



NORTHWEST HEALTHCARE
Response Network®

WESTERN WASHINGTON HEALTHCARE COALITION INVENTORY REPORT

Prepared by:

The Northwest Healthcare Response Network

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TABLE OF CONTENTS

TABLE OF CONTENTS..... 2

EXECUTIVE SUMMARY 3

INTRODUCTION..... 7

BACKGROUND..... 9

INVENTORY METHODS..... 11

INVENTORY FINDINGS..... 12

 NORTH DISTRICT 13

 NORTHWEST DISTRICT 22

 CENTRAL DISTRICT 30

 WEST DISTRICT..... 39

COALITION WIDE THEMES 47

WESTERN WASHINGTON PRIORITIES..... 50

NEXT STEPS 52

GLOSSARY..... 53

ATTACHMENTS

Attachment A: 2018 NWHRN Region Wide Inventory Survey

Attachment B: Coalition Inventory Worksheet

Attachment C: Community Inventory Worksheet

EXECUTIVE SUMMARY

As of July 1, 2018, the Northwest Healthcare Response Network (the Network) service area expanded to include most of Western Washington. With the expansion, the Network embarked on a full inventory process to begin learning how we can partner with each community. The inventory of current processes, resources, and needs was conducted through two parts:

Online Survey: A survey was conducted to gather background information on work that partners have been doing.

In-Person Meetings: We met with healthcare, public health, emergency management, and EMS partners in each county to dive deeper into the topics covered in the survey.

The data and information gathered in the survey and in-person meetings was analyzed and synthesized into a narrative overview with accompanying statistics broken down by districts (North, Northwest, Central, and West).

Below is an overview of some of the highest-level themes identified across the inventory process:

Key Strengths:

- Good connections between partners and the coalition, which, in some districts, includes strong relationships with hospital, non-hospital, military, emergency management, and public health partners. All counties mentioned multi-sector engagement, diverse partnerships, and maintaining local relationships as critical strengths to their work
- Continue to keep the connections at the local level as well as the district and across districts
- Continue the collaboration through meetings, training and exercises
- Most organizations have a method for sharing healthcare situational awareness
- WATrac and WebEOC are utilized by most organizations throughout all counties
- Most organizations are conducting internal training and exercise several times a year
- All are interested in strengthening the coordination for training and exercises across healthcare

Key Gaps:

- More, or continued support for incorporating non-hospital partners into coalition
- Strengthen engagement with EMS partners
- Connections to other regions for best practice sharing and response
- Engaging partners in planning through district meetings
- Collaborative planning for training and exercises to support community needs

- Coordination across counties to support healthcare systems that cross boundaries
- Bringing coalition work out to the more rural areas
- Lack of consistency of how healthcare is integrated into County Emergency Management during response
- Limited staffing and resources make engaging healthcare and coordinating with local partners difficult
- All counties specified the need to improve connections with healthcare executives and those in decisions-making positions
- There are a variety of mass alerting and information management systems used without consistent coordination between counties
- Need for planning across the communities for patient movement, patient tracking, situational awareness, etc.

From these key strengths and gaps several key topic areas were identified to move forward:

Response:

- Establish connections between local Emergency Management and the Network
- Develop a comprehensive understanding of the ESF and/or ICS Emergency Management response structures within each county as they relate to healthcare integration. Determine how to engage with LHJs as the ESF-8 leads, within all Districts, during a response
- Identify patient movement coordination gaps across counties and needed procedures

Training and Exercise:

- Long-term training and exercise plan
- A Western Washington training and exercise calendar
- The development of a Western Washington training and exercise advisory workgroup
- Conducting a minimum of 2 exercises a year in each district that helps facilities meet healthcare CMS requirements.
- More integration opportunities for non-hospitals
- Specific training priorities focus on: Hospital Incident Command System (HICS), personal preparedness, surge, patient tracking/movement

Planning:

- Work to improve participation and collaboration with EMS and non-hospital healthcare partners in community response planning
- Ensure that counties and agencies have formal plans around healthcare emergency response including family assistance, alternate care facilities, MCIs, continuity of operations, patient tracking and patient movement
- Create a coordinated process for incorporating partners and healthcare into planning

- Work with local Disaster Medical Coordination Centers (DMCCs) on planning

Community Interactions:

- Improving engagement with EMS partners, non-hospital healthcare organizations, and executive leadership
- Continuing a multi-agency, diversified group that maintains a local feel but strives to build cross jurisdictional capabilities and shares best practices regionally
- Create meeting platforms and agendas that are inclusive of everyone and relevant for those involved and/or clear in expectations and communications to elicit attendance of necessary partners

Information Management:

- Identify situational awareness mass notification needs within Districts and across Districts
- Establish mass notification procedures between the Network and Districts

General:

- Gaining a deep understanding of all communities and how to effectively engage with them
- Creating systems for sharing lessons learned and best practices
- Identifying differences between small and large communities
- Introducing relationship building opportunities while maintaining local connections
- Providing a variety of ways for engagement with recognition to limited resources

Information from this report and the individual community discussions will help guide the Transitional Advisory Committee and Network staff through the process of determining priorities to support community integration and outlining the project planning timeline for this year. Additionally, the information contained in this report will support informing the development of a new strategic plan.

The Northwest Healthcare Response Network is forming a Transition Advisory Committee to help lead us through the expansion into a Western Washington wide coalition. The purpose of the Transition Advisory Committee is to inform the Network's next steps for inclusion and integration of existing/historical local coalition work and processes into the future planning, training, and exercise of the new expanded coalition. This group will inform:

- The ongoing transition planning and related coalition activities over the next 6-12 months.
- Coalition priorities, goals and metrics as well as other strategic or operational needs (e.g. input into required federal gap analyses/assessment documents, etc.).
- strategies for strengthening community connections including the Network's incorporation into local and regional meeting and planning efforts.
- Inform the development of the future Coalition Steering Committee.



The Transition Advisory Committee is comprised of representatives from all districts and are self-nominated by this body. The Transition Advisory Committee will hold their first meeting in early October and will continue until the coalition steering committee is formed (6 months – 1 year).

Additionally, the findings from this report will be used to identify Coalition partners and areas of focus.

If you have any questions or concerns about the content of the report or any next steps please do not hesitate to reach out to Susan Pelaez at Susan.Pelaez@nwhrn.org or Rebecca Lis at Rebecca.Lis@nhwrn.org.

INTRODUCTION

As of July 1, 2018, the Northwest Healthcare Response Network (the Network) service area expanded to include most of Western Washington. With the expansion, the Network embarked on a full inventory process to begin learning how we can partner with each community. In just a few months, representatives from all 15 counties in the new Healthcare Coalitions serving Western Washington shared their thoughts through an online survey and in-person meetings regarding several major topic areas, including:

- Coalition Interactions
 - How partners have worked with their coalition in the past and their hopes and expectations for how they will work with the Network moving forward
- Response
 - How the community orients in a response (e.g., Emergency Support Functions (ESF) and/or the Incident Command System (ICS) structure)
 - Which partners are involved and how healthcare is coordinated within these structures
- Training & Exercise
 - How the community coordinates training and exercise activities and if they have included healthcare in this process
 - What are some strengths and challenges in coordinating training and exercise with healthcare partners
- Planning
 - How the community coordinates planning activities and if they have included healthcare in this process
 - What are the key areas and challenges in planning
- Community Interactions
 - How the community has incorporated emergency management, Emergency Medical Services (EMS), healthcare executives, non-hospital partners, clinicians, etc.
- Information Management
 - What mass alerting and information management tools people use
- General
 - What are the benefits or concerns partners see with working with the Network
 - What are keys to our coalition's success
 - What are possible challenges we might face

The in-person meetings and survey have allowed us to dive deeper into these discussion topics with our partners and they are meant to be the first of many conversations.



The following report is a consolidation of the information gathered from the survey, the county level meetings, and a few meetings with the former coalitions. This report includes summaries by District, common themes across Districts, and recommended priorities that will be used by the Network's Transition Advisory Committee (more details to come) to identify priority work areas and strategies to implement actions addressing the gaps within the communities. The Transition Advisory Committee will work with the Network staff to create the Network's strategic plan and support program planning.

BACKGROUND

ABOUT THE NETWORK

The Northwest Healthcare Response Network is a collaboration of private and public partners working together to prepare for, respond to, and recover from emergencies and disasters. The Network has been contracted by the Washington State Department of Health (DOH) to lead the coalition for Western Washington as of July 1, 2018.

A MORE ROBUST AND RESOURCEFUL HEALTHCARE COALITION

Healthcare coalitions connect healthcare facilities, EMS, public health, emergency managers, and other partners so that our communities can better respond to emergencies. Coalitions help with regional planning and preparedness so hospitals and other healthcare facilities can serve the community in their greatest need. The DOH has recently restructured the local coalitions, and the Northwest Healthcare Response Network will now serve most Western Washington counties.

LOCAL FOCUS, REGIONAL RESOURCES

Local relationships are at the heart of effective disaster planning and response. At the same time, disasters rarely respect county borders. The Network's goal is to focus on local partners, to conduct regional and cross-jurisdictional planning, and to take advantage of healthcare systems and natural patient flow.

WHAT THIS MEANS FOR YOUR PREPAREDNESS COMMUNITY

Working with local partners is part of our DNA, and to that end, we'll be working with the local coalitions as we explore strengths and opportunities. A few notes about the consolidation:

- We're going to come to you. The coalition meetings that are already happening will continue as-is: same people, structure, place, and food!
- In addition to regional planning, this process creates opportunities to share innovative approaches across communities.
- This will also make it easier for state and local planners to keep up with increasingly demanding federal compliance regulations.

