



Leading for Better Health

Health Care Emergency Preparedness and the Role of Health Care Coalitions

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1

Objectives for Today

- ▶ Understand the role and importance of Health Care Coalitions in emergency preparedness
- ▶ Understand the varied membership of Health Care Coalitions
- ▶ Understand the basic requirements of the CMS EP Rule
- ▶ Determine the Health Care Coalition (or Coalitions) in your area and be able to contact them
- ▶ Identify ways in which a Health Care Coalition and its members can assist organizations in meeting the CMS EP Rule requirements, and ultimately improve organization and community emergency preparedness



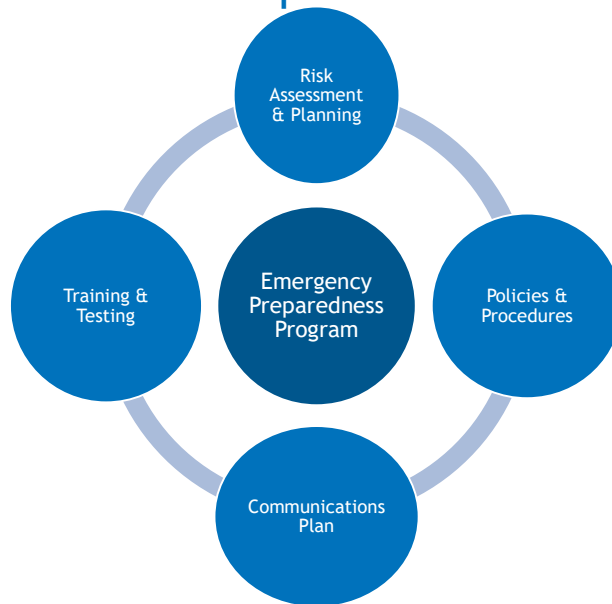
2

Facilities Impacted by the CMS Emergency Preparedness Rule

- ▶ Hospitals
- ▶ Transplant Centers
- ▶ Long Term Care Facilities (LTC)
- ▶ Ambulatory Surgical Centers (ASC)
- ▶ Home Health Agencies (HHA)
- ▶ Hospices
- ▶ Critical Access Hospitals (CAH)
- ▶ End-Stage Renal Disease Facilities (ESRD)
- ▶ Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC)
- ▶ Clinics, Rehab Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
- ▶ Psychiatric Residential Treatment Facilities (PRTF)
- ▶ Community Mental Health Centers (CMHC)
- ▶ Comprehensive Outpatient Rehabilitation Facilities (CORF)
- ▶ Religious Nonmedical Health Care Institutions (RNHCI)
- ▶ All-Inclusive Care for the Elderly (PACE)
- ▶ Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
- ▶ Organ Procurement Organizations (OPO)



Core Requirements



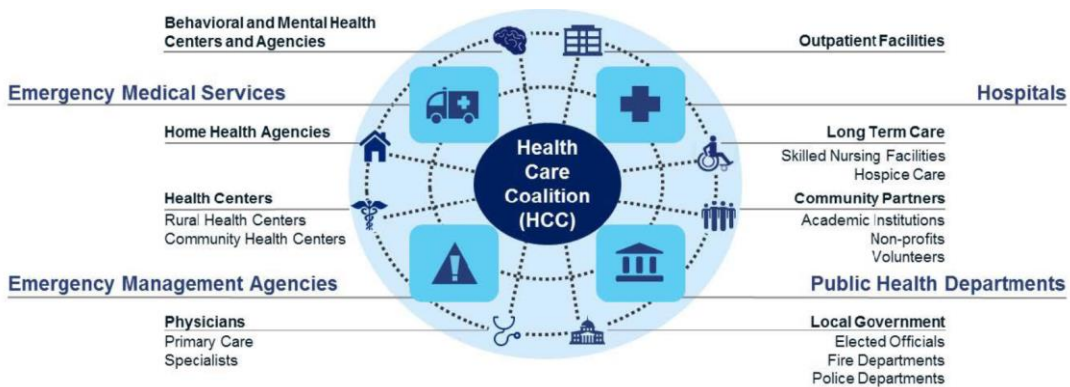
Appendix Z- Emergency Preparedness for All Provider and Certified Supplier Types Interpretive Guidance

- ▶ “The new emergency preparedness Final Rule is based **primarily off of the hospital emergency preparedness Condition of Participation (CoP)** as a general guide for the remaining providers and suppliers, then tailored based to address the differences and or unique needs of the other providers and suppliers (e.g. inpatient versus out-patient providers).”
- ▶ “Facilities are encouraged to participate in a **healthcare coalition** as it may provide assistance in planning and addressing broader community needs that may also be supported by local health department and emergency management resources.”

