 0.3)
 - Programs – 1.8 FTE (2 positions)
- Programs
 - Preparedness practicum
 - Training – COOP, PFA/BH, workshops (rads, crisis care)
 - Exercising – also with LTC
 - Technical support – evacuation, peds, burn

Planning



- Regional ESF8 plan
 - Annex or reference for inclusion in all-hazards plans
 - Details agencies and coordination
 - Overviews key functional areas (chempack, coordination, points of contact, etc.)
- Most planning is function-specific
 - Shelter
 - FAC
 - POD
 - Heat

Challenges

- Decreased funding
- Jurisdictional vs. regional needs
- Formal commitment to 'new' coalition construct
- Competing exercise requirements / priorities
- Grant entanglement
- Planning vs. operations



Requests for Resources

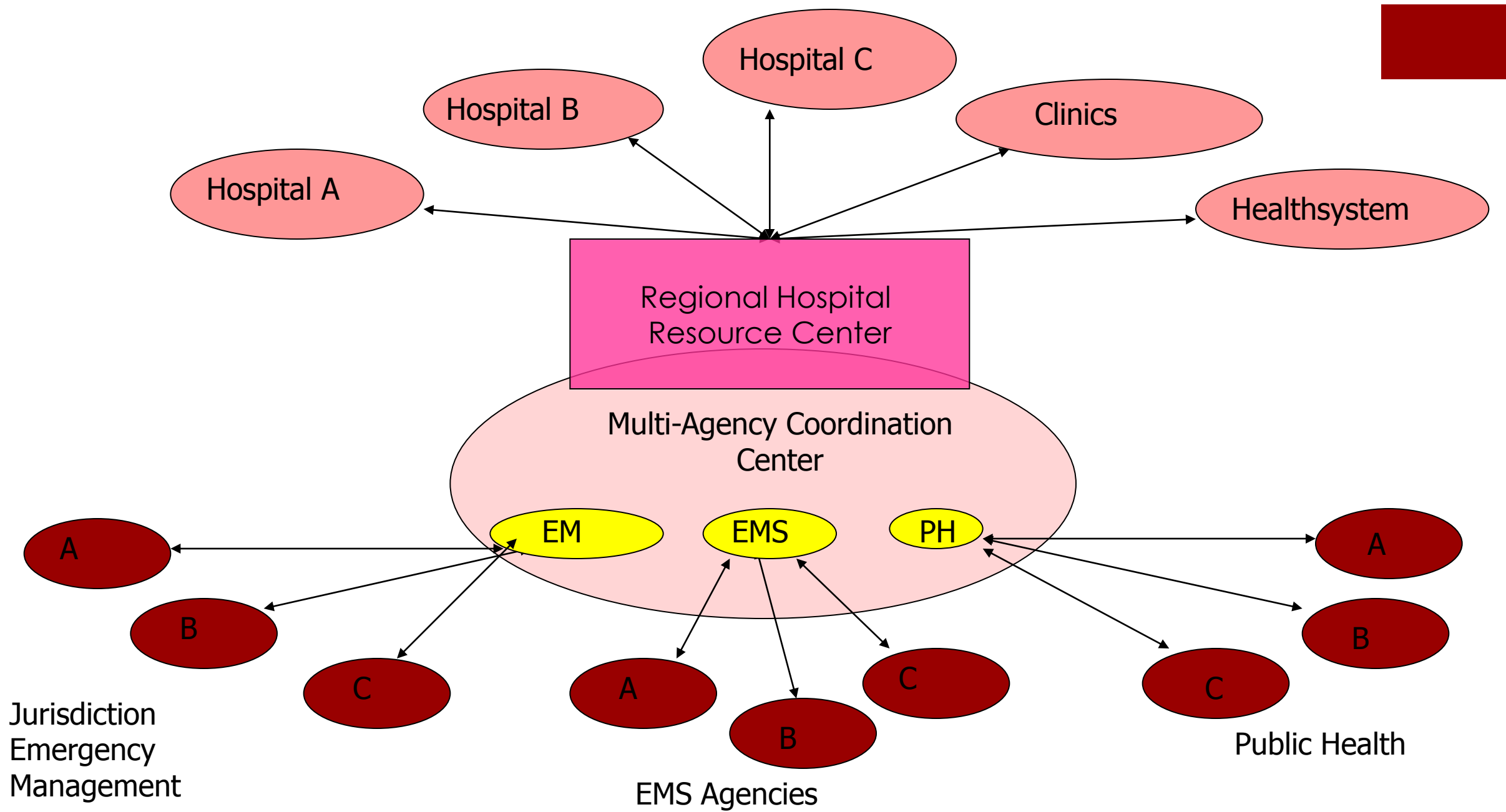
Region	Facility	Requested	Request Resource	Quantity	Actions Taken	Fulfillment	Active
West Metro	University of M...iversity Campus	10/24/2008 10:01	ventilator	11		0 of 11 fulfilled	✓
East Metro	United Hospital - St. Paul	10/24/2008 10:00	ventilator	6		0 of 6 fulfilled	✓
West Metro	Unity Hospital - Fridley	10/24/2008 09:59	ventilator	6		0 of 6 fulfilled	✓
West Metro	North Memorial Medical Center	10/24/2008 09:59	ventilator	13		0 of 13 fulfilled	✓
West Metro	Regency Hospita... Golden Valley	10/24/2008 09:57	ventilator	4		0 of 4 fulfilled	✓
West Metro	Methodist Hospi... St. Louis Park	10/24/2008 09:56	ventilator	11		0 of 11 fulfilled	✓
West Metro	Children's Hosp... Minneapolis	10/24/2008 09:56	ventilator	6		0 of 6 fulfilled	✓
West Metro	Mercy Hospital - Coon Rapids	10/24/2008 09:55	ventilator	8		0 of 8 fulfilled	✓
West Metro	Fairview Southd...ospital - Edina	10/24/2008 09:54	ventilator	6		0 of 6 fulfilled	✓
West Metro	Abbott Northwes... Minneapolis	10/24/2008 09:53	ventilator	10		0 of 10 fulfilled	✓
*Demo	*ImageTrend Hospital	09/08/2008 13:55	Ventilators	2		0 of 2 fulfilled	✓
*Demo	*ImageTrend Hospital	08/29/2008 13:25	Motorola Radio	25	Referred to all RHRC	20 of 25 fulfilled	✗
*Demo	*ImageTrend Hospital	08/29/2008 13:14	Cot	1		0 of 1 fulfilled	✓
*Demo	*ImageTrend Hospital	08/29/2008 13:13	Zoll Defibrillator	10		3 of 10 fulfilled	✓
*Demo	*ImageTrend Hospital	08/29/2008 12:56	Zoll Defibrillator	4		4 of 4 fulfilled	✓
*Demo	*ImageTrend Hospital	08/28/2008 13:58	Band-aids	500		500 of 500 fulfilled	✓
*Demo	*ImageTrend Hospital	08/28/2008 12:30	Beekers	10		0 of 10 fulfilled	✓
West Metro	Hennepin County Medical Center	08/28/2008 09:42	ventilators	10		4 of 10 fulfilled	✓
*Demo	*ImageTrend Hospital	08/28/2008 08:14	o negative	2		0 of 2 fulfilled	✓
*Demo	*ImageTrend Hospital	08/28/2008 08:07	Zoll Defibrillator	2		1 of 2 fulfilled	✓
*Demo	*ImageTrend Hospital	08/27/2008 17:34	Zoll Defibrillator	3	Acknowledged	2 of 3 fulfilled	✓

