2012-2013 Financial Overview

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
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<td>$2 million</td>
</tr>
<tr>
<td>Expenditures:</td>
<td>$1.7 million</td>
</tr>
</tbody>
</table>

**Expenditures:**
- WATrac
- ASPR: Federal funding for hospital preparedness.
- NHCRC: Federal funding for hospital preparedness.
- Sponsorships: Federal funding for hospital preparedness.
- Administration Fees: Federal funding for hospital preparedness.
- WATrac: Federal funding for hospital preparedness.
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  - WATrac
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  - Sponsorships

**Mission**

To prepare for, respond to, and recover from emergencies as a collaborative healthcare network.

**Vision**

A resilient healthcare system, saving lives and serving the community during emergencies.

**Values**

Collaboration: Working together as public and private partners

Effectiveness: Striving for excellence and continuous improvement

Innovation: Seeking fresh solutions to modern challenges

Stewardship: Using resources efficiently and equitably

**Impact:**

- Revenue from conferences and workshops: $25,000+
- Revenue from conferences and workshops: $5,000+
- Revenue from conferences and workshops: $35,000
- Revenue from conferences and workshops: $25,000+

**2012-2013 Executive Council Members**

- Anita Groyer, Chair
- Jeff Bowman, Vice-Chair
- Jim AuBuchon, MD
- Sue Biggs, Secretary
- John Bredbart, Treasurer
- William Ewing, Assistant Treasurer

**Staff Members**

- Chief Executive Officer, David R. Stone, PhD, Secretary
- Chief Operating Officer, Glenn Keenan
- Chief Information Officer, Virginie Follum
- Chief Financial Officer, Jim referee
- Chief Project Officer, Bill Hawthorne

**Annual Report 2012-2013**

Moving NWHRN into the Future

A message from our leadership

This has been an exciting year for our organization: its first as the Northwest Healthcare Response Network (NWHRN). In November 2012, the healthcare coalitions in King and Pierce counties merged to form NWHRN - a single coalition to better serve healthcare and the community across the greater Seattle-Tacoma area. Since then, our leadership, staff, healthcare partners, and patients have been working hard to build a resilient healthcare system.

Inside you will read how our coalition has been successfully leading planning, training, and exercise initiatives to serve healthcare organizations across county lines. But like the healthcare industry we represent and serve, NWHRN continues to evolve.

In May, the local healthcare leaders who make up our Executive Council voted to transition NWHRN from a program of the local health departments to an independent membership-based 501(c)3 organization. The decision to shift ownership of our programs to the healthcare community is consistent with an emerging trend across the country of private-sector industries collaborating internally to foster their own disaster resilience while partnering with other businesses and government to develop effective community emergency preparedness and response structures.

As we prepare for NWHRN to open its doors as a nonprofit in January 2014, we are grateful for the crucial support of the local health officers and other key stakeholders, and we look forward to continuing the strong partnerships that have allowed us to accomplish so much already.

This transition will mean many changes, including a new office location, new leadership, and a new membership structure for our healthcare partners in the coming year. But our commitment to the health and safety of this community remains the same. As integral players in our state’s economy and the region’s overall readiness, the Puget Sound’s healthcare providers have an obligation to be as prepared as possible to save lives and provide care during disasters. With the support and engagement of partners like you, NWHRN will continue to foster resilient healthcare in our region for years to come.
2012-2013 Expenditures:

- Administration Fees
- WATrac
- NHCRC
- Other Federal Grants
- Sponsorships

* Financial sponsorships from July 1, 2012, to June 30, 2013, were made possible through a partnership between Public Health - Washington State Hospital Association / International Medical Assistance Team / Crisis Clinic

* Puget Sound Blood Center / Sound Mental Health / Swedish Medical Center Ballard

* Seattle & King County and the Foundation for Health Care Quality, a 501(c)3 organization.