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_z_emergprep.pdf

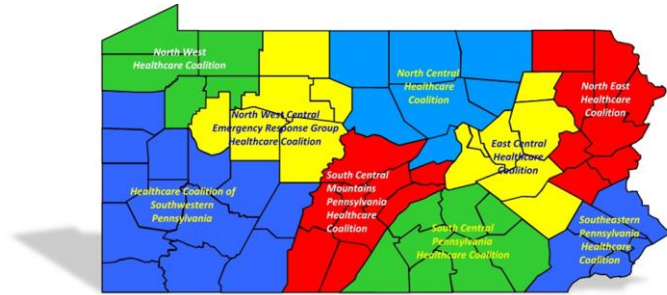


Health Care Coalition Models



Health Care Coalitions in Pennsylvania

- 9 Health Care Coalitions in PA *
- Geographically based off of Regional Task Force areas
- Each coalition varies in structure, size, membership, etc.
- Purpose and direction of each coalition are very similar:
 - *"A formal collaboration among healthcare organizations and public and private partners that is organized to prepare for, respond to, and recover from an emergency, mass casualty or catastrophic event."*



* Number of HCCs in PA changing (soon to be 7)

7

Southeastern PA Regional Health Care Coalition Coverage Area (SEPA HCC)

- ▶ 5 Counties
 - ▶ Bucks, Chester, Delaware, Montgomery, Philadelphia
- ▶ 249 Municipalities
- ▶ 4.2 million population
 - ▶ All 5 counties in top 7 most populous in PA
- ▶ 5 County Emergency Management Agencies
- ▶ 4 County Municipal Health Departments (and 1 PA State Health Center)
- ▶ 5 Regional EMS Councils
- ▶ Approximately 9,000 Acute Care Hospital Inpatient Beds
- ▶ Approximately 35,000 DOH-licensed Skilled Nursing Beds
- ▶ Approximately:
 - ▶ 45 Acute Care Hospitals w/ ED
 - ▶ 10 Specialty Hospitals
 - ▶ 200 LTC Facilities
 - ▶ Home Health Agencies
 - ▶ Federally Qualified Health Centers
 - ▶ Ambulatory Surgical Centers
 - ▶ Dialysis Facilities
 - ▶ 300 HCC members and growing



8

Roles of a Health Care Coalition in an Emergency

- ▶ Facilitate information sharing among healthcare organizations and with local, county, state authorities and emergency management agencies
- ▶ Facilitate resource support through mutual aid from member organizations, and support organizations with resource requests to local authorities as needed
- ▶ Facilitate coordinated incident response posture among healthcare organizations
- ▶ Serve to support healthcare organizations as well as the ESF-8 (Emergency Support Function) – Health and Medical position of the responsible jurisdiction in an emergency



9

What a Health Care Coalition is Not...

- ▶ Facility Emergency Management Coordinator
- ▶ Local Emergency Management Coordinator
- ▶ Replacement for Individual Agreements / Emergency Contracts *
 - ▶ Organizations must still have agreements/plans in place for emergency power, fuel resupply, food and water supply, emergency on-call contractors (electrical, HVAC, etc.) and the like
- ▶ A vendor of exercise development and conduct *
 - ▶ Coalitions DO support participation in regional and some local exercises, but resources don't allow for exercise development, conduct, and evaluation for all organizations in a region
 - ▶ Coalitions DO support coordination among members to share in the benefits and any expense of running more local exercises



10

Health Care Coalition Ongoing Activities

- ▶ Risk Assessment
- ▶ Planning
- ▶ Coalition Plan Development
- ▶ Communications Processes and Standards
- ▶ Ongoing Regional Preparedness Projects
- ▶ Training Programs
- ▶ Regional Exercises to Test Coalition Plans
- ▶ Coordination with Response Partners (EMA, Public Health, EMS, etc.)
- ▶ Limited Response Activities



Sounding Familiar?



11

Benefits of Health Care Coalitions

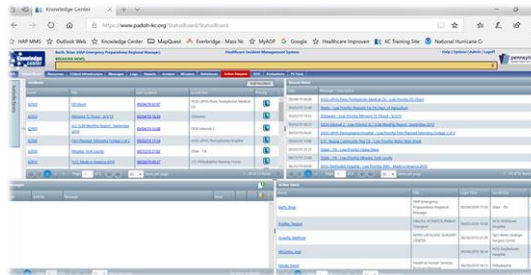
- ▶ **NETWORKING**
 - ▶ Other like facilities
 - ▶ Other provider types
 - ▶ First responders
 - ▶ Local and County emergency management
 - ▶ Public health
 - ▶ Resource providers and contractors