Records 1-21 of 21 | First | << | >> | Last

✓ = Active ✗ = Inactive

Request a Resource





Events

- Hurricane Katrina
- Bridge collapse
- Tornado events
- Seasonal influenza
- Pandemic influenza
- Flooding / evacuation events
- RNC





H1N1

- Common public messaging with LPH
- Call lines / phone prescribing with MDH/LPH
- Common visitor policies
- Vaccine distribution / redistribution with LPH
- N95 re-use policies and practices
- Capacity monitoring
- Information sharing / situational awareness





What's ahead?

- CMS regulations effects on LTC, clinics, homecare
 - Opportunity and challenge
- Coalition re-inventing
- Funding – 501c3
 - Opportunity
 - Challenge – in competition with others
- Integration
- Leadership development
- Maintain energy



UTAH





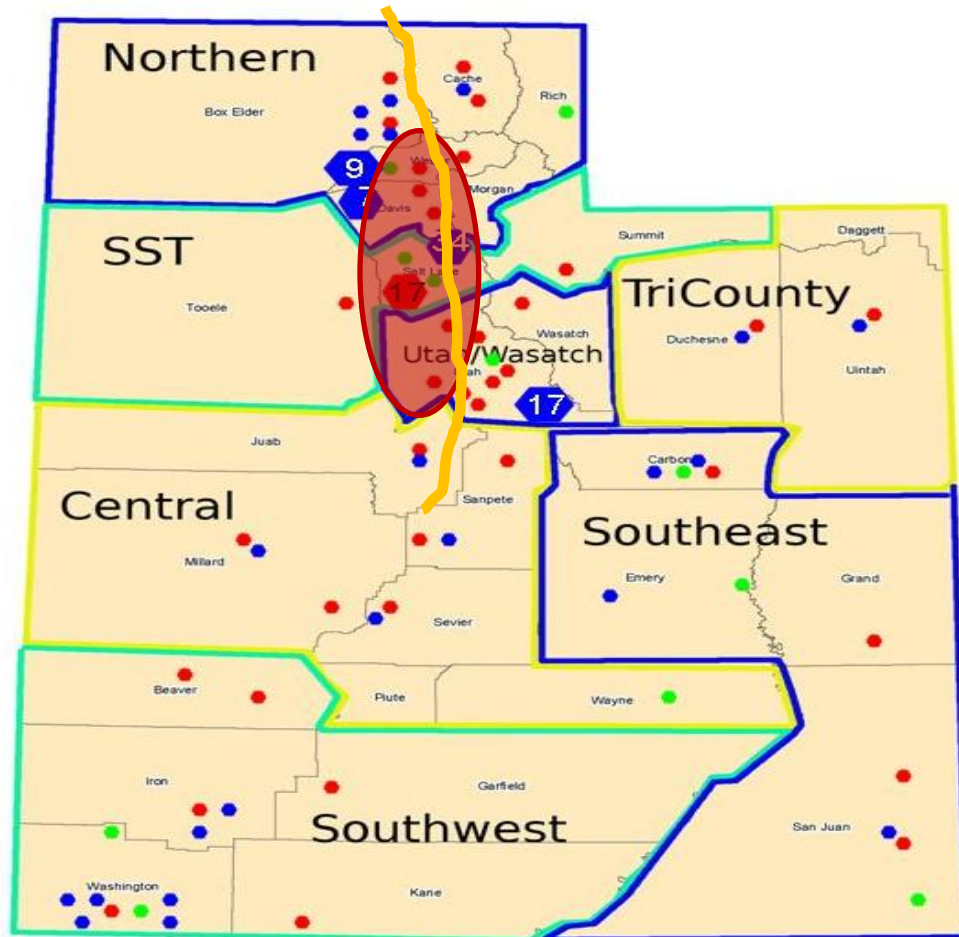
UTAH DEPARTMENT OF
HEALTH

Utah's Regional Medical Surge Coalitions

Kevin McCulley

Public Health and Medical Preparedness Manager
Utah Department of Health, Bureau of EMS and Preparedness