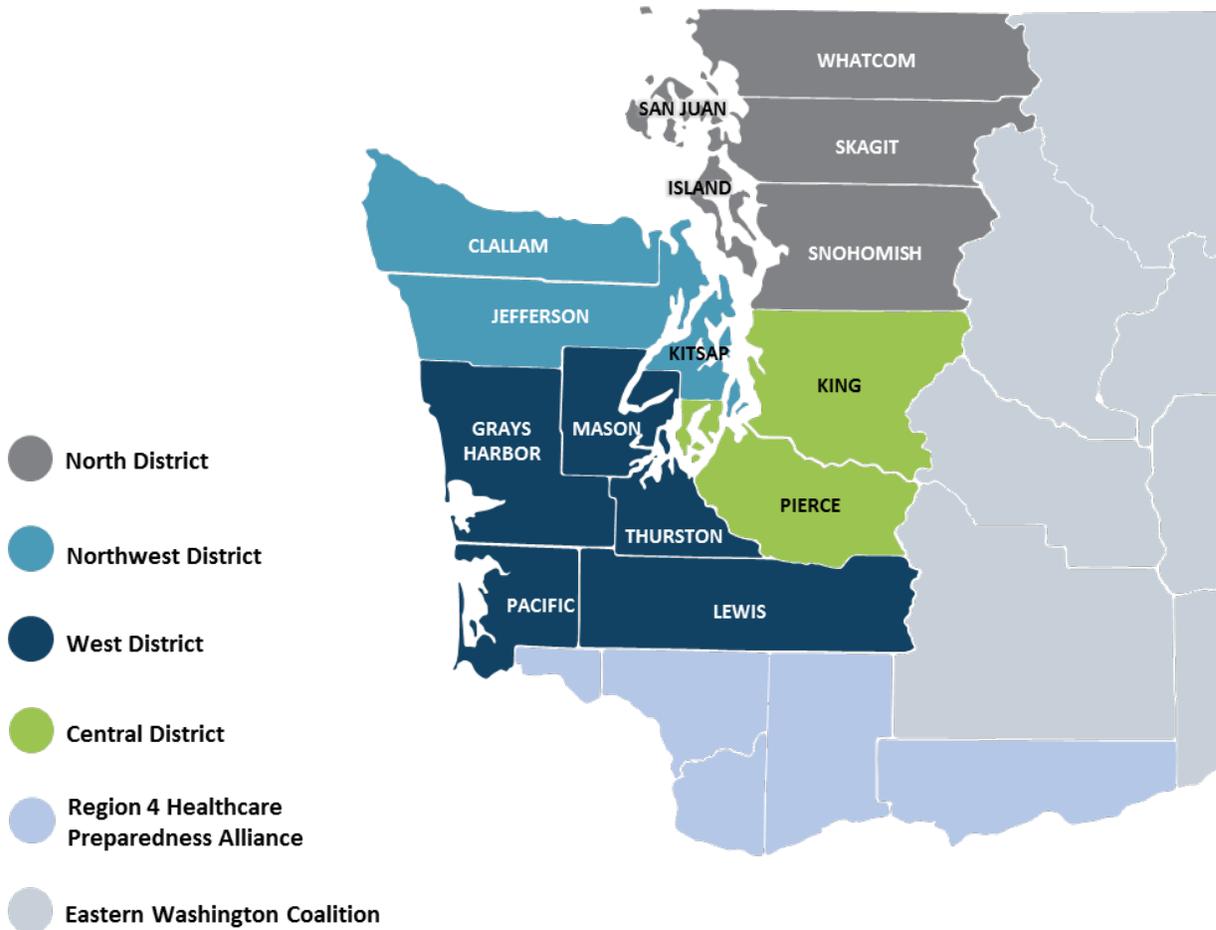
The goal of the Northwest Healthcare Response Network is to better support Western Washington with a strong, resilient healthcare system that fosters local relationships and can coordinate beyond local boundaries.

Our mission hasn't changed. We will continue 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.

The coalition reconfiguration doesn't change the fundamental structures of disaster response, but it does bring emergency response and healthcare together in new ways.

Our plan is to work with local leaders to meet the needs of the community and the region, now and in the future. It's a perpetual cycle of improvement based on learning from each other to meet emerging needs.

Western Washington Coalition



INVENTORY METHODS

The comprehensive Western Washington Healthcare Coalition inventory of current processes, resources, and needs was conducted through two parts:

Online Survey: A survey was conducted to gather background information on work that partners have been doing, their current response plans, areas where they have excelled, and those they would like to strengthen.

In-Person Meetings: We met with healthcare, public health, emergency management, and EMS partners in each county to dive deeper into the topics covered in the survey and used the discussions to identify the best ways to work together and provide support moving forward.

This inventory is just the first of many discussions about how we can best work together as the Western Washington Healthcare Coalition. All the information gathered through the survey and in-person meetings was compiled and combined into the report of strengths and gaps presented here. Additionally, priorities that were identified from the inventory are outlined with an approximate timeline for their review and approval by the Transition Advisory Committee.

PART 1 – SURVEY

The 2018 NWHRN Coalition Wide Inventory Survey was provided to all healthcare, public health, emergency management, and EMS partners throughout the 15 counties within the Western Washington Healthcare Coalition to be completed in advance of the county in-person visits. The survey consisted of 27 questions, which aimed to provide a better understanding of the current state of: response structures, training and exercise, planning, community interactions, and information management. This survey provided a baseline set of information to inform the in-person meetings and discussions.

PART 2 – IN-PERSON MEETINGS

Network staff traveled to 14 of the 15 counties within the coalition service area (one county pending) and conducted 16 county-level meetings, as well as several additional meetings, including Coalition meetings and meetings with additional partners. All meetings were 1.5 – 2 hours in length and focused on similar topics to the survey, including: coalition history, response structures, training and exercises, planning, and community interactions. Furthermore, the groups discussed additional overarching goals for the Coalition and potential keys to success and challenges. All information was documented and compiled with the survey information in the report, below.

INVENTORY FINDINGS

Thank you all for participating in the inventory process. The data and information gathered in the survey and in-person meetings was analyzed and synthesized into a narrative overview with accompanying statistics broken down by districts (North, Northwest, Central, and West). Each section provides an overview of the participants involved, by county, in both the survey portion and the in-person portion of the inventory. The discussion is broken out into six general sections that were consistent across both the survey and in-person meetings:

- Coalition Interactions
- Training & Exercise
- Planning
- Community Interactions
- Information Management
- General

Information for the Coalition Interactions sections was gathered from both the county-level in person meetings, as well as discussions at the former coalition-led meetings (currently the district meetings). All other information was synthesized from the in-person county-level meetings and the survey responses.

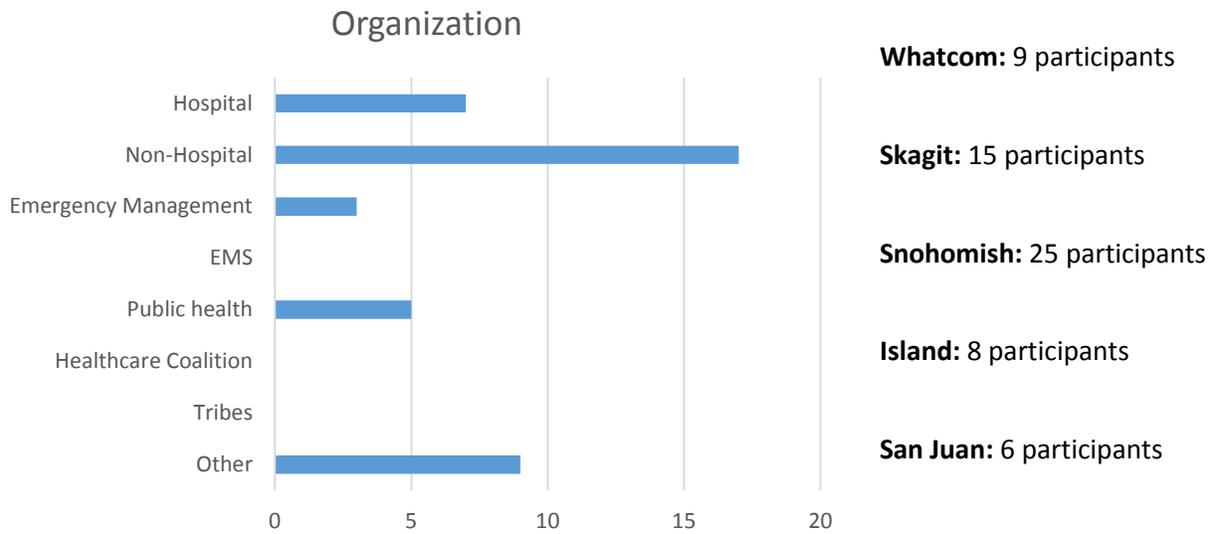
A total of 156 people participated in the survey portion of the inventory. A total of 199 people participated in the in-person county and coalition meetings.

NORTH DISTRICT

PARTICIPANTS

The following information presents a breakdown of those who participated in the survey portion or the in-person inventory by organization type and county.

Survey Participants:



In-person Participants:

- **Whatcom:** 10 participants (included: public health, EMS, Healthcare [hospital, ambulatory surgery centers, outpatient clinics, clinical]) and Whatcom Transit Authority)
- **Skagit:** 5 participants (included: public health, emergency management and hospitals)
- **Snohomish:** 13 participants (included: public health, emergency management, EMS, Healthcare [hospitals, clinics, hospice, dialysis, long-term care])
- **Island:** 2 participants (included: public health, emergency management)
- **San Juan:** 7 participants (included: public health, emergency management, hospital, and EMS)
- **North District Coalition Meeting:** 23 participants

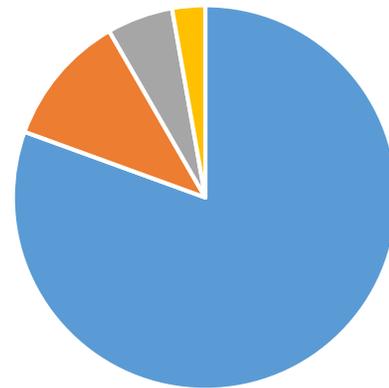
COALITION INTERACTIONS

All counties in the North District have previously related to the former Region 1 Coalition. Recently, some partnerships have waned due to lack of relevance with the meeting planning content. The North District partners have historically expanded their engagement with multiple healthcare partners within the region through individual organizations outreach and face-to-face meetings. This engagement has brought many non-hospital partners, including clinics, home health, and long-term care, into the Coalition. Partners are very interested in maintaining

this multi-sector engagement. Partners in the North District identified the need to continue to strengthen engagement with groups within their region to include:

- Tribes
- School districts and universities
- EMS
- Military partners
- Long-term care (nursing homes and assisted living)
- Law enforcement
- Mental health partners (inpatient and outpatient)
- Non-governmental organization (NGO) and Mass Care/sheltering groups

Previously worked w/ Coalition?



■ Yes ■ No ■ N/A ■ Don't Know

All counties within the North District identified their connections with EMS as a gap. Due to turnover and relevancy of topics, it is often difficult to keep non-hospital and tribal partners engaged in Coalition work.

Key Strengths:

- Coalition focus on training and exercise, especially for individual facilities and non-hospital partners
- Engagement of non-hospital partners
- Key contacts distribution list of partners within the region
- Previously liked sub-committee structure, but have struggled with engagement in that form
- Small community connections

Key Gaps:

- Engagement with Public Information Officers (PIOs) for training and exercises for healthcare emergencies
- Outdated communications equipment (e.g., amateur radios)
- More support for non-hospitals to keep them engaged in the coalition process
- Engagement with EMS partners.
- Meet partners where they are already meeting (EMS, law enforcement, emergency management, etc.)
- Partners want to participate in the development of exercises
- Common training and exercise calendar and points of contact
- Connect to other regions' best practices
- Coalition members to support coordination

- Continue to support community connections
- Ensure meetings are engaging partners in planning work not just reporting out

RESPONSE STRUCTURES

Emergency management organizes differently within each of the counties within the North District:

- Snohomish – Emergency Coordination Center (ECC) organized by ESFs with logistics, finance/admin, and planning
- Skagit – more traditional ICS focus with public health and medical as a liaison
- Island – hybrid of ICS and ESFs with a flexible structure
- San Juan – ICS with ESFs under the Operations Section
- Whatcom – ESF and ICS blend, Emergency Operations Center (EOC) co-managed by Whatcom county and city of Bellingham

All communities have an ESF-8, Public Health and Medical Services, led by local health departments. Hospital representatives will participate in the emergency management structures directly with emergency management. Connections to other non-hospital healthcare partners work through the health departments. Most of the counties in the North District have good relationships with their local partners and healthcare providers and see the Coalition's role in response being to connect partners across counties. Snohomish County additionally expressed interest in the Coalition leading healthcare situational awareness. San Juan County also outlined the benefit of connecting with the coalition in longer, more drawn out response scenarios and for patient tracking support.