12

Benefits of Health Care Coalitions

- ▶ COMMUNICATION / COORDINATION
 - ▶ Regional events
 - ▶ Coordinated messaging
 - ▶ Event briefings
 - ▶ Communication platform (Knowledge Center – Healthcare Incident Management System)
 - ▶ Coordination with local, county, state jurisdictions in emergencies



13

Benefits of Health Care Coalitions

- ▶ RESOURCES
 - ▶ Physical – sharing of resources through mutual aid, regional emergency caches, response capabilities
 - ▶ Intellectual / People
 - ▶ Sharing of Plans and Procedures
 - ▶ Templates and Checklists for Preparedness, Response, and Recovery
 - ▶ Subject Matter Experts (SMEs)
 - ▶ Training – PA TRAIN
 - ▶ Technical Resource – ASPR TRACIE, HICS, NHICS, etc.
 - ▶ Healthcare Incident Support Team (H-IST) * *coalition-specific*
 - ▶ *SHARED EXPERIENCE*



14

Benefits of Health Care Coalitions

- ▶ TRAINING OPPORTUNITIES
 - ▶ Emergency Operations Plans
 - ▶ Incident Command / Nursing Home Incident Command System (NHICS)
 - ▶ Public Information Officer
 - ▶ Highly Infectious Disease
 - ▶ Planning, Running, Evaluating an Exercise
 - ▶ Stop-the-Bleed Programs
 - ▶ Point of Dispensing (POD) Programs and Operations
 - ▶ Connection to other regional / state / national training opportunities
 - ▶ Center for Domestic Preparedness



15

Benefits of Health Care Coalitions

- ▶ EXERCISE OPPORTUNITIES
 - ▶ Tabletop Exercises
 - ▶ Participation in Regional Functional and Full Scale Exercises as Scheduled
 - ▶ Coordination with Other Healthcare Facilities for Participation in Exercises
 - ▶ Notification of Other Exercises at County, State Levels
 - ▶ Opportunities to Observe Other Exercises
 - ▶ Opportunities to Facilitate / Evaluate Other Exercises



16

A Snapshot of Health Care Coalition Response

- ▶ **Long-Term Care Facility Fire** November 2017 – **Total evacuation** - approximately 130 residents evacuated to other LTCs with 20+ to acute care, fatalities.
- ▶ **Winter Storm Response** March 2018 – Over 40 healthcare organizations without power at same time across 5 counties. Longest outage approximately 36 hours.
- ▶ **Philadelphia Water Main Break** July 2018 – 2 acute care hospitals, 1 specialty hospital, multiple outpatient settings affected. Loss of water, power, steam (sterilization), HVAC, medical gasses, supplies, etc.
- ▶ **Long-Term Care Facility Fire** August 2018 – **Initial full evacuation** – approximately 80 residents evacuated to other LTCs, few acute care.
- ▶ **Senior Living Facility Shooting** September 2018 – 2 fatalities – extended facility lockdown, follow-up support.
- ▶ **Long-Term Care Facility Extended Power/HVAC Outages x3** January 2019 – Chester County, Bucks County, Philadelphia County – **One partial evacuation.**



17

A Snapshot of Health Care Coalition Response

- ▶ **High Risk Infectious Disease Patient** February 2019 – Reported potential Ebola patient
- ▶ **Major Power Outage / Steam Leak** April 2019 – Acute care facility complete power loss x 7 days, multiple other facilities affected
- ▶ **Major Power Outages / Storms** May 2019 – 10 LTC facilities and 2 acute care hospitals with extended power outages, some with HVAC loss as well
- ▶ **Acute Care Hospital Closure** June-September 2019
- ▶ **Refinery Fire** June 2019 – Ongoing coordination for healthcare through September
- ▶ **Long-Term Care Facility Power Outage and HVAC Loss** July 2019 – **Full evacuation** of 160 residents, 4 acute care hospitals utilized and 21 other LTC facilities. Resources from 2 counties and NJ.
- ▶ **Wawa Welcome America**
- ▶ **Made in America**



18

Bottom Line...

- ▶ The CMS Emergency Preparedness Rule requirements are in place to improve the ability of healthcare organizations to prepare for and effectively respond to emergencies while ensuring the safety and well-being of staff, patients, and the community as a whole, because...
- ▶ **IT WILL HAPPEN SOMETIME!**
- ▶ Previous 12 months – Reported events that didn't make the Top Impact List include;
 - ▶ Over 75 healthcare facility power outages
 - ▶ Loss of HVAC became the primary risk in 80% of those outages
 - ▶ Over 15 healthcare facility water outages
 - ▶ Over 25 healthcare facility internet/phone outages
 - ▶ Over 10 IT systems interruptions
- ▶ ?? What does your Hazard Assessment show ??