Utah Coalitions Structure and Characteristics



-  Hospitals -50
-  FQHC Community Health Centers-11
-  Long Term Care Facilities-96

- Population Density (29 Counties)
 - 4 Urban (Wasatch Front) 75%
 - 12 Rural
 - 13 Frontier (<7 persons/ mi.²)
- Hospital Density
 - 87% of beds in state in 3 Regions – SST, Northern, Utah/Wasatch (86% of population)
- Coalition Composition
 - SST – 107 members (3 LHD)
 - 17 hospitals, 37 LTC, many other
 - Southeast – 12 members
 - 4 hospitals, clinics, EMS, S.T.P.
- Coalitions – 7 total/ 12 LHDs
 - 4 (E and S) match LHD
 - 3 (North) – Combine 1-3 LHD

Factors to Pursue the Model



- Historic – SLC Area hospitals participation in CSEPP, 2002 Winter Games, Cities Readiness Initiative; included SL, Summit and Tooele -> SST
- Assessment of Existing Regions – Homeland Security, Bioterrorism, LHD
- Assessment of hospital catchment areas, normal patient access and transfer patterns with EMS and hospitals, geographic barriers
- Local Health Districts as host
 - LHD approx. match patient movement patterns
 - LHD was developing increased role in ESF8 in jurisdictions
 - Additional support to LHD Emergency Response Coordinator in assisting with medical facility coverage in command centers
 - History of success with PHEP in LHD and ongoing excellent relations
 - Relative ease of grants processing, budgeting, and workplans
 - Use local people to serve local agencies, take advantage of existing relationships
- 2008 First Pilot Region, 4 in 2009, all by 2010

Key Elements of Coalition



	SST – Urban/Rural	SE – Rural/Frontier
Structure	LHD Hosted	LHD Hosted
Funding	HPP – Staffing, Training, Equipment, Exercises	HPP – Staffing, Training, Equipment, Exercises
Funding (Staff)	Full FTE + Admin Asst.	1/2-2/3 FTE
Funding (TEES)	~\$45,000	~\$12,000
Meetings	Full coalition bi-monthly, Executive Committee bi-monthly	Full Coalition quarterly, monthly coordinator attends LEPC, EMS, hospital EM meetings
Key Documents	By-Laws & Signed MOU Base Response Plan Resource Management Plan Commo Plan	Charter Base Response Plan Commo Tree or protocol
Priority Threats	Pandemic/Novel Event Earthquake Hospital Evacuation Large MCI – Plane Utilities Interruption	MCI-Bus Crash Receiving Earthquake Evacuees Pandemic/Novel Event HazMat – Gas/Oil Event Severe Weather/ Fire
24/7 Access	Coordinator ► LHD ESF8 lead ► Coalition Chair UDOH Disaster Line	Coordinator Cell Phone UDOH Disaster Line

- Governance/Voting Rights
 - Urban/Large – Executive Committee with broad representation
 - Rural/Frontier – Small group, all work together
- Efforts of Coalition
 - Urban – workgroups/committees to develop specific outputs (comm plan, fatality plan, etc.)
 - Rural – Coordinator does majority of development using templates, shares with members

Barriers or Challenges

- Communication gap between entities – limited LHD-hospital-LTC planning
 - Rotate meetings between sites, include a tour and presentation by host
- Rural challenges – up to 150 miles between some facilities, response is county-based
 - Coordinator to travel to sites and do 1-1 meetings
 - Coordinator to attend ESF8, LEPC or other meetings
- Impression that Coalition was walking over existing groups – LEPC, ESF8
 - Clarity to all response partners how Coalition is an asset – caches, commo systems, plans to support impacted facilities
- Recruitment is much easier than retention
 - Ensure that meeting content and goals are system-based, and that all participants can benefit from shared Coalition funds, also CMS CoP
- Difficulty in completion planning targets, deferral to Coalition for progress
 - Empower Coordinators to develop content, then seek edits

Short and Long-Term Sustainability



- Short Term Sustainability
- Invest in the process and people – 40% of Utah's grant to Coalitions
- Sustain a Regional cache, training, and exercise fund
- Work across all levels of Responder agencies to define value of Coalition
- Leverage the champions in each community
- Longer Term Sustainability
- Yearly exercise in each Region in which any members can play
- Region as primary on technical assistance for CMS EM Rules
- Increased inter-Regional and interstate coordination
- Development of Regional Resource hospitals
 - Burn and pediatric receiving hospitals
- Continued coordination with State and local EMS agencies for MCI planning

Close Call Example

- SST Coordinator informed that VAMC was experiencing a campus transformer issue, and it was at risk of explosion
- VAMC initiated first steps to prepare for full facility evacuation and contacted SST
- SST Coordinator located immediately available beds for 200 VAMC patients in 30 minutes, and prepared to find transport
- Danger passed and VAMC stood down

Available Resources



- Regional Coalition Workbook
 - Resource Element Assessment
 - Membership Tracker
 - Program Measures Tracker
- Priority Resource Element Checklist
- Yearly Top-level goals
- Shared Regional equipment, training, exercise budget
- Less reporting narrative, more reporting checklists
- Sustainability, strategic, and satisfaction assessments
- Fit project to community, not community to project – e.g. a Rural and Frontier Coalition may never become a MACC, but can find great success with the preparedness work
- Kevin McCulley ---- kmcculley@utah.gov ----- 801-273-6669