Emergency management activates mostly for weather or flooding related events within the North District and varies between 0 and 6 times a year for these events and planned monitoring of special events. Public Health tends to activate internally, more frequently, for disease related events and can be about 3-4 times per year.

Some of the smaller communities, such as San Juan, Island, and Whatcom counties, tend to have good connections with their healthcare partners and connect directly for situational awareness. Skagit and Snohomish counties identified that connections with healthcare for situational awareness was a gap and would like to see a coordinated effort through the Coalition for situational awareness.

All five counties would receive resource requests from healthcare organizations into their emergency management response structures. Some would rely on the request going through the ESF-8 lead, first, and some would send it to the ESF-8 lead following receipt of the request. Snohomish and San Juan counties outlined that if the information came to the health department they would work with their partners in Region 1 and then escalate to the DOH as appropriate.

Key Strengths:

- Connections to local healthcare partners. Relationships built with hospitals and EMS
- Coordination with public health on disease information

Key Gaps:

- Issues with resources, communication, and coordination.
- Challenges with situational awareness and drills
- Volunteer training needs
- Emergency management, healthcare, and public health staff locally very stretched to support all healthcare needs in a response
- Gaps in policies
- Geographic distance and normal patient flow not within the county
- Connections with EMS
- Coordinated situational awareness and consolidated information
- Struggle with what coalition will provide in response vs. public health
- Connection between healthcare and emergency management in planning and response
- Transportation resources within the county
- Not a lot of involvement of non-hospital partners (long-term care, clinics, etc.).
- Unknown capabilities of non-hospital partners

TRAINING AND EXERCISE

The communities in the North District bring partners together in a variety of ways. San Juan, Whatcom, and Skagit counties have incorporated healthcare partners and partner needs into their training and exercise assessment and planning. Snohomish has included some of the larger healthcare players in their processes. Island County has not yet incorporated healthcare into their training and exercise processes. Several communities mentioned the focus of the former Coalition on supporting the connection for healthcare to training and exercise opportunities and wanted to see this continued.

Counties have used a variety of methods to determine training and exercise needs. Including more structured approaches like a Training and Exercise Planning Workshop (TEPW) as in Snohomish County, using their Hazard Vulnerability Analyses (HVAs) to drive needs as in Whatcom and Skagit counties, and

How Organizations Identify Training Topics

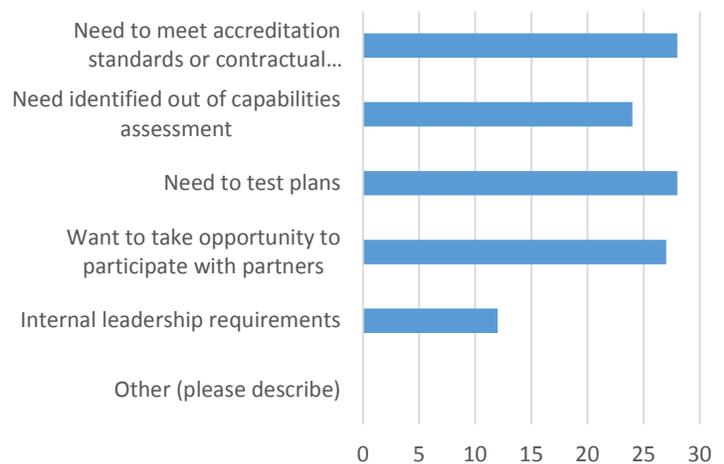


other also depend on interest in needs. San Juan County recognized that they often identify training and exercise based on partner’s interest to engage people in the process. All counties felt they could benefit from a common training and exercise calendar across jurisdictions to be able to see what others are doing and participate as evaluators, observers, etc. in their offerings. The previous Coalition has historically provided at least two tabletop exercise opportunities and one functional exercise opportunity for its partners per year. The Coalition also planned a full scale exercise every 2-3 years for their partners. Most counties expressed an interest in having exercise opportunities that brought together diverse partners in the community.

Key Strengths:

- In the last year, respondents reported participating in many internal organization exercises. Most respondents also reported participating in at least one healthcare facility-based exercise or external exercise with community partners.
- Respondents reported participating in an average of 3 tabletops and functional exercises and 4 seminars/workshops a year.
- Healthcare Coalition provided numerous opportunities to participate in trainings and exercises within the community
- All counties showed a positive interest in a common training and exercise calendar to participate across the regions more

How do you identify exercises?



Key Gaps:

- Respondents ranked clinical preparedness and response, workplace security/shelter-in-place, and surge/evacuation as their highest priority areas for training. Other areas with high priority include access and functional needs and ICS training.
- Communities had multiple ways of determining exercise needs, some included healthcare partners in their planning, but some have not
- Exercises have sometimes been siloed between healthcare sectors, partners would like to see them brought together

PLANNING

All five counties in the North District have created overarching plans for the community. Public Health has often been involved, especially in the ESF-8 planning. Healthcare has been involved in some communities but not all. All communities rely on direct phone connections and

relationships to coordinate healthcare situational awareness, some counties are working on more formal plans. Most counties will rely on emergency management to support healthcare resource requests. Many communities have Mass Casualty Incident (MCI) plans but no formal patient movement or tracking plans. Island and Whatcom counties have processes to support patient tracking but have not used them in a real-world response. Public health has been the lead for coordinating policy or planning with healthcare, but most coordination is conducted informally.

The North District identified the following areas for planning coordination that they are particularly interested in:

- Consistency across planning efforts and more support for community plans.
Deconflicting planning
- Long-term care planning
- Patient movement and tracking (beyond the bands)
- Move away from grant focused planning to needs focused
- Move towards more checklist type plans
- Get communities involved at the grass roots level (e.g. on each island)
- Decontamination planning and response teams

Key Strengths:

- Generally, organizations have many plans on continuity of operations, alerting, situational awareness, and HVA
- Strong interest in more formalized planning efforts and deconflicting plans

Key Gaps:

- Respondents had less organizational plans on mass fatality, family assistance, and alternate care systems. At the county/regional level, there are few recovery plans, alternate care system plans, or continuity of operations plans
- Struggle to attend meetings in person, would appreciate a webinar option
- No formal plans for healthcare situational awareness, resource requesting, patient tracking and movement, or policy and planning coordination
- Healthcare partners have inconsistently been involved in community planning efforts

COMMUNITY INTERACTIONS

Most counties in the North District have expressed good relationships between healthcare and emergency management. Snohomish County identified healthcare and emergency management relations as an area to continue to strengthen. All counties identified the engagement of EMS being an area to strengthen. Connection to healthcare executives for policy and decision making has varied greatly between counties in the North District; some have been well connected, as in San Juan County, while others have not had as much connection.

Counties identified the following key influencers within the North District that might be good for the Coalition to connect with:

- Fire chiefs and police chiefs
- Tribes
- Inpatient and outpatient behavioral health
- City emergency managers
- Population health trust (Skagit)
- Whatcom Transit Authority (WTA)
- Community Emergency Response Team (CERT) teams
- Washington Department of Transportation Ferry System
- Hospital district superintendents (San Juan)
- Family resource Center (San Juan)
- Navy and Naval medical clinics (Island)

All counties expressed a need to further engage non-hospital partners including long-term care, clinics, and ambulatory surgery centers and additionally focus on cross sector coordination. Most of the counties engaged clinicians primarily through the local health officer, who connects to other local health officers and their professional relationships.

Key Strengths:

- Hospitals and public health are engaged with emergency management partners

Key Gaps:

- All counties identified the need to strengthen engagement with EMS partners
- The counties in the district don't have formal mechanisms to engage healthcare executives and clinical partners in their planning beyond the relationships of the local health officer
- All counties expressed a need to strengthen partnerships with non-hospital partners

INFORMATION MANAGEMENT

The counties identified the use of the following tools for alerting and information management:

	<i>Snohomish</i>	<i>Skagit</i>	<i>Island</i>	<i>San Juan</i>	<i>Whatcom</i>
<i>Mass Alerting Tool</i>	<ul style="list-style-type: none"> • AlertSense • WASecures • WATrac • Everbridge 	<ul style="list-style-type: none"> • Amateur Radio • Everbridge • CodeRed • WATrac • EPI email and FAX 	<ul style="list-style-type: none"> • AlertSense (includes Hospital staff) 	<ul style="list-style-type: none"> • AlertSense • Radio • Satellite phone 	<ul style="list-style-type: none"> • WATrac

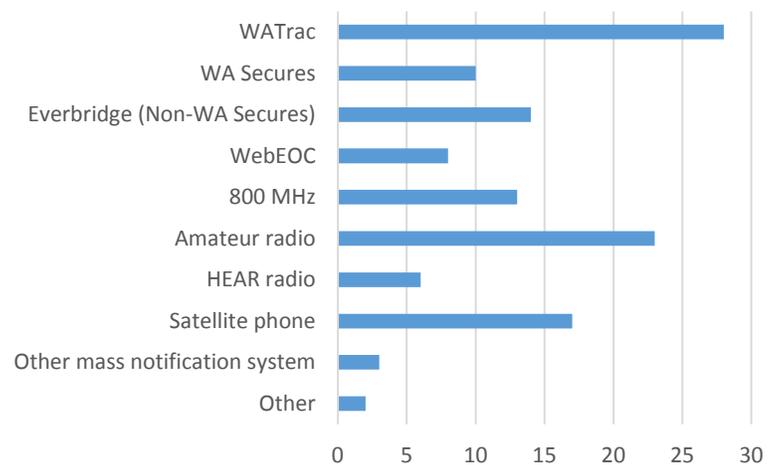
Information Management Systems

- WebEOC
- Everbridge (island Hosp)
- WebEOC (moving there)
- WebEOC
- WATrac
- WATrac
- Mir3 (Skagit hosp)
- WATrac
- WebEOC

Key Strengths:

- About three-quarters of our partners had a method for sharing healthcare situational awareness
- Approximately three-quarters of respondents reported having a regional mass notification/alerting system
- Amateur Radio and WATrac are the most predominant communication systems reported by survey respondents.

