

PREPARE



2017
ANNUAL REPORT



RESPOND

RECOVER



Mission

We lead regional healthcare collaboration to effectively respond and recover in emergencies and disasters.

Vision

Our community gets the care it needs during and after an emergency or disaster.

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 Focus Areas

We commit our expertise and resources to prepare and support a unified and coordinated healthcare community that will:

► BE RESILIENT

Learn and adapt to prevent, withstand and mitigate impacts of future emergencies.

► SUSTAIN CARE

Continue to provide patient care during an emergency.

► SURGE CARE

Manage a surge in demand for patient care during an emergency.

► RECOVER

Restore operations to meet patient care needs after an emergency.

INSIGHTS FROM OUR LEADERSHIP

It has been a very busy, rewarding and productive year at the Network. We made great strides toward ensuring our community will continue to get the care that it needs when disasters strike, and successfully tested our capabilities in a major incident.

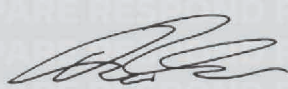
This year we expanded our impact footprint and coordination. Our coalition now includes Kitsap County, which presents several opportunities to enhance services for all of us. This includes streamlined preparedness activities, alignment and integration of response plans and capabilities, expanded planning, training and exercise opportunities, and more efficient strategies for meeting federal grant deliverables. The Network also now leads a combination of initiatives to help advance healthcare preparedness in Western Washington, and healthcare supply chain continuity planning statewide.

This was also a year of helping dozens of healthcare organizations meet the new requirements for Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Rule by the November 15th deadline. We have much to offer these organizations – we help meet nearly 70% of the requirements – and welcome the engagement. By connecting with us to meet these requirements, we are bolstering our region’s collective preparedness.

As we enter our 13th year of fostering a collaborative, responsive and informed healthcare system, we are reminded more than ever of the importance of our work as our region and the nation face natural and man-made crises. While we can’t prevent disasters from happening, we can prepare for them. This is what drives us to continue our work to build and strengthen our healthcare community.

We offer sincere thanks to the ongoing financial support and engagement of our members and partners. Our connections with you grow increasingly important each year, and we look forward to working with you in 2018. We invite those of you who are not yet involved to join us.

Together we build capabilities that can’t be achieved alone.



*Onora Lien,
Executive Director*



*Bill Biggs, Chair,
2017 Board of Directors*



Serving the State’s Medical Epicenter



**3.2 Million
Residents**



**Almost 50% of the
State’s Hospital Beds**



**2,000
Healthcare Organizations**



**140,000
Healthcare Workers**



The Network Coordinates Healthcare Response to Train Derailment

WHEN AN AMTRAK TRAIN DERAILED near the border of Pierce and Thurston counties in Washington State the Network led the critical role of coordinating the healthcare system's response.

Based on the possible consequences of a 12-car, two-locomotive train leaving the tracks and spilling onto busy Interstate 5 below, the Network activated its Healthcare Emergency Coordination Center within an hour of the incident to assist with the response.

The Network then activated the patient tracking system minutes later. Just as the Network had planned and exercised with regional partners, we saw that area hospitals had started to document the arrival of injured patients. The

casualties and impact to the healthcare community were significant: three passengers were killed and 70 others had been transported to nine hospitals across three counties.

A Network representative deployed to the Amtrak Incident Command Post to support healthcare organizations in multiple counties, Amtrak family reunification and passenger manifest reconciliation. In addition, Network staff streamlined information sharing between healthcare and other critical stakeholders, including National Transportation Safety Board, Amtrak, emergency management, public health, state government and other organizations.

Throughout the response, the Network kept the healthcare and response communities apprised of the situation. Staff frequently contacted receiving hospitals and other key healthcare organizations, coordinated resource needs and availability, and shared email updates with a broad network of partners.

The Network's ability to quickly, efficiently and effectively coordinate the response of healthcare organizations across multiple counties during this tragic event is the result of many years of hard work, planning and engagement with our regional partners.

The Role of the Network in the Healthcare Community.

Before Disaster Strikes

We build coordinated regional preparedness by offering trainings, exercises and workshops, plus integration into regional-level plans. We also facilitate committees and workgroups to strengthen collective capabilities, share curated medical intelligence, and champion local, regional and national policy.