MICHIGAN



Michigan Healthcare Coalitions



Linda Scott

Manager, Healthcare Preparedness
Program

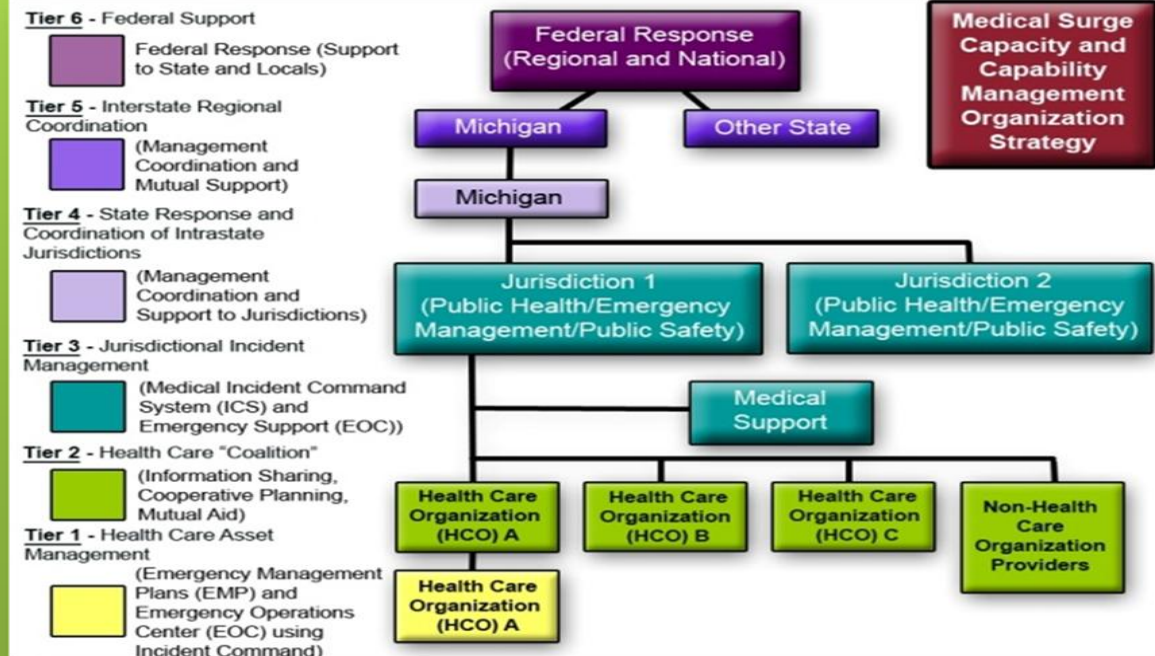
Michigan Department of Community
of Health

Office of Public Health Preparedness

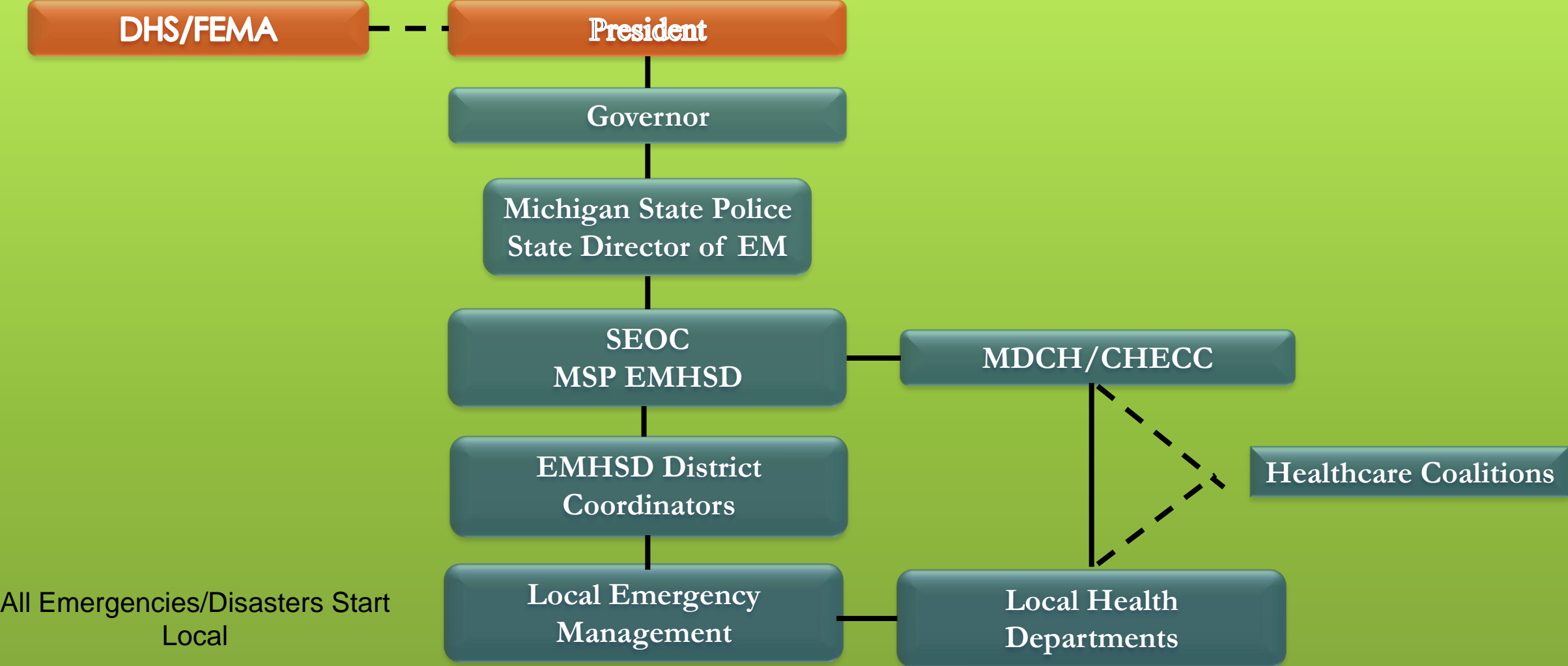
Medical Surge Capacity and Capability (MSCC) Handbook(s)

