



FAQ: CHANGES TO WASHINGTON'S HEALTHCARE COALITIONS

The Washington State Department of Health (DOH) is restructuring the state's healthcare coalitions. As of July 1, 2018, the state will consolidate its six coalitions into two: an Eastern and a Western Washington coalition. The Northwest Healthcare Response Network (the Network) will become the healthcare coalition for most of Western Washington.

Our mission is still the same: to work collaboratively to prepare for, respond to and recover from emergencies. Our work helps keep hospitals and other healthcare facilities open and operating during and after disasters, enabling them to continue serving the community.

Combining six coalitions into two is a big undertaking. While the reconfiguration is effective on July 1, we expect to spend the next year engaging the local partners and identifying the best ways to work together to support healthcare. As this evolves, we aim to keep everyone informed.

This FAQ is intended to answer initial questions about the Western Washington consolidation; for more information, please call the Network at 425-988-2898 or email info@nwhrn.org.

What prompted the change?

Healthcare emergency preparedness work has always depended on federal funding, and the federal funding approach and requirements for healthcare coalitions have significantly changed. The needs of healthcare systems and organizations are also changing. The Washington State Department of Health determined that changes to the healthcare coalition structure were necessary to meet federal program requirements for coalition response capabilities and the geographic scope of patient movement patterns across the state.

The Department of Health believes this new structure will be both more effective (developing and sustaining response capability, quicker spreading of best practices across the state, and greater leverage of existing expertise) and more efficient (by concentrating financial resources to achieve greater results, and reducing duplicative administrative functions). This decision was reached after many months of broad stakeholder involvement.

When was the decision to change the structure of healthcare coalitions announced?

The Department of Health announced upcoming change to healthcare coalitions on March 8, 2018. The decision was made by the state Secretary of Health, based on final recommendations from a statewide workgroup provided during Winter 2018. The Network received final notification of the forthcoming change on March 8, 2018.

What counties will become part of the Northwest Healthcare Response Network (the Western Washington coalition)?

King, Pierce and Kitsap counties are already in the Network. Beginning in July, they will be joined by Clallam, Grays Harbor, Jefferson, Island, Lewis, Pacific, Mason, San Juan, Skagit, Snohomish, Thurston, and Whatcom counties.

How will the Network foster local relationships?

Local relationships among emergency responders, public health and clinical healthcare providers are the most essential component of effective disaster response. To maintain and foster local relationships, the coalition will have four districts:

- Central: King, Pierce
- North: Snohomish, Skagit, Whatcom, Island, San Juan
- Northwest: Kitsap, Clallam, Jefferson
- West: Thurston, Mason, Grays Harbor, Pacific, Lewis

Will there be changes to the Network office location and staff?

The Network's main office will remain in Tukwila, Washington. Staff will be added to support at the local District level to address local interests, ensure continuity, successful integration and coordination of our coalition efforts.

Will the health departments in each county continue to coordinate and support regional healthcare response during disasters?

Yes. Local health departments are still the lead for countywide health and medical planning and response within their counties (also sometimes known as Emergency Support Function 8). The Network helps them coordinate with healthcare providers so that there is good sharing of information and resources, especially across county lines. In a crisis, the Network will work with the local and state health departments to support each county's health and medical incident management structure.

What are the benefits of the new structure?

The restructure will not replace or interfere with local relationships between healthcare, public health departments and emergency management organizations. But because disasters rarely respect county borders, a single coalition will be better able to coordinate healthcare services across jurisdictions. For example:

- Regional, cross-jurisdictional healthcare response planning will be more coordinated and less duplicative.
- Smaller communities will have access to more planning, training and exercises.
- Standardized resources, plans and protocols will make it easier to deploy people to where the trouble is.
- Data from healthcare organizations can be more easily gathered and shared (for example, monitoring flu-related patient surges and resource needs).
- It will create new ways for health departments to collaborate with (and in support of) healthcare.

What are the challenges?

We want to do everything we can to make it an easy transition for everyone, and to be ready to respond to a disaster as quickly as possible. While many organizations are familiar with us, there are a lot of new stakeholders to inform and engage as well, including public health departments, EMS, and healthcare organizations.

The good news is that while the service-area change is effective July 1, we plan to spend the next year exploring other opportunities to improve coordination with healthcare. While some aspects of the work will adapt easily to a regional response, we also want to maintain and improve the local practices and relationships that have been working.

Will the Network's board change?

Yes, but not right away. Changes to the governance structure take time and we want to learn more about needs of the new organizations and communities we will be working with. In the meantime, representatives from the new counties will be advising the board and joining the program committees who are charged with ensuring that the Network is meeting the needs of our preparedness and healthcare partners.

How will the Network be funded?

The Network will continue to be funded by a combination of federal funding from the Assistant Secretary of Preparedness and Response Hospital Preparedness Program (HPP) administered through a contract with the Washington State Department of Health, as well as healthcare memberships, corporate sponsorships and other philanthropic and earned revenue. It is only through this combination of revenue sources that the Network is able to support our mission.

Will Disaster Medical Control Centers (DMCCs) change under the new structure?

No, there does not appear to be a need to change the DMCC structure right now. Disaster Medical Control Centers are activated in an emergency to coordinate with medical professionals, medics and fire departments to care for patients and when needed, to coordinate patient distribution. Coalitions work closely with DMCCs on planning and response, but have a unique and important role.

The DOH has made clear that DMCCs should continue to work as they have been, and also should continue to be engaged with the coalitions. Ours is not intended to be a stagnant system, and if healthcare evolves in a way that requires a fresh look at DMCC structure, DOH and coalitions will work together to revise the model.