19

Cost of Participation in Health Care Coalitions

- ▶ Your Time
- ▶ Willingness to Share Experiences and Processes
- ▶ Willingness to Assist in Planning



20

Next Steps

- ▶ Determine the Health Care Coalition in your area
- ▶ If you are NOT a current participating member of the coalition, reach out and participate
- ▶ If you ARE a participating member of a coalition – THANK YOU – encourage others to participate
- ▶ Be part of the planning process at the organization and coalition level
- ▶ Offer to support another organization
- ▶ Don't recreate the wheel!!!



21

Helpful Resources

- ▶ ASPR TRACIE: <https://asprtracie.hhs.gov/>
- ▶ CMS Quality, Safety & Oversight Group – Emergency Preparedness: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>
- ▶ California Association of Health Facilities – Nursing Home Incident Command System (NHICS): <https://www.cahfdisasterprep.com/nhics>
- ▶ FEMA Emergency Management Institute – Independent Study: <https://training.fema.gov/is/>
- ▶ Hospital & Healthsystem Association of PA – Emergency Preparedness: <https://www.haponline.org/Initiatives/Emergency-Preparedness>
- ▶ PA Department of Health – Emergency Preparedness Topics: <https://www.health.pa.gov/topics/prep/Pages/Preparedness.aspx>



22

Contact Information

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2018 PA HEALTHCARE COALITION STATEWIDE CONTACT DATA



EAST CENTRAL (Berks, Columbia, Luzerne, Montour, Northumberland, Schuylkill, Wyoming Counties)

- HOSPITAL ASSOCIATION REP – Christopher Chamberlain cchamberlain@haponline.org 717-561-5250
- PUBLIC HEALTH PREPAREDNESS COORD – Tom McGroarty tmcgroarty@pa.gov 570-793-2052

NORTH CENTRAL (Bradford, Clinton, Lycoming, Potter, Sullivan, Tioga, Union Counties)

- HOSPITAL ASSOCIATION REP – Christopher Chamberlain cchamberlain@haponline.org: 717-561-5250
- PUBLIC HEALTH PREPAREDNESS COORD – Catherine Polachek cpolachek@pa.gov: 717-319-5894

NORTHEAST (Carbon, Lackawanna, Lehigh, Monroe, Northampton, Pike, Susquehanna, Wayne Counties)

- HOSPITAL ASSOCIATION REP – Jason Tomashunas jasont@haponline.org: 717-561-5257
- PUBLIC HEALTH PREPAREDNESS COORD – Tom McGroarty tmcgroarty@pa.gov: 570-793-2052

NORTHWEST (Crawford, Erie, Forest, Venango, Warren Counties)

- HOSPITAL ASSOCIATION REP – Matt Linse mlinse@haponline.org: 717-561-5254
- PUBLIC HEALTH PREPAREDNESS COORD – Gary Knox gknox@pa.gov: 724-269-5927

NORTHWEST CENTRAL (Cameron, Clarion, Clearfield, Elk, Jefferson, McKean Counties)

- HOSPITAL ASSOCIATION REP – Matt Linse mlinse@haponline.org: 717-561-5254
- PUBLIC HEALTH PREPAREDNESS COORD – Gary Knox gknox@pa.gov: 724-269-5927

SOUTHCENTRAL (Adams, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, Perry, York Counties)

- HOSPITAL ASSOCIATION REP – Scott Mickalonis, smickalonis@haponline.org: 717-561-5255
- PUBLIC HEALTH PREPAREDNESS COORD – Dennis Smith dennsmith@pa.gov: 717-350-9111

SOUTHCENTRAL MOUNTAIN (Bedford, Blair, Centre, Fulton, Huntingdon, Juniata, Mifflin, Snyder Counties)

- HOSPITAL ASSOCIATION REP – Scott Mickalonis, smickalonis@haponline.org: 717-561-5255
- PUBLIC HEALTH PREPAREDNESS COORD – Dennis Smith dennsmith@pa.gov: 717-350-9111

SOUTHEAST (Bucks, Chester, Delaware, Montgomery, Philadelphia Counties)

- HOSPITAL ASSOCIATION REP – Brian Barth bbarth@haponline.org: 717-561-5251
- PUBLIC HEALTH PREPAREDNESS COORD – Bob Pisch rpisch@pa.gov: 717-265-6012

SOUTHWEST (Allegheny, Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Mercer, Somerset, Washington, Westmoreland Counties)

- HOSPITAL ASSOCIATION REP – Jason Brown jbrown@haponline.org: 717-561-5252
- PUBLIC HEALTH PREPAREDNESS COORD – Perry Fox pfox@pa.gov: 717-319-9342

FOR IMMEDIATE LIFE-THREATENING EMERGENCIES, DIAL 911

UPDATED: May 1, 2019