Medical Surge Capacity and Capability:

The Healthcare Coalition in Emergency Response and Recovery

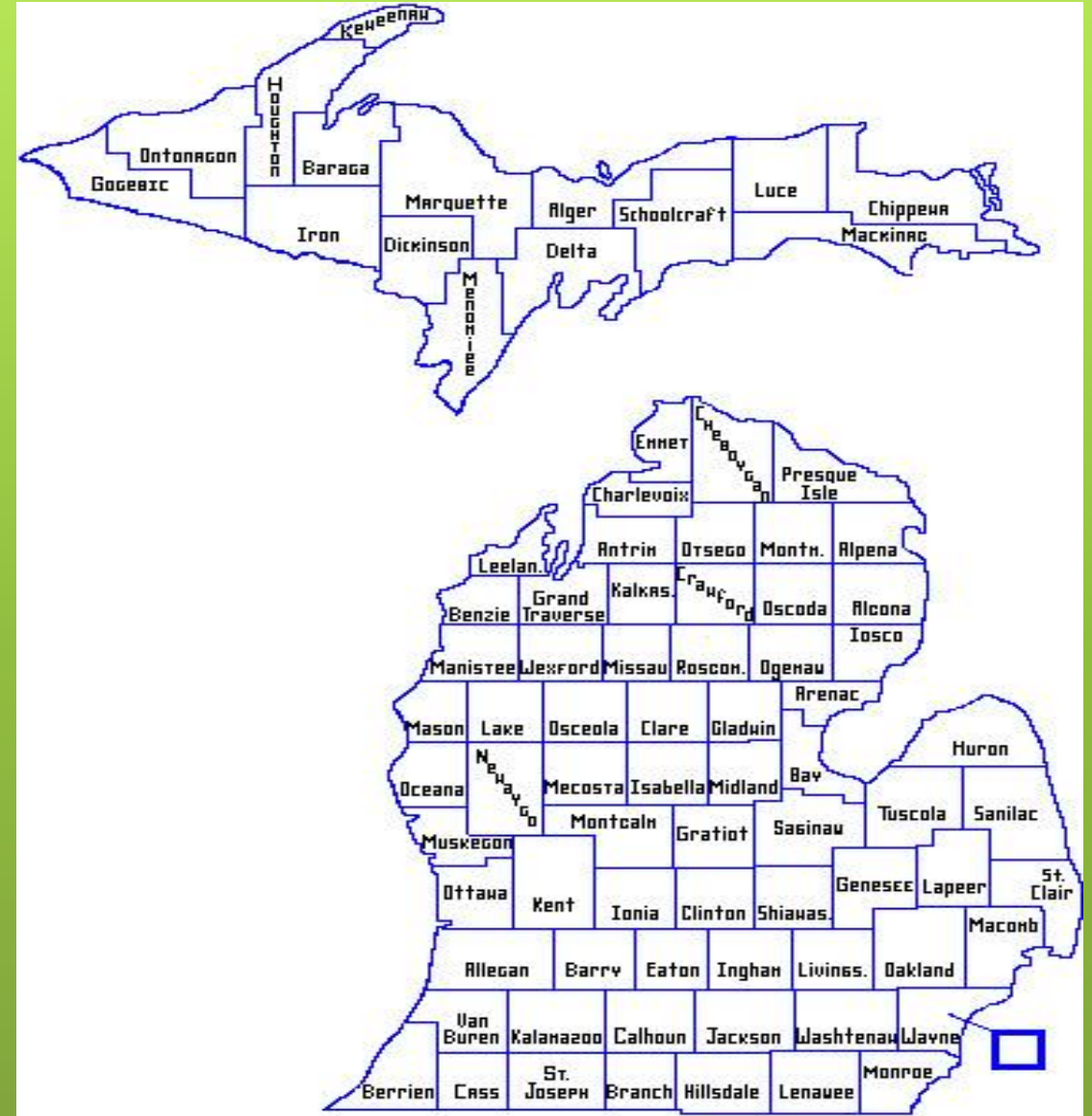


Michigan Emergency Management System



Michigan Emergency Preparedness

- 83 Counties
- 45 Local Health Dept.
- 12 Federally Recognized Tribes
- 110 Emergency Mgmt. Programs
- 191 Hospitals
- 440 LTC facilities
- 800 Life Support Agencies
- >300 FQHC, MHC, RHC



Cooperative Agreement Funding

**Assistant Secretary for
Preparedness and Response
(ASPR)**



Medical Control Authorities
Regional HCCs
Hospital / EMS



Coordinate State / Regional / Local Planning

**Centers for Disease Control
and Prevention (CDC)**



Local Health Departments
Other Local/Regional Partners



8 Healthcare Coalitions MI Model

- **Medical Control Authority (MCA)**
Fiduciary
- **Medical Director** - .25FTE
- **Regional Coordinator**
- **Assistant Regional Coordinator**
- **Consistent Bylaws**
- **Planning Board**
 - Consensus on project and funding allocations
- **Advisory Committee Meetings**
 - Workgroups