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Anita Geving, Chair
Tremie, National Healthcare Coalition

Jeff Bouma, Ph.D., Executive Vice-Chair & General Counsel
Seattle Children’s Hospital

David R. Stone, Ph.D., Secretary

Tom H. Murray, Treasurer

Urban Health Foundation

Joyce F. Jackson

Sylvie Ward

Office Members

John M. Martin, Chair

City Health Officials

Glenn Smolle

Eastern Washington Health District

Denise Ward

Ex Officio Members:

Robert N. R. Martin, President & CEO

UW Valley Medical Center

Debbie Wilkinson

Chief Operating Officer

Nigel Turner

Paul Hayes

Chief Health System Officer

UW Northwest Hospital & Medical Center

Chief Operating Officer

UW Physicians Network

Kim Casman

Chief Executive Officer

Northwest Kidney Centers

Peter McGough, MD

Chief Medical Officer

Northwest Washington Children’s Hospital

Glenn Kasman

President & CEO

Northwest Kidney Centers

Prior Executive Council Chair

Johnese Spisso

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</tr>
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<tbody>
<tr>
<td>Tom M. Martin</td>
<td>Treasurer</td>
<td></td>
</tr>
<tr>
<td>Jeff Sconyers, Esq.</td>
<td>VP-Chair</td>
<td>NWHRN &amp; Interim Board of Directors</td>
</tr>
<tr>
<td>Anita Geving</td>
<td>Chair, NWHRN Executive Council</td>
<td>The Polyclinic; COO, The Polyclinic</td>
</tr>
<tr>
<td>William Young</td>
<td>Senior Vice President</td>
<td>Northwest Kidney Centers</td>
</tr>
<tr>
<td>Cathie Furman</td>
<td>CEO, NWHRN</td>
<td>UW Medicine</td>
</tr>
<tr>
<td>Joyce F. Jackson</td>
<td>CEO, NWHRN</td>
<td>UW Physicians Network</td>
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<td>Cathi Jackson</td>
<td>CEO, NWHRN</td>
<td>Virginia Mason Medical Center</td>
</tr>
<tr>
<td>Johnese Spisso</td>
<td>Prior Executive Council Chair</td>
<td>UW Medicine</td>
</tr>
<tr>
<td>Wayne Singleton</td>
<td>COO, NWHRN</td>
<td>UW Northwest Hospital</td>
</tr>
<tr>
<td>Adele Wilhelm</td>
<td>VP-Chair</td>
<td>UW Health Sciences</td>
</tr>
<tr>
<td>Jean Robertson</td>
<td>AD/Assistant Director</td>
<td>King County Health &amp; Social Services</td>
</tr>
<tr>
<td>Jim AuBuchon, MD</td>
<td>President</td>
<td>EvergreenHealth</td>
</tr>
<tr>
<td>William Biggs</td>
<td>Senior Vice President</td>
<td>Group Health Cooperative</td>
</tr>
<tr>
<td>Thomas P. Turner</td>
<td>Assistant Director</td>
<td>Communicable Disease Division</td>
</tr>
<tr>
<td>Elizabeth Senters</td>
<td>Executive Director</td>
<td>National Healthcare Coalition</td>
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<tr>
<td>Paul Nygren</td>
<td>President</td>
<td>National Healthcare Coalition</td>
</tr>
<tr>
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<td>President</td>
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<tr>
<td>Peter McGough, MD</td>
<td>President</td>
<td>UW Medicine</td>
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<tr>
<td>Debbie Wilkinson</td>
<td>VP-Chair</td>
<td>UW Health Sciences</td>
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<tr>
<td>Joel Slocum</td>
<td>President</td>
<td>UVM-HCA &amp; Regional Health</td>
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<td>Nigel Turner</td>
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</tr>
<tr>
<td>Program Services &amp; Support</td>
<td>$25,000</td>
<td>2%</td>
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<tr>
<td>NHCRC</td>
<td>$35,000</td>
<td>4%</td>
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<tr>
<td>Other Federal Grants and Contracts</td>
<td>$1,000,000</td>
<td>12%</td>
</tr>
</tbody>
</table>

*All financial data is in U.S. dollars. NHCRC = National Healthcare Coalition.

**2012-2013 Financial Sponsors**

- Highline Medical Center / Life Care Center of Kirkland / HealthPoint / Washington Poison Center / Sound Mental Health
- Puget Sound Blood Center
- Seattle & King County and the Foundation for Health Care Quality, a 501(c)3 organization
- Chemical Abuse & Dependency Services
- King County Mental Health
- Franciscan Health System
- UW Physicians Network
- UW Medicine

**Mission**

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In September, NWHRN hosted its second annual Pediatric Disaster Response Workshop to help providers who do not normally provide trauma care for children develop the skills and confidence to treat children in emergencies when it may not be possible to transfer them to specialty hospitals. About 80 providers attended the event, a key part of NWHRN's ongoing focus on building emergency pediatric care capabilities at hospitals and other healthcare facilities across the region.