Communication Systems



Key Gaps:

- Systems are inconsistently used across the counties in north district

GENERAL

The participants from the counties identified several ways in which they hope to benefit from working with the Northwest Healthcare Response Network, including:

- Lessons learned and sharing across partners within the coalition
- Continue to build relationships
- Connections across counties and communities
- Training and exercise support for healthcare
- Connection to meetings
- More connections to communities outside their previous region

Partners identified the keys to success within their communities as:

- Rotating meetings to meet partners where they are at and provide virtual options
- Having empathy for smaller communities
- In person meetings at individual communities



- Exercising from the coalition level
- Identifying how to engage communities to best bring partners together
- Gaining buy in from partners and administration
- Coalition should keep trying to work on these issues, the partners see where this needs to go

Key elements in the community to be aware of are:

- Limited time and resources to participate in additional efforts
- Providing too many resources that they become overwhelmed
- Being aware of how things will really work in smaller communities
- Brittle connections to mainland and logistics
- Some hesitation about consolidation, worry about focus into urban center
- Don't lose the local touch
- Paying vs. non-paying members

Challenges that might keep us from full success:

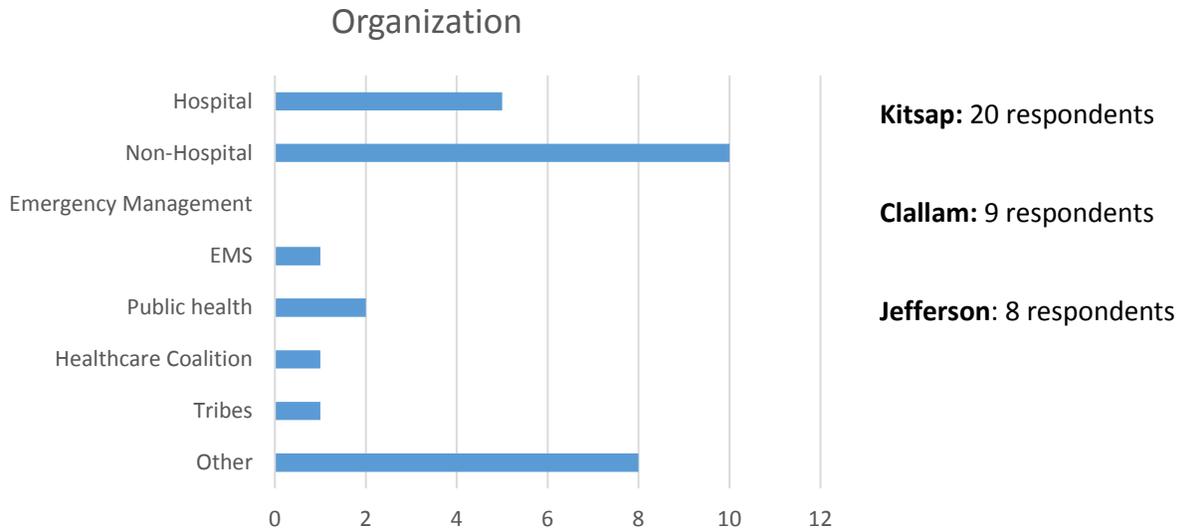
- Getting participation in meetings and improving virtual options
- Getting people to realize the importance of the work
- Over-requesting support from partners when they are already stretched
- If the coalition launched in to work without purpose well defined
- Communication infrastructure (within and outside county) including radios
- Losing training and exercise opportunities
- Buy-in from partners
- Non-inclusiveness
- Not coordinating with partners

NORTHWEST DISTRICT

PARTICIPANTS

The following information presents a breakdown of those who participated in the survey portion or the in-person inventory by organization type and county.

Survey Participants:



In-person Participants:

- **Kitsap and Kitsap Collaborative:** 19 participants (included: public health, emergency management, EMS, healthcare [hospital, outpatient clinic, and long-term care])
- **West Clallam:** 4 participants (included: EMS/hospital, law enforcement)
- **East Clallam:** 12 participants (included: emergency management, EMS)
- **Jefferson:** 6 participants (included: public health, emergency management, hospital)

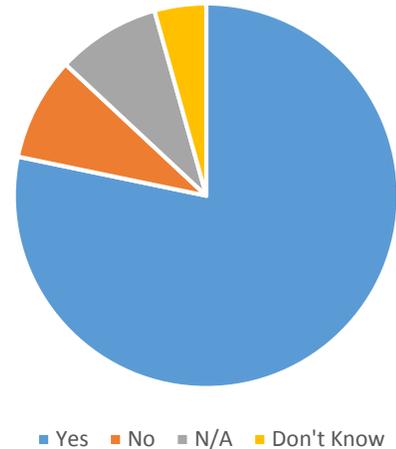
COALITION INTERACTIONS

Of the three counties within the Northwest District, only Kitsap consistently had previous connections with the healthcare coalition and the Northwest Healthcare Response Network. Clallam and Jefferson are starting to grow their collaboration with the Coalition especially through connections with the Northwest District Coordinator. Kitsap County had been brought into the Northwest Healthcare Coalition’s Coalition service areas within the last year and are encouraged with the momentum of including partners from hospitals, non-hospitals, emergency management, and EMS.

Kitsap partners identified some additional partners that they would like to ensure are continued to be engaged within the coalition structure including:

- Local civil groups
- Schools
- Tribes
- Vulnerable populations groups
- Faith-based organizations
- Home-health and home-care (continued engagement)
- Adult family homes

Previously worked w/ Coalition?



Key Strengths:

- Helping connect to community exercises
- Making all partners less isolated and more connected, meetings growing more collaborative
- Lots of potential for more coordinated efforts
- Connections to Naval hospitals and having military participate

Key Gaps:

- Continue to engage non-hospital healthcare partners
- Fragmentation of preparedness work
- Emergency supplies and equipment – would be interested in an inventory of what is in the community
- Education on liability issues in response
- Isolation of the community in a response
- Connections to ESF-8 work at the county level

RESPONSE STRUCTURES

Emergency management organizes differently within each of the counties within the Northwest District:

- Kitsap – ICS with some ESFs but re-evaluating their approach currently
- Clallam – West Clallam is strictly ICS and the hospital and EMS both use ICS as well. East Clallam has a local area commands that rolls up to an EOC
- Jefferson – ICS with ESF-8 located under operations, actively working on

All communities have an ESF-8, Public Health and Medical Services, led by local health departments. Health departments have been responsible for coordinating with healthcare partners, which has historically been just hospital partners. Hospitals have been asked to

provide a representative directly to emergency management in a response. All three counties see a benefit from connecting with subject matter experts to support gathering and sharing information concerning healthcare response. Their communities have staffing that can support emergency response and would appreciate the support during a response. Additionally, many of the patients in Clallam and Jefferson counties seek care in the Seattle area on a regular basis and the counties appreciate connecting to a larger coalition structure to support those patient flows.

Most of these communities activate their community response structure through emergency management rarely, only every few years, and when they do, it tends to be for weather-related events. Public Health will activate independently within their structures for health-related incidents. Hospitals maintain their own ICS structures and will activate in varying frequencies. All counties rely on direct phone connections with their healthcare partners for situational awareness in a response. All three counties have traditionally had healthcare response requests go directly to emergency management. Kitsap County is interested in creating a mechanism for linking healthcare into the community level system for resources.

Key Strengths:

- Communities have strong volunteer support for response and are good at coming together in a response (healthcare, public health, emergency management, EMS)
- Interested in connections to a larger response process to support local needs

Key Gaps:

- Stretched staff resources – need additional support to engage healthcare partners more fully
- Have the possibility to become very isolated geographically during response
- Connections to patient movement planning within the Seattle area, since patients move their regularly
- Hospitals and healthcare partners are often small and have limited supplies
- Challenges include: coordinating with other agencies, meeting Center for Medicare and Medicaid Services (CMS) guidelines, multijurisdictional coordination and training and exercise

TRAINING AND EXERCISE

Communities in the Northwest District vary in their processes to coordinate training and exercise activities within their community. Since some of the communities within the district are small, they are inclusive in their invites and participation to train and exercise together. In other counties, healthcare partners would like to see the process more coordinated and more inclusive. All communities identified the need to continue to engage smaller and non-hospital healthcare partners, including clinics, long-term care, dialysis, etc. Many partners identified the increased pressure from healthcare partners to meet their CMS training and exercise

requirements and are looking to the coalition to help support some of that need. Some facilities are beginning to play in exercises but recognize the need for more engagement.

Partners identify training needs and calendars from a variety of influences. A large driver in this process is mandated internal policies or external regulations. Capabilities assessments and improvement plans are used, but not frequently, to determine training needs. Additionally, exercise needs are identified in a variety of ways, including needs to meet accreditation standards, to test plans, or taking advantage of opportunities to participate with partners.

How Organizations Identify Training Topics



Key Strengths:

- Organizations have hosted a few internal exercises, and most have participated in at least one healthcare coalition facilitated exercise and external exercise with community partners
- Smaller communities engage a variety of partners to participate in trainings and exercises
- Interested in the healthcare coalition to help support and bring healthcare partners together in a coordinated way for training and exercises

How do you identify exercises?



Key Gaps:

- The highest-ranked priorities for training and exercise activities are workplace security/shelter-in-place, ICS, and clinical preparedness and response. Other priorities

identified include access and functional needs, patient tracking/movement, and surge/evacuation

- Most exercises that partners have engaged in in the last year took the form of seminar/workshop, tabletop, or functional exercises. Few full-scale exercises or games were conducted
- Not many exercises have included healthcare partners fully, especially non-hospital healthcare partners

PLANNING

All three counties have processes to bring together partners, including hospitals, for planning. Non-hospital partners are not as consistently included. Due to the small communities and stretched resources, much of the planning must incorporate cross-jurisdictional elements within the peninsulas. All communities rely on direct phone connections and relationships to coordinate healthcare situational awareness. Most counties will rely on emergency management to support healthcare resource requests. There are few formal community-level plans to support patient movement and tracking. Communities in the Northwest District have not created plans to support healthcare policy or planning coordination needs.

The Northwest District identified the following areas for planning coordination that they are particularly interested in:

- Central clearing house for resources and information across regions
- Support for medication needs of community members in a response
- Evacuation planning
- Advocacy support for funding in regional preparedness
- Disaster Medical Control/Coordination Center (DMCC) planning
- Patient movement connection up the chain to the state patient movement plan
- Healthcare planning to include non-hospital partners and long-term care

Key Strengths:

- Most organizations had plans for continuity of operations, acute infectious disease, situational awareness, alerting, and hazard vulnerability analysis. At the county-level, there were HVAs and patient tracking plans as well as acute infectious disease plans.
- Communities have brought a variety of partners to the table for planning, including hospitals
- Due to smaller communities and normal patient flow patterns, counties sometimes work cross-jurisdictionally to plan
- Community is interested in seeing planning initiatives with healthcare partners that include patient movement, DMCC, and evacuation that include hospital and non-hospital partners

Key Gaps:

- Fewer organizations reported having plans for mass fatality, recovery, family assistance, continuity of operations, or alternate care system plans
- Communities want to see more engagement with non-hospitals partners for planning coordination
- Not many formal plans for healthcare situational awareness, resource coordination, patient movement and tracking, or policy and planning coordination exist within the counties

COMMUNITY INTERACTIONS

All counties in the Northwest District have expressed good relationships between the hospitals and emergency management but look to strengthen relationships with non-hospital partners. All counties identified the engagement of EMS being an area to strengthen. Engagement of the healthcare coalition in the EMS trauma councils within the region vary by county. Clallam and Jefferson counties suggested that working with the Fire Chiefs and their associations may be a more efficient way to engage with EMS leadership. Counties identified the following key influencers within the Northwest District that might be good for the coalition to connect with:

- Accessibility coordination group
- Long-term care centers
- Incident Management Team (IMT) groups
- Fire Chiefs Associations
- Chamber of Commerce
- Schools
- State Patrol

All the counties expressed a need to further engage non-hospital partners, including long-term care and clinics, especially with the changes due to CMS. Most of the counties engaged clinicians primarily through the local health officer and their professional relationships including other local health officers

Key Strengths:

- The Northwest District has wide representation within their coalition with all major categories represented
- Hospitals and public health are engaged with emergency management partners

Key Gaps:

- All counties identified the need to strengthen engagement with EMS partners
- The counties in the district don't have formal mechanisms to engage healthcare executives and clinical partners in their planning beyond the relationships of the local health officer
- All counties expressed a need to strengthen partnerships with non-hospital partners

INFORMATION MANAGEMENT

The counties identified the use of the following tools for alerting and information management:

	<i>Clallam</i>	<i>Jefferson</i>	<i>Kitsap</i>
<i>Mass Alerting Tool</i>	<ul style="list-style-type: none"> • CodeRed • Public Warning Sirens • Social media • Radio • Accue 911 • Emails from Public Health 	<ul style="list-style-type: none"> • Everbridge • Nixel • WASecures • Healthcare looking into a tool 	<ul style="list-style-type: none"> • AlertSense • Everbridge (hospital) • IPAWS
<i>Information Management Systems</i>	<ul style="list-style-type: none"> • WATrac • WebEOC 	<ul style="list-style-type: none"> • WATrac 	

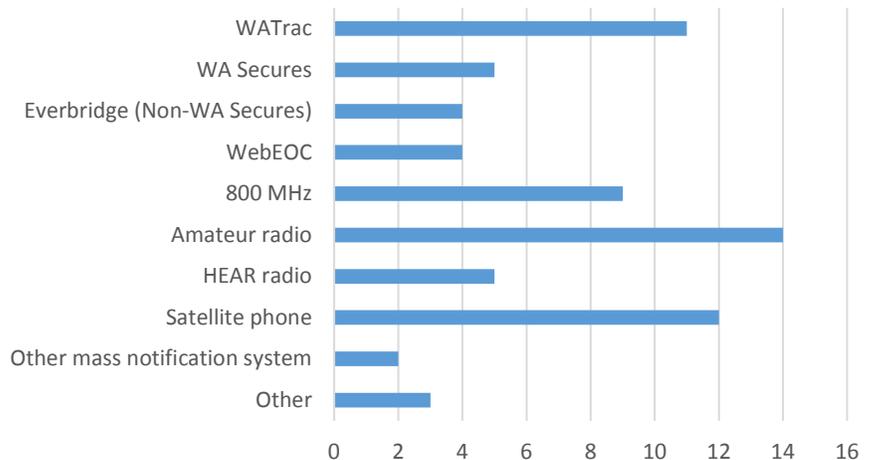
Key Strengths:

- Approximately one quarter of respondents cited a method for sharing situational awareness

Key Gaps:

- Only one quarter of respondents had a mass notification or alerting system
- Healthcare is not always included in mass alerting processes in one county

Communication Systems



GENERAL

The participants from the counties identified several ways in which they hope to benefit from working with the Northwest Healthcare Response Network, including:

- Connections to additional healthcare partners within the community as well as across the coalition service area in preparedness and response.
- Less isolation
- Consistent healthcare HVA across the service areas
- Better communications across regions
- Connections to more information on healthcare preparedness



- Shared operations for training and education
- Sharing best practices
- Larger influence and advocacy with larger coalition
- Connections to state, national guard, and coast guard partners
- Support for Public Health in a response
- One central place to reach for support with healthcare
- Holistic view of community and healthcare partners, not just hospital or metropolitan focus

Partners identified the keys to success within their communities as:

- Relationship building
- True collaboration
- Connections and larger influence with preplanning
- Continued dialogue with partners
- Sense of inclusiveness

Key elements in the community to be aware of are:

- Don't tell them how to do things
- Connections to tribes
- Aging population
- Limited staffing and resources within the community
- Tourist influx for events and the summers
- Isolation due to geography

Challenges that might keep us from full success:

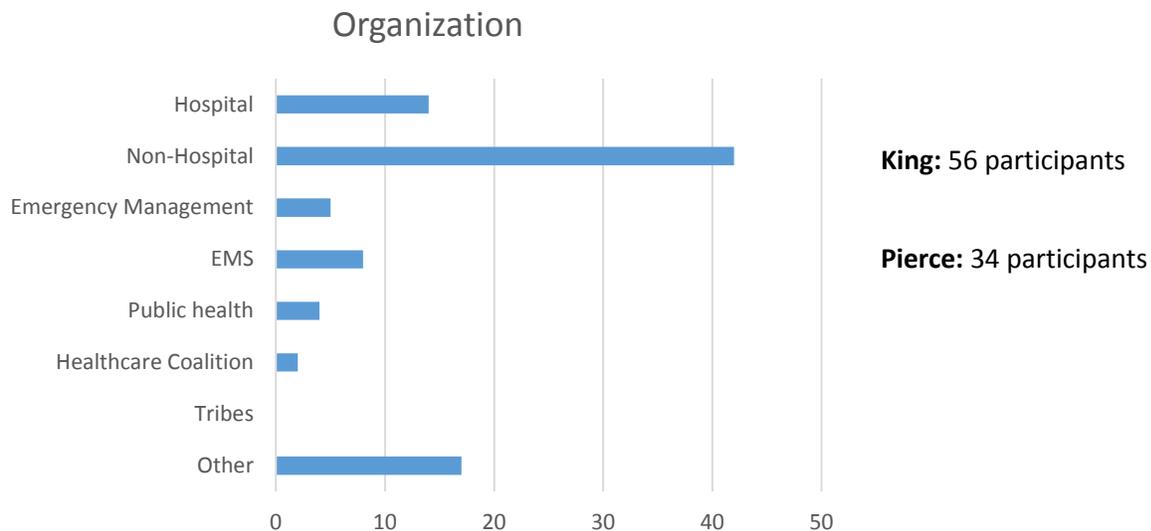
- Competing priorities and needs
- Partners choosing not to participate in planning or exercises
- Connections between northwest district partners and other communities
- Travel and geographic hurdles for participating in meetings
- Silos of information and work

CENTRAL DISTRICT

PARTICIPANTS

The following information presents a breakdown of those who participated in the survey portion or the in-person meetings by organization type and county.

Survey Participants:



In-person Participants:

- **King:** 9 participants (included: emergency management [city and county], public health, hospitals, EMS)
- **Pierce:** 9 participants (included: emergency management [city and county], public health, healthcare [hospital, outpatient clinic])
- **Central District Coalition Meeting:** 41 participants
- **Pierce Coordination meeting:** 17 participants

COALITION INTERACTIONS

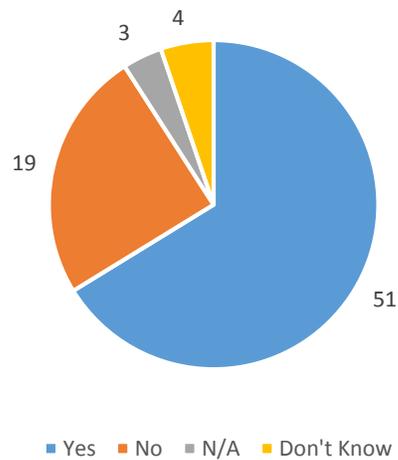
Both counties in Central District have had long-standing and close connections to the healthcare coalition in their region. Partners expressed a specific interest in continuing to grow the connection with EMS and the healthcare partners. These conversations have been fruitful, and they hope they can continue and expand. Partners expressed an interest in continuing to grow the connection with non-hospital partners, especially long-term care. Partners value and want to continue to see the coalition playing a role in best practice sharing and acting as a cross-pollinator for planning across western Washington.

King and Pierce participants identified additional partners with which they would like continued engagement:

- EMS

- Law enforcement
- Blood products suppliers
- Emergency management
- Poison center
- Mental health (inpatient and outpatient)
- Tribes
- Dialysis
- Home health
- Military partners
- Outpatient clinics

Previously worked w/ Coalition?



Key Strengths:

- With expansion, inclusion of partners in all districts, less isolation
- Situational awareness in a response
- Responsiveness of Network staff
- Partners serving the whole state are excited with the consolidation of coalitions and how they can connect in a consistent way
- Good messaging and communications
- Clinical provider engagement through Disaster Clinical Advisory Committee (DCAC)
- Micro and macro focus of the work has kept the engagement and drills at the local level
- Strong relationships
- Participation with emergency management in response
- Continue district and sub-district engagement and meetings
- Partners have benefited from connections through the coalition between healthcare, public health and emergency management
- Helping meet requirements for community exercises

Key Gaps:

- Lost some emphasis on thorough exercise development for facility play
- Lost some focus on hospitals over the years
- Would like an outline of services the Network provides
- Bringing mental health into the coalition
- Strategic planning across the healthcare community at large to inform healthcare's preparedness priorities
- Recovery planning

- Lost some specific planning for scenarios and best practice sharing through workgroups (e.g. decontamination planning)
- Loss of federal funding to support capabilities within facilities
- More collaboration across organizations in exercises
- EMS needs to know more about how they fit in with planning
- Focus on tactical as well as strategy in planning

Some of the challenges that partners have experienced in healthcare preparedness and response within the region include:

- Systems that cross geographic boundaries
- Understanding the priorities and work across the state and with state partners
- Acute infectious disease internally within healthcare facilities and regionally
- Decontamination planning
- Funding resources
- Making plans and processes simple and sustainable
- Catastrophic planning

RESPONSE STRUCTURES

Emergency management organizes differently within each of the counties within the Central District:

- King – modified ICS with ESFs under Operations Section
- Seattle – hybrid with ICS and specific services areas (health and human services)
- Pierce – traditional ICS, do not use ESFs
- Tacoma – hybrid, ICS and put ESFs under Operations Section

All communities have an ESF-8, Public Health and Medical Services, led by local health departments. The healthcare coalition has been well integrated with the local health departments in both counties to support response, particularly in the areas of: healthcare situational awareness, resource coordination, patient tracking, and policy and planning support. Partners have appreciated that the Network is able to provide liaison support in a response, particularly in person. Partners are interested to know how response support may look in a larger service area and particularly in a larger incident that might affect multiple partners and counties.

Emergency management varies in the frequency in which they activate their operations structures. Seattle activates frequently to support planned events and known issues, as well as for no-notice incidents. King, Pierce, and Tacoma activate more infrequently, between 0 and 2-3 times a year. Both public health departments activate more frequently, mostly for epidemiological or environmental operations.

The Central District has long worked with the coalition for healthcare situational awareness information gathering and dissemination. Additionally, there are mechanisms through public health to gather epidemiology and surveillance information from healthcare partners and cities often have connections to their individual hospitals and healthcare partners for information gathering.

Healthcare partners might go to a variety of partners to support resource requests including the Network, public health, cities and/or county emergency management. Emergency management would rely on the Network to support healthcare's medical resource requests. These methods have been tested in smaller, one-off, incidents but not testing in a larger response. There are also questions about how resource requests from EMS are integrated into processes.

Key Strengths:

- Coalition response structure and information flow. Partners like the county-specific information
- Healthcare situational awareness
- Liaisons to support local operations
- Meetings to bring partners together
- Communications and connections

Key Gaps:

- In general partners cited a variety of challenges they are currently experiencing, and different ways they believe the Network can support them. Many of the challenges can be categorized into: resources, communication, planning, and coordination
- How to incorporate the state into processes
- More response planning for acute infectious disease
- Resource requesting and reimbursement

TRAINING AND EXERCISE

King and Pierce counties, as well as Seattle, have well integrated training processes that have included the healthcare coalition and healthcare partners. Tacoma and some other cities have not had as many opportunities to work with their healthcare partners for training and exercises, it has depended if they have relationships with their hospitals and healthcare partners locally. Even with integration for training and exercise, healthcare is not always able to participate or are included too late in the process. Partners are interested in a longer-term training and exercise planning schedule to ensure all partners can participate. Many partners identified the need to start with smaller exercises and build up to larger exercises. Some partners were interested in a larger exercise that would test response to an incident from beginning to end to address transitional issues and decisions. Many partners stressed the need to implement quality improvement cycles with the lessons learned from exercises.