Michigan Region 2S



Michigan Region 8



HCC Planning Board & Advisory Board Members

- Canadian Representatives
- DMAT/NDMS
- Hospital Representatives
- Emergency Management
- EMS (Fire and Private)
- FQHCs
- Industry (BC/BS, GM, Compuware)
- Law Enforcement (Local, Sheriff, and FBI)
- LEPCs
- Long Term Care
- MCAs
- Medial Examiners
- Poison Control
- Public Health Authorities
 - Emergency Preparedness Coordinator
 - Epidemiologist
 - Strategic National Stockpile Coordinator
- Public Information
- Public Safety
- Red Cross

Healthcare Coalition Advisory Committee

Diverse membership often configured into work groups

- Discipline
- Based on Capabilities
- Information gathering
- Consensus building

Structure consistent with bylaws



Healthcare Coalition Planning Board

Required Membership

- One representative from each hospital
- One representative from each MCA (represents EMS)

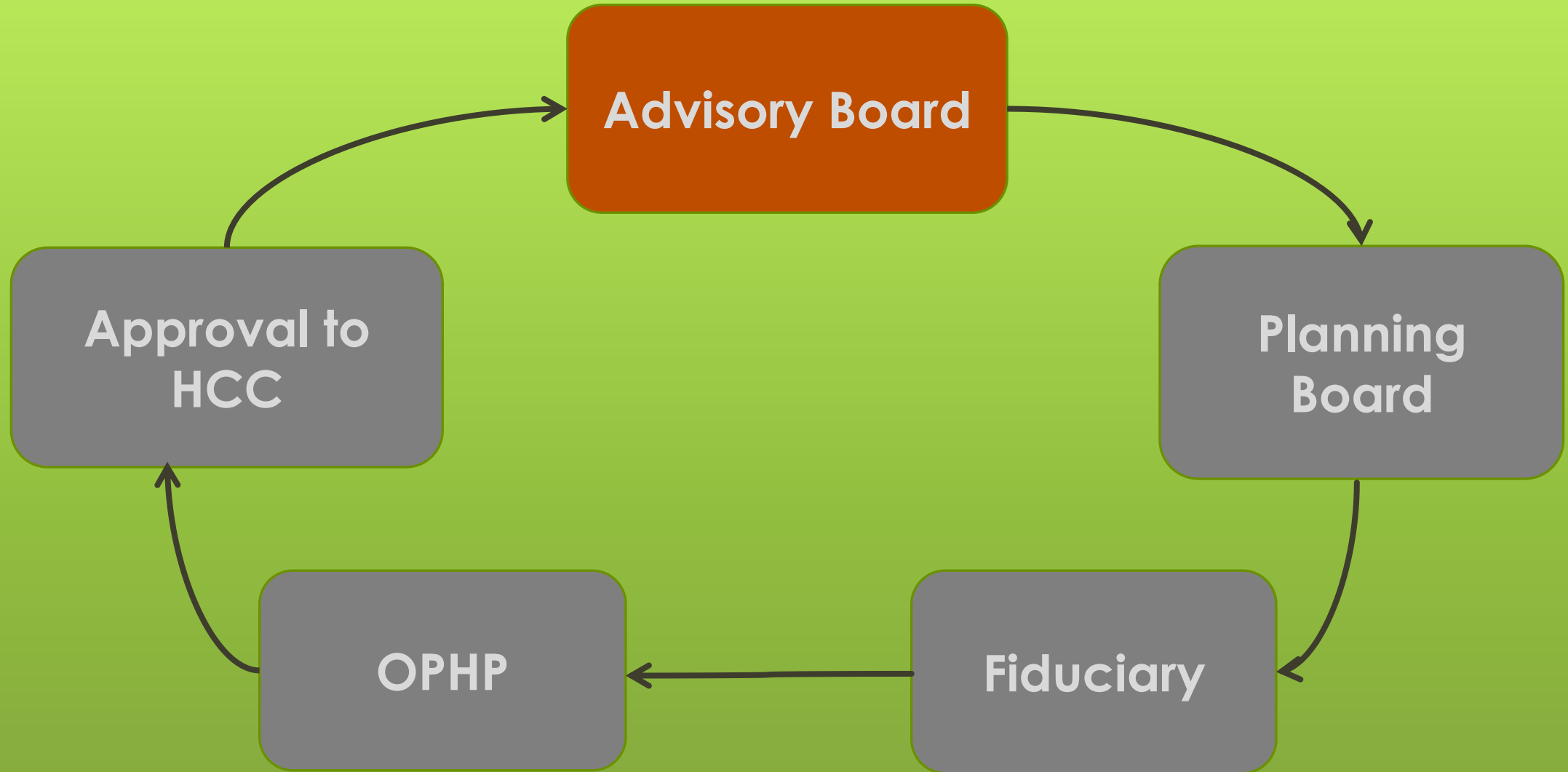
Additional Membership

- Local Public Health
- Local Emergency Management
- Other partners based on HCC membership

Structure

- Consistent with Bylaws (may have Executive Committee)
- Consensus on priority projects and initiatives
- Consensus on funding allocation recommendations
- Review Regional HCC Annual Application and End of Year Status report