One of the first groups of its kind in the country, NWHRN's Disaster Clinical Advisory Committee (DCAC) began developing regional recommendations for medical surge. The DCAC serves as a diverse, multi-disciplinary group of stakeholders who are collectively establishing standard guidelines for patient care strategies and management of scarce resources during disasters that challenge the capacity of our health system. The group also serves as a clinical advisor to the local health officers during response operations. The DCAC's innovative work is building on the crisis standards of care promoted by the Institute of Medicine.

Healthcare organizations, including hospitals and long-term care facilities, that participated in NWHRN's Water-Disruption Table-Top and Functional Exercise in November identified strategies for modifying services or using other resources to support the many clinical services that are dependent on water. Participants practiced in November identified strategies for modifying services or using other resources to support the many clinical services that are dependent on water. Participants practiced in November identified strategies for modifying services or using other resources to support the many clinical services that are dependent on water. Participants practiced using Command Center, the chat room feature in WATrac, to activate their organizations' response plans and exercise cross-county information sharing in a disaster scenario using Command Center, the chat room feature in WATrac.

Following their successful hosting of the National Healthcare Coalition Preparedness Conference in Arlington, Virginia, in November 2012, NWHRN, the Northern Virginia Hospital Alliance and Indiana's MESH Coalition joined together to launch the National Healthcare Coalition Resource Center (NHCRC). The NHCRC supports regional coalitions and their partners and hosting the annual conference. NWHRN also formed the Long-Term Care Advisory Committee, a group of long-term care stakeholders volunteering to coordinate support across counties during disasters.

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To support regional healthcare providers in managing a severe flu season, Public Health – Seattle & King County and the Tacoma-Pierce County Health Department both activated their emergency operations centers. In January, NWHRN staff served as liaisons between healthcare and the health departments, and collected information to produce weekly Winter Flu Healthcare Industry Reports that provided situational awareness in support of department and healthcare operations.

In April, local responders practiced working together to support the response to a national-level disaster occurring outside of our region. In the National Disaster Medical System Full-Scale Exercises, a severe earthquake in Alaska necessitated the movement of patients to the Seattle area. The exercise demonstrated effective coordination among local healthcare organizations, NWHRN, Public Health – Seattle & King County, the Seattle Fire Department, King County International Airport and the Puget Sound Federal Coordinating Center based out of Madigan Army Medical Center.

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How does a healthcare system respond after a disaster? In June, local healthcare stakeholders learned about the challenges of receiving from Hurricane Sandy when two leaders from New York’s City’s Bellevue Hospital Center, which was forced to evacuate for the first time in its history due to its water pressure, presented at NWHRN’s Hurricane Sandy Forum in Seattle. Attendees learned about effective evacuation protocol and the importance of business continuity planning.

"We should feel proud to live in a community that cares about healthcare preparedness. Through NWHRN, we can all contribute to making this a more resilient place to live and do business." Anthony Chen, MD

"Every one of the 2.8 million people in King and Pierce counties is reliant on our collective ability to provide the care they need and our efforts to prepare for them shouldn't be either." David Fleming, MD

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2012-2013 Program Accomplishments

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In December, NWHRN hosted its second annual Pediatric Disaster Response Workshop to help providers who do not normally provide trauma care for children develop the skills and knowledge to treat children in emergencies when it may be impossible to transfer them to specialty hospitals. About 80 providers attended the event, 42 from part of NWHRN's ongoing focus on building emergency pediatric care capabilities at hospitals and other healthcare facilities across the region.

One of the first groups of its kind in the country, NWHRN’s Disaster Clinical Advisory Committee (DCAC) began developing regional recommendations for medical surge planning and response. The DCAC makes up a diverse multi-disciplinary group of stakeholders who are collectively establishing standardized guidelines for patient care strategies and management of scarce resources during disasters that challenge the capacity of our health system. This group also serves as a clinical advisor to the local health officials during response operations. The DCAC’s innovative work is building on the crisis standards of care promoted by the Institute of Medicine and helps medical surge.