During a Disaster

We provide community-sourced critical situational awareness briefs for healthcare, emergency alerts, emergency patient tracking, healthcare resource sharing and coordination, and regional healthcare operational and policy issue coordination.

After a Disaster

We advocate for and support healthcare through the recovery process, while learning from our front-line experiences to develop and implement innovative, lifesaving strategies.

2017 BY THE NUMBERS

6
NEW
SUSTAINING
MEMBERS




7
COMMITTEES
FACILITATED

**1 CALL
EVERY
5 DAYS**



TO OUR 24/7 DUTY OFFICER TO
REPORT A FACILITY-LEVEL EVENT


44
DAYS
ACTIVATED
TO RESPOND
TO AN
EMERGENCY


400
PARTICIPANTS IN NETWORK-LED
TRAININGS AND WORKSHOPS

15
EMERGENCY AND
EVENT ACTIVATIONS

46 
SITUATIONAL BRIEFS, ALERTS
AND FLASH REPORTS SENT

9
ACCREDITATION
VISITS SUPPORTED


30
TOOLS, PLANS OR
RESOURCES CREATED

WE HELP SUPPORT
NEARLY
70%
OF CMS
PREPAREDNESS RULE
REQUIREMENTS


7
MEMBER AND
PARTNER
EXERCISES
OBSERVED AND/
OR EVALUATED



BE RESILIENT

Learn and adapt to prevent, withstand and mitigate impacts of future emergencies.

IN 2017, WE...

» Established a **Training & Exercise Advisory Workgroup**. Its purpose is to provide input and direction to ensure a regional process is in place for measuring and improving healthcare capabilities through training and exercise.

COMMITTEES

» Created a **series of five online Clinic Disaster Preparedness videos** to help educate healthcare clinics and outpatient services staff on how to prepare for and respond to a disaster.

PLANS & RESOURCES

» Produced the **first regional healthcare hazard vulnerability assessment (HVA)** ever developed in the state. For any community, knowing its vulnerabilities and risks is the foundation for developing emergency plans and drives preparedness and response activities. *Read more about this project on the opposite page.*

» Created the **Guidelines for Writing an Emergency Preparedness Plan**. This template helps non-hospital healthcare providers prepare a facility-level guide to establish responsibilities and procedures for staff to follow in preparation for and directly after a major emergency has impacted a facility. This tool is available to our sustaining members.

» Developed the **Healthcare Emergency Preparedness Capability Function by Job Group and Proficiency Level Crosswalk**. It identifies the knowledge, skills and resources needed for facilities and staff to effectively respond to incidents.

» Conducted the **first annual Western Washington Healthcare Response Capabilities Assessment** to gauge how prepared facilities are to operate and/or respond during an emergency or a disaster. The findings will be the basis for developing a multi-regional training and exercise plan.

TRAINING & EXERCISE

» Hosted two **Washington State Department of Health courses**, including Basic Disaster Life Support and Advanced Disaster Life Support, to prepare members of the healthcare community to effectively respond during disasters.

» Held our annual **Seasonal Influenza Workshop in October**, which brought together nearly 100 healthcare and public health partners at the local and state level to discuss planning and response to the upcoming influenza season.

EARTHQUAKES ARE AN OBVIOUS THREAT, BUT WHAT ELSE ARE WE PREPARING FOR?

EARTHQUAKES GET A LOT OF ATTENTION IN THE PACIFIC Northwest, and for good reason: they pose a serious threat to our region. The response tactic of ‘drop, cover and hold’ is ingrained in us from an early age, yet we are impacted by a sizable earthquake only once or twice in our lifetime. A quick peak at news headlines tells us there are many more disruptive events to consider preparing for, but where should we focus our efforts?

Platform for Preparedness

For any community, knowing its vulnerabilities and risks is the foundation for developing emergency plans and drives preparedness and response activities. For most healthcare organizations, with their specialized environments, staff and equipment, considerable thought must be given to the hazards on which they base their preparedness plan. The stakes are high: the objective is to ensure they can provide the highest level of care and safety possible for patients and healthcare workers during an emergency.