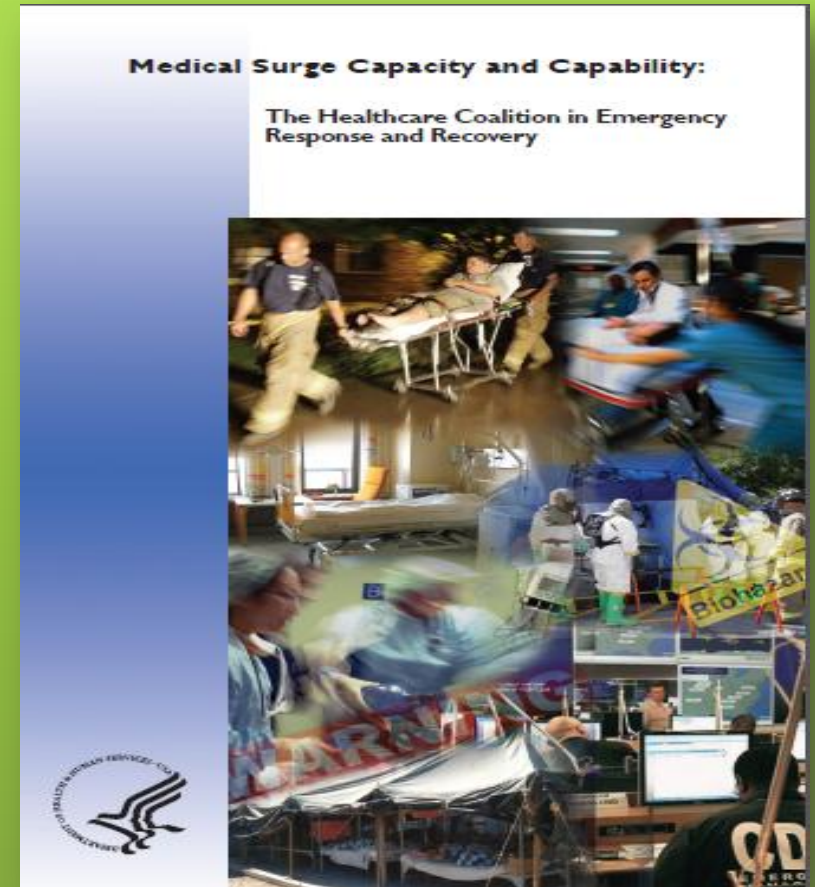
Approval Process



Coordinate Appropriate Medical Services

Regional Medical Coordination Center (MCC)

- Located within each Preparedness Region to facilitate standardization and interoperability of health care operations and ensure optimum and efficient use of resources.
- A Multi-Agency Coordination System (MACS) compliant with NIMS.
- Coordinates activities above the field level through the prioritization of the incident demands for critical or competing resources.
- Resource to local and state emergency operation center(s).



Medical Control Authority (MCA)

- A MCA is an organization designated by MDCIS, EMS Office under Part 209 of PA 368 of 1978
- Each hospital w/ED must participate in a MCA
- Responsible for supervision, coordination of emergency services within a specific geographic area through State approved protocols
- Medical Director – board certified in Emergency Medicine/ACLS & ATLS certified

Michigan Mass Casualty Incident Protocol

Michigan
System Protocols
MASS CASUALTY INCIDENTS

Date: June 5, 2009

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6. REGIONAL MEDICAL COORDINATION CENTER

The MCC serves as a regional multi-agency coordination center entity as defined by the National Incident Management System (NIMS). The MCC serves as a single regional point of contact for the coordination of healthcare resources. The MCC is intended to optimize resource coordination among hospitals, EMS agencies, medical control authorities and other resources. The MCC serves as a link to the Community Health Emergency Coordination Center (CHECC).

The MCC acts as an extension and agent of the Medical Control Authority.

I. MCC Responsibilities include, but are not limited to:

- A. Maintain communications with all involved entities
 - 1. EMS Branch Directors
 - 2. EMS Division/Group Supervisors
 - 3. EMS Unit Leaders
 - 4. Hospitals
 - 5. Local EOCs (when activated)
 - 6. CHECC (when activated)
 - 7. MEMS sites (when activated)
 - 8. Other Regional MCCs (as appropriate)
- B. Provide initial and update alerts via available communications resources.
- C. Provide frequent updates to on-scene EMS Branch Directors/Group/Supervisors (or designee) regarding hospital casualty care capacity.
- D. May relay casualty transport information to receiving facilities.
- E. May relay urgent and routine communications to appropriate entities.
- F. May assist in coordination and distribution of resources.
- G. Other appropriate tasks as necessary for an effective regional medical response.

7. REGIONAL MEDICAL COORDINATION CENTER IMMUNITY FROM LIABILITY

It is the intent of this protocol that the Medical Coordination Center and the personnel staffing the MCC and performing the functions are afforded immunity from liability whether or not a Mass Casualty Incident has occurred, as provided through MCL 333.20965 of Part 209 of PA 368 of 1978, as amended. This section specifically provides

Michigan
System Protocols
MASS CASUALTY INCIDENTS

Date: June 5, 2009

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immunity from liability protection to Medical Control Authorities in the development and implementation of department-approved protocols (see language below):


333.20965 Immunity from liability.

Sec. 20965 (3) Unless an act or omission is the result of gross negligence or willful misconduct, the acts or omissions of any of the persons named below, while participating in the development of protocols under this part, implementation of protocols under this part, or holding a participant in the emergency medical services system accountable for department-approved protocols under this part, does not impose liability in the performance of those functions:

- (a) The medical director and individuals serving on the governing board, advisory body, or committees of the medical control authority or employees of the medical control authority.
- (b) A participating hospital or freestanding surgical outpatient facility in the medical control authority or an officer, member of the medical staff, or other employee of the hospital or freestanding surgical outpatient facility.
- (c) A participating agency in the medical control authority or an officer, member of the medical staff, or other employee of the participating agency.
- (d) A nonprofit corporation that performs the functions of a medical control authority.

