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.
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

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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.

Sincerely,

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

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Anita Geving
The Polyclinic

Joyce Jackson
Northwest Kidney Centers

Cal Knight
Swedish Medical Center

Dianna Reely
Overlake Hospital Medical Center

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

Jeff Sconyers
Seattle Children’s Hospital

---

Pamela Piering
Aging & Disability Services
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.

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.

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

Each ACF can provide up to 250 patient care beds.

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

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...
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.

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.

Average response rate

<table>
<thead>
<tr>
<th>Year</th>
<th>DAY shift</th>
<th>EVENING shift</th>
<th>NIGHT shift</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>100%</td>
<td>90%</td>
<td>80%</td>
</tr>
<tr>
<td>2008</td>
<td>98%</td>
<td>82%</td>
<td>80%</td>
</tr>
</tbody>
</table>

During disasters, Alternate Care Facilities serve as a critical component of King County’s health and medical response system.
limited or non-English speaking or culturally
dependent, physically or mentally disabled,
individuals that are medically or chemically
able to prepare
members are especially at risk because
King County’s most vulnerable residents
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
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 vulner-
able populations to increase their level of
preparedness so they can continue to deliver
services to their clients during a crisis.
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 funding 1 ,
represent a collaborative approach to
supporting the diverse needs of vulner-
able populations while building a more
prepared community.

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

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

In 2007, the King County Healthcare Coalition purchased an incident manage-
ment software system, KCHealthTrac, to sup-
port 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 KCHealthTrac was implemented in all King County hospitals,
creating a unique opportunity to coordinate
governmental resources and information county-
wide. Harborview Medical Center adopted
KCHealthTrac 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, KCHealthTrac
was rebranded as WATrac.

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 re-

done across the region. They also provide
platforms for health care organizations to
network with local first responders and other
health care partners on all-hazard issues.
Throughout 2008 the King County Health-
care 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
KCHealthTrac Train the Trainer
Soundshake Exercise
Alternate Care Facility Activation Exercise
Business Resiliency Workshop
KCHealthTrac Training
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

King County and throughout Washington State.
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 programmation 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.
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 Abler
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
Amity 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
Cameo Adult Group Homes
Candlewood Adult Family Home
Catholic Community Services
Center for Human Services
Chateau at Valley Center
Chesterfield Health Services, Inc
Chidhaven
Seattle Children’s Hospital
Circle of Friends
Columbia Lutheran Home Nursing Home
Community Health Centers of King County
Community Psychiatric Clinic
Conc Adult Family Home
Consejo Counseling
Corinthians Healthcare Home Care
Country Doctor Community Health Centers
Criss Clinic
Crista Assisted Living
Dana Horta Adult Family Home
Divino Amore Healthcare Corporation
Elder Health Northwest Connections
Enucmclaw Regional Hospital
Evergreen Hospital Medical Center
Exeter House Nursing Home
Fairland Terrace
Fairfax Hospital
Fely Corpuz Adult Family Home
For Senior’s Save Adult Family Home
Franciscan Medical Group
Fred Hutchison Cancer Research Center
Fred Lind Manor Boarding Home
Friends of Youth
Garden Grove Adult Family
Golden Heath 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
Muddleshoot 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 Children 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 Sheriff’s 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
Veteran
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:

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

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

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/or 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.

VPHAT – 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:

Or contact:

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Public Health - Seattle & King County
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