Key Strengths:

- In general, partners conducted many internal exercises
- Generally, partners conduct many seminars, workshops, and tabletop exercises
- Generally, emergency management and community partners have integrated healthcare into their planning and implementation of training and exercise activities
- Interest in larger training and exercise activities to drive priorities for planning

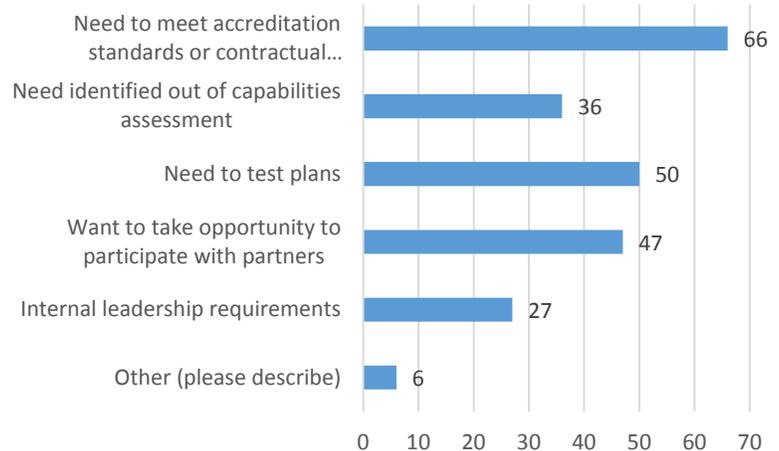
How Organizations Identify Training Topics



Key Gaps:

- The top three training areas that partners ranked as priorities are: clinical preparedness, ICS, and workplace security/Shelter-in-place. Other highly ranked training areas include surge/evacuation, and patient tracking/movement
- There were few external exercises with community partners or those facilitated by the healthcare coalition
- They do not conduct very many games, functional, or full-scale exercises
- Exercises don't always test the full scenario with everyone's roles and responsibilities and does not get into the smaller decision points or issues that might come up

How do you identify exercises?



PLANNING

Counties and cities within Central District have been well integrated in planning activities and have included the coalition and some additional healthcare partners in their planning. There is ongoing cross-jurisdictional planning around specific topics. Healthcare has been well integrated with the coalition planning process and cycles and partners appreciate the ability to provide feedback and comments throughout the process. In the Central District, the coalition predominantly coordinated planning for: healthcare situational awareness, resource requesting, patient movement and tracking, and policy and planning coordination. Partners additionally coordinate with healthcare partners on epidemiology and infectious disease topics, medical countermeasure planning, and MCI planning. Across the board, EMS is not as well integrated into coalition planning initiatives.

The Central District identified the following areas for planning coordination that they are particularly interested in:

- State-level catastrophic planning
- Medical countermeasures and connections with healthcare
- Mental health planning
- More regional MCI planning
- DMCC planning
- Chemical and radiation response planning
- Recovery planning
- Support for healthcare meeting CMS needs
- Long-term care planning for evacuation
- How to support cities in planning and integration into the processes

Key Strengths:

- Among partners who have response plans, it was most common to have plans at the organizational level than the county/regional level
- Healthcare partners are well coordinated with coalition planning initiatives
- Partners look to the healthcare coalition to support the integration of healthcare into planning
- Partners like the coalition planning structure and feedback loops
- Partners primarily rely on the coalition to support planning in the coalition's four main service areas

Key Gaps:

- EMS has not been well integrated into the planning processes for healthcare
- Continued cross-jurisdictional planning

COMMUNITY INTERACTIONS

City and county emergency management has had good relationships with the coalition but could continue to strengthen coordination efforts. All partners identified the engagement of EMS being an area to strengthen. With some additional turn over, it would be a good time to reengage the EMS chiefs in the healthcare preparedness priorities.

Healthcare executives in King and Pierce counties have been well integrated with the healthcare coalition for planning and response. There is often a disconnect between the executive leadership and the operational level in healthcare, which could use some additional feedback loops. The Coalitions have begun to play role in the EMS trauma councils and operations meeting and should continue to strengthen those connections.

Counties identified the following key influencers within the Central District that might be good for the coalition to connect with:

- Community health centers
- Tribes
- Schools
- Prisons and detention centers
- Medical Reserve Corps
- EMS and Fire – chiefs
- Housing Authorities
- Patient rights groups

Key Strengths:

- Respondents have a diverse array of groups that have representation in their coalition. Among those involved, major groups include hospitals, emergency management, and public health
- Emergency management is engaged with coalition but can continue to grow this partnership
- Public health is well connected to healthcare partners and coalition
- Healthcare executives and clinical partners are engaged in coordination in central district

Key Gaps:

- EMS is not well integrated into coalition or healthcare coordination

INFORMATION MANAGEMENT

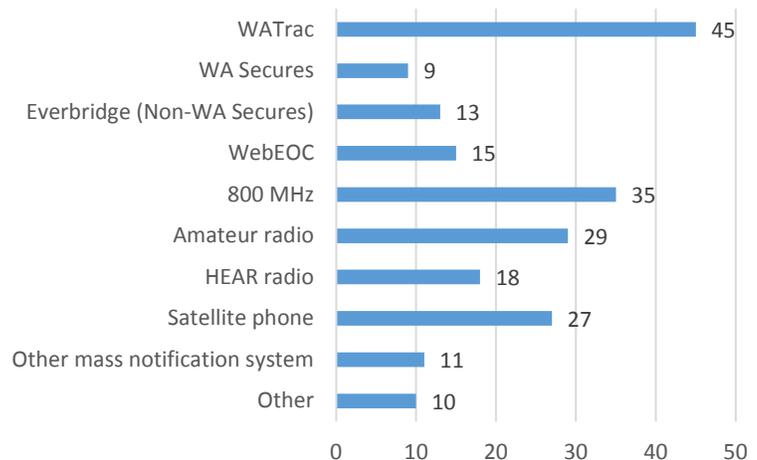
The counties identified the use of the following tools for alerting and information management:

	<i>King</i>	<i>Seattle</i>	<i>Pierce</i>	<i>Tacoma</i>
<i>Mass Alerting Tool</i>	<ul style="list-style-type: none"> • WATrac • CodeRed • Rave (Seattle) 	<ul style="list-style-type: none"> • Rave (Alert Seattle) 	<ul style="list-style-type: none"> • Everbridge (PC Warn) • ReadyAmerica • CodeRed • 911 • WASecures • School District Notifications • WATrac 	<ul style="list-style-type: none"> • GovDelivery • Everbridge (through county)
<i>Information Management Systems</i>	<ul style="list-style-type: none"> • WebEOC • WATrac • WASecures • WAServe • 800MHz 	<ul style="list-style-type: none"> • WebEOC • Social media • WATrac 	<ul style="list-style-type: none"> • WebEOC • Everbridge • SharePoint (PH) 	<ul style="list-style-type: none"> • WebEOC • Everbridge • GovDelivery • WATrac

Key Strengths:

- Most of our partners have a method for sharing situational awareness information
- Most of our partners have a regional mass notification/alerting system. The most utilized regional mass notification system is WATrac
- Over half of respondents use WATrac. About one third of respondents also reported utilizing 800 MHz and Amateur radio. Many respondents also reported using satellite phones

Communication Systems



Key Gaps:

- Systems inconsistently used across the counties in central district

GENERAL

The participants from the counties identified several ways in which they hope to benefit from working with the Northwest Healthcare Response Network, including:

- Additional expertise and support from the Coalition for healthcare
- Healthcare HVA
- Emergency management hopes for additional support for local healthcare facilities with planning and preparedness
- Support with vulnerable populations
- Good communication between partners and state during response
- Continued relationship and support
- Alignment of planning, training, and exercise activities – shared updates and schedules
- Preparing for the Cascadia Rising Exercise in 2022

Partners identified the keys to success within their communities as:

- Follow through on our identified priorities
- Conference to bring together emergency management and healthcare
- How to utilize medical reserve corps
- More partnership with EMS
- Smooth, fluid practices and processes
- More coordinated drills
- Having healthcare part of discussions
- Continue to build relationships
- Take planning down to checklist levels
- Committing to being there in preparedness and response

Challenges that might keep us from full success:

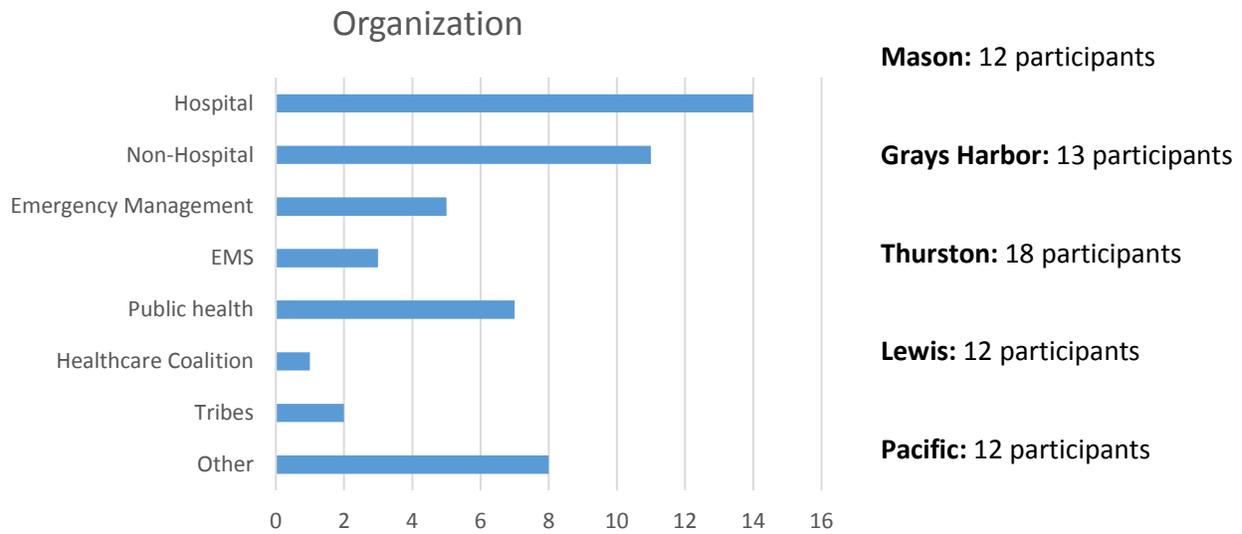
- Lack of information and communication sharing between levels of partners
- Strategic in our use of our resources in response
- Need to keep a mix of local and multi-jurisdictional work
- Managing all stakeholders
- Understanding benefits of participating members vs. sustaining members
- What does it look like in a catastrophic incident?
- Don't want to lose the level of service they are receiving due to the expansion
- Turnover and continuing to maintain relationships
- May be difficult to engage policy groups to affect change in preparedness

WEST DISTRICT

PARTICIPANTS

The following information presents a breakdown of those who participated in the survey portion or the in-person meetings by organization type and county.