STATE COMMUNITY HEALTH EMERGENCY COORDINATION CENTER

- I. Operated by MDCH Office of Public Health Preparedness
- II. EMS Personnel should be aware of the existence of CHECC but are not expected to directly interface with CHECC.



501(c) 3

Factors to Pursue the 501(c) 3 Model

Sustainment

- Will allow Regional HCCs to be exempt from federal income tax, while being eligible to receive tax-deductible charitable donations.
- Individual and corporate donors are more likely to support organizations with 501(c)(3) status
- Assures foundations and other grant-making institutions that they are issuing grants or sponsorships to permitted beneficiaries
- Path to financial stability and sustainment

When Will all this Happen?



HCCs Role In Response – Situation Awareness

Fungal Meningitis Outbreak

- Additional Personnel, Bed Availability, Patient Care

Winter Storms

- Evacuation & Shelter In Place Assistance

Summer Flooding

- Link to CHECC
- Cardiac Monitors

Special Event Planning

- Mobilization of Equipment
- Human Resources



Continued Value in Planning & Response

Participation in a HCC has been shown to Improve...

- communications horizontally & vertically
- situation awareness, expanding access
- relationships between HCO, PH and EM includes: recognition of roles and responsibilities before, during and after response
- access to resources and supplies used not only during significant incidents but planned events
- organizational response to local incidents, including weather related

A photograph of a black chalkboard with white chalk writing. The text "ANY QUESTIONS?" is written in a casual, handwritten style. The word "ANY" is on the top line, "QUESTIONS" is on the second line, and a large question mark is on the third line.

ANY
QUESTIONS
?

Linda Scott
scottlin12@michigan.gov

QUESTIONS AND ANSWERS



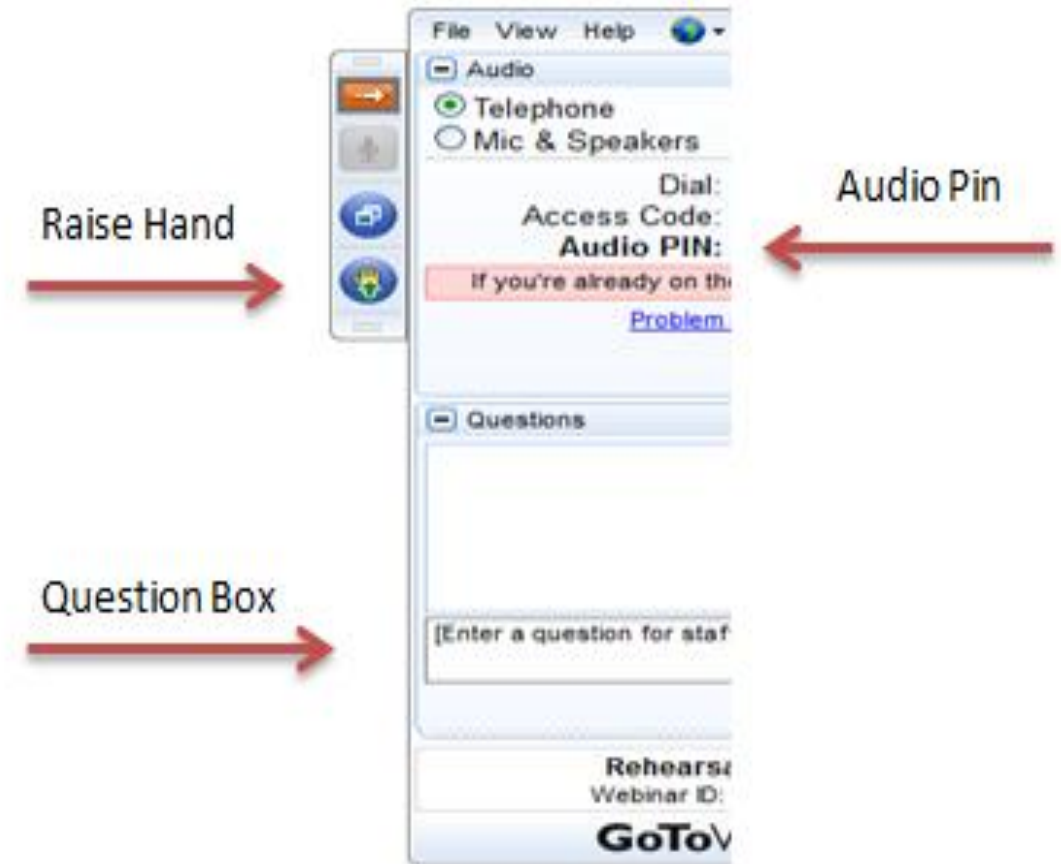
QUESTIONS AND ANSWERS

To ask a question by telephone line or VOIP headset

1. Enable your audio pin by pressing “#your audio pin#”
2. Use the control panel icon to raise your hand and be placed in queue
3. Listen for your name to be called. When you hear that your line is being unmuted, please ask your question.

To ask a question by text

1. Type your question in the question box
2. Listen to hear your question being read aloud and answered.



THANK YOU FOR PARTICIPATING
WEBINAR RECORDING AND TRANSCRIPT WILL BE
POSTED AT

WWW.BU.EDU/SPH-COALITIONS