Vulnerability: Weaknesses or gaps


Threat: Anything that negatively impacts a community, via a vulnerability, either intentionally or accidentally

Risks: The potential for loss, damage or destruction as a result of a vulnerability

Many healthcare organizations are required to base their emergency preparedness plan on an ‘all-hazards’ risk assessment, covering epidemic/pandemic, biological, chemical, nuclear/radiological, explosive-incendiary and national incidents, but must also consider local threats.

The Network took on the challenge of producing the first regional healthcare hazard vulnerability assessment (HVA) ever developed in the state. This HVA could be used by healthcare organizations in King, Pierce and Kitsap counties to develop their own facilities’ hazard vulnerability assessments.

First, representatives from the healthcare community were pulled together to identify, verify and prioritize hazards with expert input from healthcare emergency preparedness leaders.

 **For a copy of the full HVA and supporting documents, please contact the Network.**

Developing a Hazard Vulnerability Assessment

Round one of the process started with an analysis of potential hazards identified by five state and local government HVAs. Based on the data in these assessments, Network staff designated a low, medium or high likelihood of occurrence to 21 hazards and 14 sub-hazards, with the likelihood being based on historical frequency and statistical probability.

Next, project participants were asked to assess potential impacts of a winnowed-down pool of 28 hazards in four general categories: public health and safety; property, facilities and infrastructure; economy; and other. In assessing the impacts, they considered the level of disruption and ability of the healthcare community to provide essential services. The 12 participants reached consensus on 24 hazards, such as ‘Severe Weather (Storm)’, which was given a moderate rating in likelihood and high rating in impact, placing it in the high hazard matrix category.

Round two involved gathering input from an additional pool of 42 participants, 71 percent of whom had previously participated in an organizational or regional HVA process. Of the 28 hazards, 12 reached consensus.

Based upon the two survey rounds of the HVA project, there was clear agreement on which threats should be considered the most ominous; nine assessed hazards were categorized with at least a moderate likelihood and moderate healthcare impact category. Those nine hazards, in alphabetical order, are:

- Earthquake
- Geomagnetic storm
- Health (epidemic, pandemic)
- Power outage (regional)
- Technology threats
- Severe weather (storm)
- Terrorism (small)
- Terrorism (large)
- Volcano

This powerful planning tool is now available to Network members and partners.



SURGE CARE

Manage a surge in demand for patient care during an emergency.

IN 2017, WE...

» Established the **Acute Infectious Disease (AID) Advisory Group**. This group helps prioritize and implement regional planning and response priorities for acute infectious disease incidents.

COMMITTEES

» Supported the Disaster Medical Advisory Committee as they **developed tools and templates to operationalize the Crisis Standards of Care Concept of Operations**, and introduced them to hospitals. This COOP provides clinical guidance to the decision-making process when healthcare resources are scarce in a disaster.

PLANS & RESOURCES

» Tested the ability of twenty seven non-hospital facilities to gather situational awareness information in the **Regional Surge Squared Healthcare Community Exercise**. This was hosted by the Network and held in conjunction with the 2017 Regional Surge Full Scale with NDMS Pierce County Patient Reception Area Exercise at McChord Field.

TRAINING & EXERCISE

» Tested the **decision-making and communications protocol of the Regional Acute Infectious Disease Response Plan**, because it's important that a community can work together to solve common problems.

» Brought together experts to teach **pediatric emergency care** at the University of Washington Medicine EMS & Trauma Conference again this year, because most hospitals in the U.S. are not prepared to provide nuanced care for children in an emergency.

» Led the critical role of **coordinating the healthcare system's disaster response and assisting family reunification when an Amtrak passenger train derailed** in December, killing three and sending 70 casualties to nine hospitals across three counties. *Read more about this on page 2.*

EMERGENCY RESPONSE

» Activated over six weeks in January and February to **respond to hospital capacity issues triggered by seasonal flu**. *Read more about the Network's response on the opposite page.*

UNDERSTANDING REGIONAL HEALTHCARE CAPACITY ISSUES

IN LATE DECEMBER 2016, PIERCE COUNTY'S TWO LARGEST hospitals were operating at maximum capacity. Emergency medical service providers were struggling to find emergency departments with available bed space, often forcing ambulances to drive long distances to deliver patients to care.