Survey Participants:



In-person Participants:

- **Mason:** 3 participants (included: emergency management, public health, hospitals)
- **Grays Harbor:** 6 participants (included: emergency management, public health, EMS, healthcare [hospital, long-term care])
- **Thurston:** 10 participants (included: emergency management, public health, EMS, health officer, hospital)
- **Lewis:** In-person meeting canceled, in the process of rescheduling
- **Pacific:** 3 participants (included: emergency management, public health, behavioral health)

COALITION INTERACTIONS

Most partners have had good relationships and connections to their coalition and healthcare partners. Emergency management has historically been well engaged in the healthcare coalition but several emergency managers in the district have scheduling conflicts with the coalition meeting and are therefore unable to participate as often. Partners expressed an interest in continuing to grow the connection with non-hospital partners, especially long-term care and EMS. Partners value and want to continue to see the coalition playing a role in best practice sharing for planning across western Washington. Pacific, Mason, and Grays Harbor stressed the need to come to them to get partners more engaged.

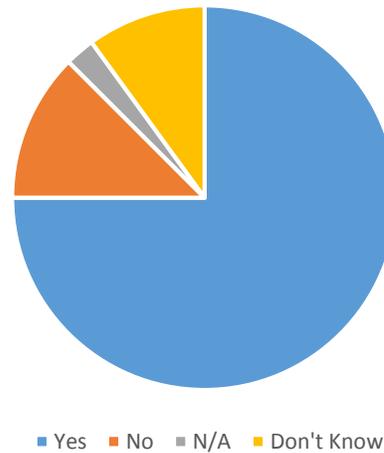
Key Strengths:

- Good connections between partners and the coalition
- Appreciated the funding from the Coalition for equipment and training and exercises

Key Gaps:

- Several emergency managers have conflicts with the meeting time and are unable to participate
- Need to continue to strengthen relationships with non-hospital partners and EMS
- Need to bring meetings and training/exercises out to the more rural communities to gather participation

Previously worked w/ Coalition?



RESPONSE STRUCTURES

Emergency management organizes differently within each of the counties within the West District:

- Mason – ICS and some ESFs through liaisons
- Grays Harbor – ICS and some ESFs through liaisons
- Thurston – hybrid ICS and ESF model, ESFs activated as needed under operations
- Olympia – standard ICS, would work with county for ESF-8
- Lewis – hold
- Pacific – ICS, ESFs mostly in planning but work through ICS in response

All communities have an ESF-8, Public Health and Medical Services, led by local health departments. Some communities, such as Pacific, Grays Harbor, and Mason, have hospitals and healthcare partners directly integrated into the community emergency management structure. Thurston County connects directly with the health department and look for a liaison to support healthcare partner connections. Several counties identified the need for additional support for connecting emergency management and public health to healthcare and see how the Network could help with that. There is also a recognition that working with the Network could help support the connections across counties for response.

Emergency management activates their structure infrequently, 1-3 times a year, within the West District. Public health activates a bit more frequently, about 2-4 times a year, for disease-

oriented response. Mason, Pacific, and Thurston counties, have coordinated healthcare situational awareness through the health departments or through a radio system, or both. Grays Harbor County has not had a system to coordinate gathering healthcare situational awareness.

Currently, healthcare resource requests are coordinated directly through emergency management. But most of the counties were interested in the support the coalition could provide for healthcare resource requesting and if those requests could be handled by the Network directly before being transferred to emergency management.

Key Strengths:

- Most communities are well integrated with their partners. One county stated they are not as integrated
- Healthcare partners seem open to collaboration moving forward

Key Gaps:

- Respondents to this question cited a variety of challenges they faced. Many of these were related to geographic isolation, such as difficulty with transportation resources, receiving supplies, and concerns with limited staffing, communication, and connecting with other healthcare providers
- Two counties, Pacific and Mason, have geographically split areas with daily patient movement split north and south. This geography also dictates their participation in separate trauma councils from the rest of the region
- Staffing resources are stretched in response
- Smaller communities are less integrated with EMS partners because they are stretched as well
- There are still some questions on how the coalition will operate in a response

TRAINING AND EXERCISE

Communities in the West District tackle training in a variety of ways within their counties. Thurston and Grays Harbor Counties have created integrated training and exercise programs to include healthcare partners, particularly hospitals, into the process. Mason and Pacific are developing a more inclusive process to bring healthcare and other partners into training and exercise programs. All communities were interested in continued integration of training and exercises with their local healthcare partners. Partners seemed interested in sharing opportunities and best practices across districts and counties. Non-hospital healthcare partners have not been as well integrated into the training and exercise opportunities. EMS is recognized as an important partner, but difficult to engage with, for training and exercise.

Most training topics are identified by training mandated by internal policies or external regulations. Most exercises are identified based upon the need to meet accreditation standards, to test plans, and to participate with partners. The highest priority training areas were training on ICS, workplace security/shelter-in-place, and clinical preparedness and response. Other high-level priorities include surge/evacuation, personal preparedness, and patient tracking/movement.

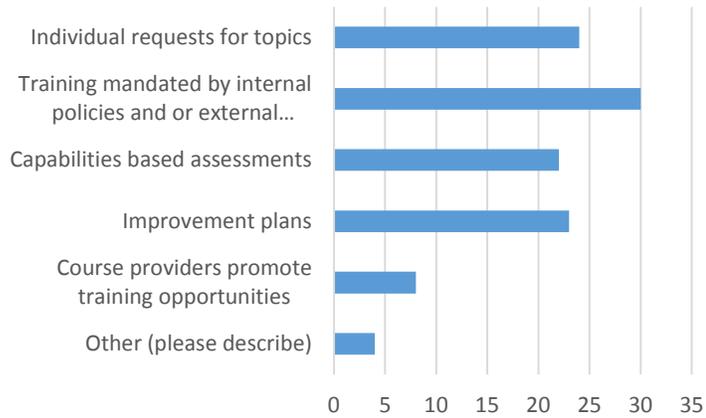
Key Strengths:

- Respondents participated in many internal organization exercises in the last year and many participated in at least on healthcare coalition facilitated exercise or external exercise with community partners
- Respondents reported an average of 3 seminar/workshops, and 5 tabletops annually
- Some communities have integrated their hospitals into their training and exercise cycles
- All communities are interested in continues and strengthening coordination with healthcare for training and exercises

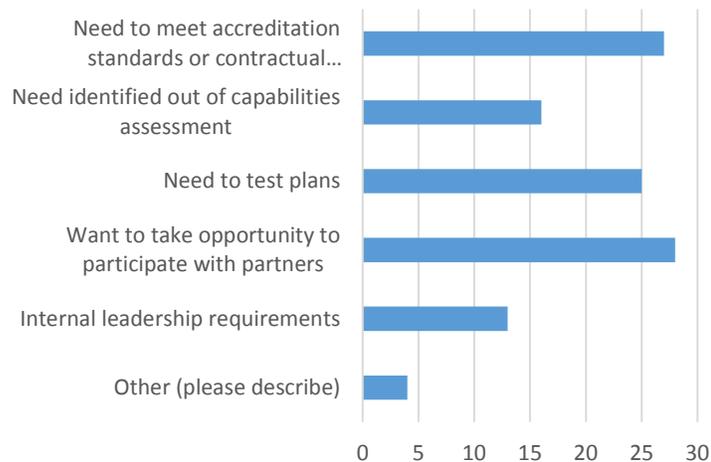
Key Gaps:

- Some communities have not integrated healthcare and especially non-hospital healthcare into their training and exercise cycles
- Many partners cited the lack of integration with EMS in training and exercise as a key gap

How Organizations Identify Training Topics



How do you identify exercises?



PLANNING

Most counties in the West District have a formal structure for their Comprehensive Emergency Management Plan (CEMP) and ESF-8 plans. They do not have a formal structure with their partners for additional planning efforts. Several counties identified a coordinated planning processes that incorporates partners and healthcare as a gap within their community. None of the counties have formal plans that addresses the topics of: healthcare situational awareness, healthcare resource coordination, patient movement and tracking, or healthcare policy and planning coordination. Partners in the West District identified the following areas in planning they are interested in focusing on:

- Support for healthcare CMS planning
- Family reunification planning
- DMCC planning and incorporation into communities
- Higher level policy related questions to affect all healthcare across the region
- Long-term care surge and evacuation
- Communications planning with all partners
- Medical transportation planning
- Help support bringing healthcare into planning in a collaborative atmosphere

Key Strengths:

- Most organizations had plans for alerting, continuity of operations, patient movement, recovery, acute infectious disease, situational awareness, and hazard vulnerability analysis
- Some counties have incorporated healthcare into their planning

Key Gaps:

- Fewer organizations had plans around patient tracking, family assistance, or alternate care systems
- At the county/regional level, few cited having continuity of operations, recovery, family assistance, or alternate care system plans. Generally, organizations cited having more plans than county regional plans
- Some communities are looking to make their planning processes more collaborative and include healthcare partners

COMMUNITY INTERACTIONS

Connections between healthcare partners and emergency management varies depending on the county within the West District. Most counties identified that the connections between EMS and community partners could be strengthened. EMS partners are often stretched within the communities and the coalition should consider other ways of engagement. Most communities have not had formal structures to engage healthcare executives besides the

engagement with the local health officers. Partners identified the following additional groups as key influencers within their communities:

- Schools/universities
- Kaiser
- Tribes
- Urgent care
- Public works
- Law enforcement

All counties, except Thurston County, identified the need to engage more of their non-hospital partners in planning and preparedness. If there were clinical questions within the community, most county’s local health officer would reach out to other local health officers or their professional colleagues for guidance

Key Strengths:

- Emergency management well engaged with healthcare partners

Key Gaps:

- EMS engagement identified in most of the counties in the West District
- No formal structure for executive or clinical engagement
- Identified a need for more non-hospital engagement

INFORMATION MANAGEMENT

The counties identified the use of the following tools for alerting and information management:

	<i>Thurston</i>	<i>Mason</i>	<i>Grays Harbor</i>	<i>Pacific</i>	<i>Lewis</i>
<i>Mass Alerting Tool</i>	<ul style="list-style-type: none"> • Rave • WASecures 	<ul style="list-style-type: none"> • AlertSense • WASecures • Everbridge • WATrac • Rem4 (Hospital – not great) 	<ul style="list-style-type: none"> • Tolera • WASecures • Blast FAX (PH) • EPI News 	<ul style="list-style-type: none"> • Tsunami Sirens • Hyperreach • Phone system 	<ul style="list-style-type: none"> •
<i>Information Management Systems</i>	<ul style="list-style-type: none"> • WebEOC • WATrac 	<ul style="list-style-type: none"> • WebEOC • WATrac 	<ul style="list-style-type: none"> • Tolera • WebEOC • WATrac • WASecures 	<ul style="list-style-type: none"> • Everbridge • WebEOC • WATrac • LHO email 	<ul style="list-style-type: none"> •

Key Strengths:

- Approximately two-thirds of respondents had a method for sharing healthcare situational awareness information

- Slightly over two thirds of respondents had a regional mass notification or alerting system