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2012-2013 Financial Overview

**Revenues:**
- Administration Fees: $10,000+
- Program Services: $25,000+
- NHCRC and Contracts: $5,000+
- Other Federal Grants and Contracts: $2,500+
- Sponsorships: $<5,000

**Expenditures:**
- Program Services: 4%
- Administration: 59%
- NHCRC: 28%
- Other Federal Grants and Contracts: 58%
- Sponsorships: 13%
- HealthPoint: 13%
- WATrac: 20%
- ASPR: 3%
- Group Health Cooperative: 2%
- Puget Sound Blood Center: 2%
- ASD (ASPR): 3%
- National Healthcare Coalition (NHCRC): 4%
- Sound Mental Health: 1%
- Swedish Medical Center Ballard: 1%

**Financial Overview:**
- Administration: 59%
- Program Services: 28%
- NHCRC: 13%
- Other Federal Grants and Contracts: 13%
- Sponsorships: 4%
- HealthPoint: 3%
- WATrac: 20%
- ASPR: 2%

**Financial Assistance:**
- $2 million was received through various programs and grants.

**Values:**
- Innovation: Seeking fresh solutions to modern challenges
- Stewardship: Using resources efficiently and equitably
- Effectiveness: Striving for excellence and continuous improvement
- Collaboration: Working together as public and private partners
- Preparedness and Emergency Effectiveness:  Striving for excellence and continuous improvement
- Collaboration: Working together as public and private partners
- Innovation: Seeking fresh solutions to modern challenges
- Stewardship: Using resources efficiently and equitably

**Mission:**
To prepare for, respond to and recover from emergencies as a collaborative healthcare network.

**Vision:**
A resilient healthcare system, saving lives and serving the community during emergencies.

**2012-2013 Executive Council Members**
- Anita Strong, Chair, Chief Operating Officer, The Polyclinic
- Jeff Smoody, Chair, Vice-Chair, Chief Operating Officer, General Counsel, Seattle Children's Hospital
- David R. Stone, MD, President, University of Washington Medical Center
- Jean M. Bronson, RN, President, Virginia Mason Medical Center
- Joyce P. Jackson, Executive Vice President, Group Health Cooperative
- Paul Morgan, Chief Operating Officer, UW Medicine
- Glenn Komansky, President, Forero Properties
- Paul McHugh, MD, Scripps La Jolla, CA
- CDR Roberts, MD, Professor of Emergency Medicine, University of Washington
- John Rowntree, MD, Chief Operating Officer, Public Health - Seattle & King County

**A message from our leadership:**
This has been an exciting year for our organization – it is our first as the Northwest Healthcare Response Network (NWHRN). In November 2012, the healthcare coalitions in King and Pierce counties merged to form NWHRN, a single coalition to better serve healthcare and the community across the greater Seattle-Tacoma area. Since then, our leadership, staff, healthcare participants and partners have been working hard to build healthcare preparedness and response capabilities as an integrated region.

Inside you will read how our coalition has been successfully leading planning, training and exercise initiatives to serve healthcare organizations across county lines. But like the healthcare industry we represent and serve, NWHRN continues to evolve.

In May, the local healthcare leaders who make up our Executive Council voted to transition NWHRN from a program of the local health departments to an independent membership-based 501(c)3 organization. The decision to shift ownership of our programs to the healthcare community is consistent with an emerging trend across the country of private-sector industries collaborating internally to foster their own disaster resilience while partnering with other businesses and government to develop effective community emergency preparedness and response structures. As we prepare for NWHRN to open its doors as a nonprofit in January 2014, we are grateful for the crucial support of the local health officers and other key stakeholders, and we look forward to continuing the strong partnerships that have allowed us to accomplish so much already.

This transition will mean many changes, including a new office location, new leadership and a new membership structure for our healthcare participants in the coming year. But our commitment to the health and safety of this community remains the same. As integral players in our state’s economy and the region’s overall readiness, the Puget Sound’s healthcare providers have an obligation to be as prepared as possible to save lives and provide care during disasters. With the support and engagement of partners like you, NWHRN will continue to foster resilient healthcare in our region for years to come.