Hospitals nearly always see an increase in patients during winter flu season, but seldom to this degree. In the third week of December within CHI Franciscan Health, between 65 and 100 percent of emergency room beds were occupied by patients who were waiting to be admitted to the hospital.

"We quickly realized that this was not just an emergency department problem," says Cindy Miron, Program Manager of Emergency Preparedness at the Tacoma-Pierce County Health Department (TPCHD). Inpatient beds were full. Outpatient clinics were seeing higher than normal capacity. Long-term care facilities were reluctant to accept patients ready for discharge out of concern for potential outbreaks among their vulnerable residents.

Response Activation

Similar reports from King and Snohomish counties led the Washington State Department of Health (DOH) to convene a call with local health officials in early January. Four days later, the Northwest Healthcare Response Network (the Network) activated its Healthcare Emergency Coordination Center to gather information that would help regional and state authorities decide how to address the problem.

"One of the challenges was figuring out what was causing this and what, therefore, was the solution," says Nigel Turner, Director of Communicable Disease Control at TPCHD. "What the Network brought to this was a structure that could allow that type of analysis to happen."

Situational Awareness

Over the next six weeks, the Network polled healthcare organizations weekly regarding trends in flu cases, bed capacity, staffing shortages and strategies for addressing them. Results were compiled and shared with local and state public health leadership and healthcare stakeholders. Hospitals all along the Interstate 5 corridor had been struggling with a rising daily census for more than two years. Since the reports indicated this was not a particularly severe flu season, it was determined the ongoing capacity issues had become so severe that some facilities now lacked the space and resources to handle even minor surges in patients without activating their disaster plans.

Planning Pays Off

In addition to situational awareness from the reports, healthcare organizations benefited from previous efforts to plan for surge situations. In recent years, the Network had hired consultants to assist regional hospitals in identifying ways to accommodate extra patients in the event of a crisis. St. Joseph Medical Center, a CHI Franciscan hospital in Tacoma, used that planning at the height of this winter's capacity challenges to augment their internal surge and staffing plans.

Facilities across the region exercised relationships they'd built through the Network to share best practices for meeting the community's healthcare needs. Several important conversations revolved around the work of the Network's Disaster Clinical Advisory Committee. This group of providers and health department representatives meets quarterly to develop regional strategies for clinically responsible decision-making in times of crisis when the community might face a shortage of important resources ranging from staff to medicines.

As the flu season waned in late February, hospital censuses returned to their previous numbers, still much higher than ideal. Armed with the knowledge that daily capacity problems mean that a disaster could overwhelm the healthcare system, state and local health authorities, supported by the Network and regional healthcare leaders, convened a statewide hospital capacity work group. Their collaboration resulted in a tool for measuring and monitoring hospital capacity. The tool, released in late 2017, will inform the work and possible solutions going forward.



SUSTAIN CARE

Continue to provide patient care during in an emergency.

IN 2017, WE...

- » Developed **six training videos** that promote consistency of advanced training and just-in-time training during an incident for the state’s web-based healthcare resource tracking and alert system, **WATrac**.
- » Supported the work of an **emergency radio communications** consultant who facilitated healthcare emergency communications plans and exercises.

PLANS & RESOURCES

- » Were the voice of regional healthcare in the local **Joint Counter-Terrorism Awareness Workshop (JCTAWS)** in August. The workshop is a nationwide initiative designed to improve the ability of local jurisdictions to prepare for, protect against, and respond to complex terrorist attacks.
- » Hosted **Washington State Department of Health courses**, including Emergency Management of Radiation Victims and Hospital Evacuation & Shelter-in-Place, to prepare our region’s hospitals to remain operational in the face of critical infrastructure operation.

TRAINING & EXERCISE

▶ The Need for Collaboration and Planning Highlighted at Annual Breakfast

THE NETWORK WAS HONORED TO WELCOME 160 SENIOR LEADERS AND PARTNERS from healthcare, private industry, and local and state public health and emergency management at its Executive Breakfast in September.