Key Gaps:

- Systems inconsistently used across the counties in west district

GENERAL

The participants from the counties identified several ways in which they hope to benefit from working with the Northwest Healthcare Response Network, including:

- Broadening ability to expand and response
- Not having to reinvent the wheel
- Ability to hear from the broader group of partners
- Excited to partner with more resources and experience
- Consistency and partnerships across the region
- Believe in collaboration and want to be connected
- Sharing best practices
- Keeping coalition strong
- Incorporating crisis standards of care work
- Resource coordination to include medication
- Standardization and consistency across Western Washington (Patient tracking and DMCC)
- Want more defined processes in planning
- Concrete guidance on things to do and think about

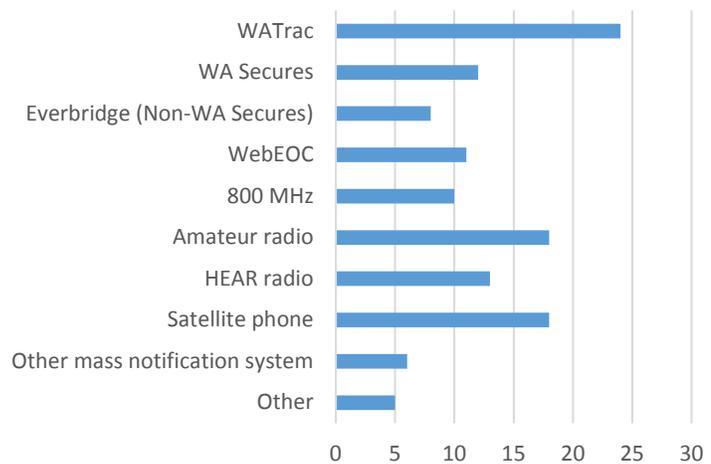
Key elements in the community to be aware of are:

- Large retirement community within the smaller counties
- Mental health challenges and opioid work
- Healthcare is in crisis daily, what will they do in response
- Never underestimate the geography

Partners identified the keys to success within their communities as:

- Understanding the communities
- Connection to all regions and counties

Communication Systems





- Common vision all understand
- Get EMS chiefs involved
- Keeping local connections and ensure we support smaller communities
- Plans that make sense for the area
- Inclusiveness
- Care about the concerns and perspectives of all
- Put in time to build relationships

Challenges that might keep us from full success:

- North-South divide of the county for normal patient flow (Pacific, Mason)
- EMS not fully utilizing and understanding the DMCC system
- Concerns that DOH made the decisions to consolidate coalitions on their own and it might not work
- Don't over promise and under deliver
- Unsure how to translate what is learned about the coalition into their community
- Lack of communications and connections. Not communicating to everyone equally
- Not enough man power resources
- One size doesn't fit all
- Potential to get tasked at state level and unable to support the local work
- Concerns about Seattle centric and competing with the I-5 corridor

COALITION WIDE THEMES

COALITION INTERACTIONS

Key Strengths:

- Good connections between partners and the coalition, which, in some districts, includes strong relationships with hospital, non-hospital, military, emergency management, and public health partners
- Partners serving the whole state are excited with the consolidation of coalitions and how they can connect in a consistent way
- Keep connections at the local level as well as the district and across districts
- Continue collaboration through meetings and work
- Connections of partners to coordinated exercises

Key Gaps:

- More, or continued support for incorporating non-hospital partners into coalition
- Strengthen engagement with EMS partners
- Connections to other regions for best practice sharing and response
- Engaging partners in planning through meetings
- Collaborative planning for training and exercises to support community needs
- Bringing coalition work out to the more rural areas

RESPONSE STRUCTURES

Key Strengths:

- ESF-8, health and medical response, is led by the Local Health Jurisdictions (LHJs) in all Districts
- Strong local connections between healthcare facilities and the LHJs/Public Health Departments within most Districts
- Healthcare resource requesting is handled or directly integrated with County Emergency Management

Key Gaps:

- Need for coordinated situational awareness across counties, especially in relation to patient movement
- Lack of consistency of how healthcare is integrated into County Emergency Management during response
- Limited staffing and resources make engaging healthcare and coordinating with local Emergency Management difficult

TRAINING AND EXERCISE

Key Strengths:

- Most organizations are conducting internal training and exercise several times a year
- All are interested in strengthening the coordination for training and exercises across healthcare

Key Gaps:

- Need for more integration with non-hospitals
- Lack of integration with EMS during exercises

PLANNING

Key Strengths:

- Organizations have their own internal plans for continuity of operations, alerting, situational awareness
- Most of the counties have processes for bringing partners together and an overarching structure for plans for the community

Key Gaps:

- Partners reported fewer community/regional level plans for topics such as continuity of operations, family assistance, and alternate care systems
- There is a general need to improve EMS and non-hospital healthcare partner integration and collaboration into the planning process
- Smaller communities have stretched resources and do not have the same level of community planning and support as the larger counties

COMMUNITY INTERACTIONS

Key Strengths:

- All counties mentioned multi-sector engagement, diverse partnerships, and maintaining local relationships as critical strengths to their work
- Many counties have good relationships between their hospitals and emergency management but are hoping to improve engagement with non-hospital partners

Key Gaps:

- One of the challenges with multi-sector engagement is making sure the meetings are relevant for everyone involved
- All counties identified the need to increase EMS engagement as well as increasing non-hospital partner connections



- Most communities mentioned wanting to connect with partners across the region, share best practices, and increase their understanding of each other's response capabilities
- All counties specified the need to improved connections with healthcare executives and those in decisions-making positions

INFORMATION MANAGEMENT

Key Strengths:

- Most organizations have a method for sharing healthcare situational awareness
- WATrac and WebEOC are utilized by most organizations throughout all counties

Key Gaps:

- There are a variety of mass alerting and information management systems used without consistent coordination between counties
- Only a quarter of the Northwest District survey respondents indicated that they had a mass notification or alerting system

GENERAL

Benefits from working with the Northwest Healthcare Response Network:

- Connections to healthcare and other partners across counties and the Coalition
- Sharing lesson learned and best practices
- Alignment of planning efforts
- Support for training and exercises

Key elements to be aware of are:

- Limited staffing and resources to participate in additional efforts
- Recognition of differences between small and large communities
- Consideration for varying geography across service area

Keys to success:

- Maintaining local connections
- Relationship building and continued inclusiveness in planning
- Incorporation of EMS

Challenges that might keep us from full success:

- Understanding the benefits of Coalition participation
- Lack of communications or unequal communications across all counties
- Partners not participating in meetings

WESTERN WASHINGTON PRIORITIES

PRIORITIES BY TOPIC

The following priority topics were compiled from the discussions in the sections above. These are general priorities for each area of work that will be further refined through continued exploration and discussions.

Response:

- Establish connections between local Emergency Management and the Network
- Obtain emergency contact information from all Coalition partners to incorporate into situational awareness mass notification practices
- Develop a comprehensive understanding of the ESF and/or ICS Emergency Management response structures within each county as they relate to healthcare integration
- Determine how to engage with LHJs as the ESF-8 leads, within all Districts, during a response
- Identify patient movement coordination gaps across counties and needed procedures

Training and Exercise:

- Long-term training and exercise plan to ensure all partners have opportunities to participate
- A Western Washington training and exercise calendar that encompasses all training offered and exercises conducted throughout Western Washington
- The development of a Western Washington training and exercise advisory workgroup
- The Network commits to conducting a minimum of 2 exercises a year in each district that helps facilities meet their CMS requirements.
- More integration opportunities for non-hospitals
- Specific training priorities focus on: Hospital Incident Command System (HICS), personal preparedness, surge, patient tracking/movement

Planning:

- Work to improve participation and collaboration with EMS and non-hospital healthcare partners in community response planning
- Ensure that counties and agencies have formal plans around healthcare emergency response including family assistance, alternate care facilities, MCIs, continuity of operations, patient tracking and patient movement
- Create a coordinated process for incorporating partners and healthcare into planning
- Work with local DMCCs on planning
- Improve planning for long-term care partners

Community Interactions:

- Improving engagement with EMS partners, non-hospital healthcare organizations, and executive leadership
- Continuing a multi-agency, diversified group that maintains a local feel but strives to build cross jurisdictional capabilities and shares best practices regionally
- Create meeting platforms and agendas that are inclusive of everyone and relevant for those involved and/or clear in expectations and communications to elicit attendance of necessary partners

Information Management:

- Develop an understanding of how WATrac and WebEOC are utilized in all counties
- Identify situational awareness mass notification needs within Districts and across Districts
- Establish mass notification procedures between the Network and Districts

General:

- Gaining a deep understanding of all communities and how to effectively engage with them
- Creating systems for sharing lessons learned and best practices
- Identifying differences between small and large communities in order to ensure a balanced approach to Coalition priorities
- Introducing relationship building opportunities while maintaining local connections
- Providing a variety of ways for engagement with recognition to limited resources
- Incorporation of EMS into Coalition

NEXT STEPS

Information from this report and the individual community discussions will help guide the Transitional Advisory Committee and Network staff through the process of determining priorities to support community integration and outlining the project planning timeline for this year. Additionally, the information contained in this report will support informing the development of a new strategic plan.

The Northwest Healthcare Response Network is forming a Transition Advisory Committee to help lead us through the expansion into a Western Washington wide coalition. The purpose of the Transition Advisory Committee is to inform the Network's next steps for inclusion and integration of existing/historical local coalition work and processes into the future planning, training, and exercise of the new expanded coalition. This group will inform:

- The ongoing transition planning and related coalition activities over the next 6-12 months.
- Coalition priorities, goals and metrics as well as other strategic or operational needs (e.g. input into required federal gap analyses/assessment documents, etc.).
- strategies for strengthening community connections including the Network's incorporation into local and regional meeting and planning efforts.
- Inform the development of the future Coalition Steering Committee.

The Transition Advisory Committee is comprised of representatives from all districts and are self-nominated by this body. The Transition Advisory Committee will hold their first meeting in early October and will continue until the coalition steering committee is formed (6 months – 1 year).

Additionally, the findings from this report will be used to identify Coalition partners and areas of focus.

If you have any questions or concerns about the content of the above report or any next steps please do not hesitate to reach out to Susan Pelaez at Susan.Pelaez@nwhrn.org or Rebecca Lis at Rebecca.Lis@nhwrn.org.

Thank you all again for your participation in this process and ongoing support as part of the Coalition.

GLOSSARY

CEMP – Comprehensive Emergency Management Plan

CERT – Community Emergency Response Teams

CMS – Center for Medicare and Medicaid Services

DCAC – Disaster Clinical Advisory Committee

DMCC – Disaster Medical Coordination Center

DOH – Washington State Department of Health

ECC – Emergency Coordination Center

EMS – Emergency Medical Services

EOC – Emergency Operations Center

ESF – Emergency Support Function

ESF-8 – Emergency Support Function – 8 (Public Health and Medical Services)

HICS – Hospital Incident Command System

HVA – Hazard Vulnerability Analysis

ICS – Incident Command System

IMT – Incident Management Team

MCI – Mass Casualty Incident

Network – Northwest Healthcare Response Network

NGO – Non-Governmental Organizations

TEPW - Training and Exercise Planning Workshop

WTA – Whatcom Transit Authority