The power of collaboration and coordination as a community was the overriding message from keynote speaker Dr. Dan Hanfling (pictured on the left). His presentation focused on what we need to consider as threats and having a common understanding of what crisis standards of care could look like during a disaster. Dr. Hanfling, Chair, National Academies of Sciences, Engineering, and Medicine Forum on Medical and Public Health Preparedness, and Contributing Scholar, Johns Hopkins University Center for Health Security, was instrumental in the foundation of one of the nation’s first healthcare coalitions, Northern Virginia Hospital Alliance, created in 2002.

We also heard from Michael Loehr, Chief of Emergency Preparedness and Response at the Washington Department of Health, about the changing landscape of healthcare preparedness and future priorities for our state.



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Thank you to our 2017 Sustaining Members and Partners

UW Medicine

SWEDISH

CHI Franciscan Health

KAISER PERMANENTE

MultiCare BetterConnected

Seattle Children's HOSPITAL • RESEARCH • FOUNDATION

EvergreenHealth

OVERLAKE MEDICAL CENTER

THE POLYCLINIC

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PROLIANCE SURGEONS

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CASCADE REGIONAL BLOOD SERVICES YOUR COMMUNITY BLOOD CENTER

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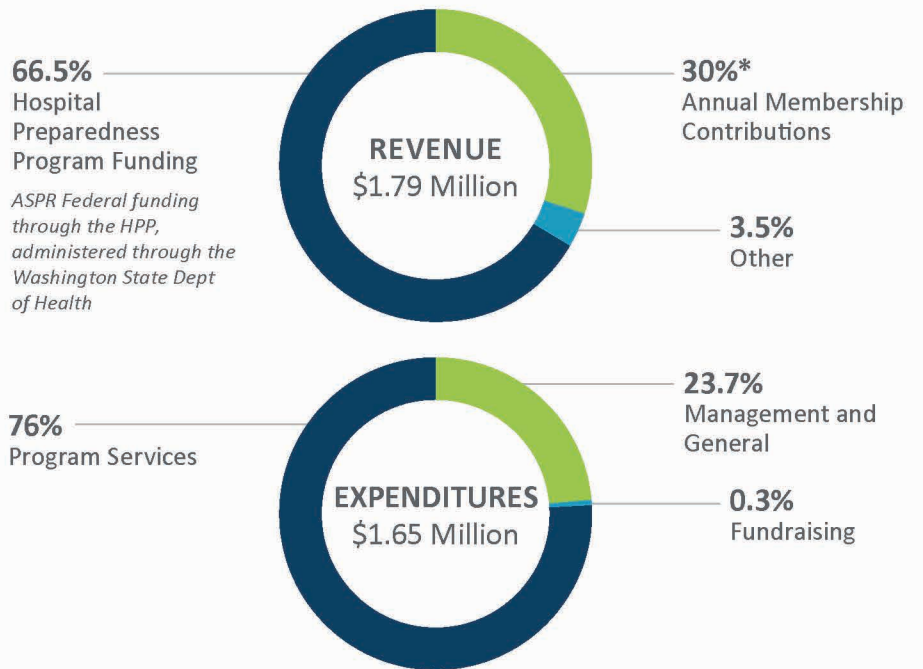
COLUMBIA LUTHERAN HOME

THE LARRABEE CENTER FOR PLASTIC SURGERY

Washington State Department of Health

Financial Overview 2016-2017

The Network's fiscal year is July 2016-2017



*Contributions do not include multi-year pledges by healthcare organizations

GET INVOLVED WITH NWHRN

Your engagement makes a difference.

- ▶ **We need your organization's participation.**
The more of the community we involve in planning, trainings and exercises, the better off we all will be when it is our turn to respond to a disaster.
- ▶ **We need your endorsement.**
Spread the word about the Network's activities so we can maximize participation and make sure that anyone in our community who wants to get involved has the opportunity.
- ▶ **We need your financial support.**
The Network is increasingly reliant on the membership of participating healthcare organizations, as well as support from local businesses and the community, to fund the work that benefits all of us.



Engage
in our community's
disaster resilience



Join
a committee or
working group



Take advantage
of training opportunities
found on our website



Get connected



<http://bit.ly/2j1OgOF>



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