The Northwest Healthcare Response Network (The Network; NWHRN) serves a vital role in our community by leading healthcare organizations in a regional, collaborative effort to prepare for, respond to and recover from emergencies and disasters. This is a compendium of resources we offer to help ensure the resiliency of the region’s healthcare community. Many resources contribute toward organizations meeting healthcare CMS requirements and accreditation standards.

The Network facilitates system-wide planning with healthcare and other emergency response organizations to establish relationships, leverage expertise and develop plans and tools. These plans provide a framework for individual facilities to plug into a regional or coalition wide level.

**Healthcare System Emergency Response Plan***,**
Outlines how healthcare organizations will work together in an emergency response, and is a base plan to which all others are annexes.

**Situational Awareness Annex***,**
Outlines how information on the operations and needs of healthcare will be collected, analyzed and disseminated in an emergency response. CMS requires that healthcare organizations have a communications plan and mechanisms to share and gather information about healthcare operations during an incident. This plan provides the framework for individual facilities to plug into a regional level.

**Scarce Resource Management and Crisis Standards of Care Annex**
Provides a framework for a coordinated regional response in managing scarce resources during critical situations affecting our healthcare community.

Although not directly connected to healthcare CMS requirements, the concept of operations will be a vital addition to the region’s preparedness.

**Acute Infectious Disease Annex***,**
Outlines how healthcare, EMS, Public Health, and the Network coordinate to respond to an infectious disease incident, and informs how individual facilities can plug into a regional healthcare response framework.

**Patient Movement Annex**
Defines roles and responsibilities of regional response agencies and organizations for patient movement including the coordination of healthcare, the Network, Local Health Jurisdictions (LHJs), and other regional and state partner response. It serves as a framework for patient movement in our region.

**Patient Tracking Appendix***
Defines the patient tracking process and responsibilities of healthcare, EMS, and other partners for the purposes of family reunification. Per CMS, most healthcare facilities are required to track the location of staff and patients in the facility’s care during an emergency. The concept of operations outlines how patients will be tracked regionally and how patient tracking fits into regional structures for family reunifications.

**In-bound Patient Movement Appendix***
Patient movement plans are generally designed around surges in patient volume because of an incident such as a mass casualty incident (MCI) or a healthcare facility evacuation within a coalition’s service area. There are nuances to a response when there is an influx of patients from a disaster-struck area arriving from outside our region for care. This appendix provides specific information on the coordination of a regional response related to the movement of patients into the NWHRN’s coalition service area from outside the area, to receive or continue care. The plan describes the coordination of decision making, operations, and communications for patient movement during such a response.

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* Contributed toward meeting a healthcare CMS requirement described as ‘required’, ‘strongly recommended’, ‘expected’ or ‘encouraged’ for one or more provider types.

** Plan, Tool or Resource will be updated in the future to reflect the Network’s expanded area in Western Washington.
NWHRN RESOURCES
RESPONSE PLANS | TOOLS | TRAINING & EXERCISES
COMMITTEES & MEETINGS | SERVICES

Response Plans Continued

Long Term Care Response Appendix
Provides a coordinated response framework for LTC patient movement and the tracking within NWHRN’s coalition service area and contiguous sovereign tribal nations. Specifically, the purpose of this appendix is to:
- Describe the coordination and procedures for LTC patient movement and response within the coalition service area.
- Describe the methods by which the response team will support LTC patient placement, tracking, and movement.
- Define the roles and responsibilities for the response team, LTC facilities, NWHRN, and Disaster Medical Coordination Centers (DMCCs).

Healthcare Hazard Vulnerability Assessment (HVA) Tools*
Provides a detailed analysis of the hazards affecting healthcare organizations in our region. The regional healthcare HVA will not take the place of a facility-specific HVA, but will support individual facilities in completing their HVA to meet the CMS requirement of performing a risk assessment using an "all-hazards" approach.

Guidelines for Writing an Emergency Preparedness Plan Workbook*
(Sustaining Members only)
This workbook assists in the preparation of an Emergency Preparedness Plan that will establish responsibilities and procedures for staff to follow in preparation for and directly after a major emergency has impacted a non-hospital facility.

Hospital Guidelines of Management of Pediatric Patients in Disasters Toolkit*
(update in progress)
Provides the step-by-step approach and templates to create a facility-specific internal response to managing pediatric patients in an incident. Per CMS, hospitals must have a plan to address vulnerable populations, including pediatrics.

Flash Drills (Sustaining Members only)
Supports staff and volunteer training and testing for emergency preparedness, communications plans and procedures.

Healthcare Scarce Resource Management Tools
These tools support the management of healthcare scarce resources during a disaster. Although not directly connected to healthcare CMS requirements, they will be a vital addition to the region’s preparedness when managing scarce resources and patient care in a crisis situation.

Clinical Guidance for NDMS Outbound Aeromedical Adult Patient Evacuation: A Toolkit for Civilian Hospitals*
Guides the clinical selection and preparation of adult patients for evacuation by air under the federal National Disaster Medical System (NDMS). While aeromedical patient evacuation by NDMS is only a small part of the greater mass patient movement concept, this toolkit provides vital information to civilian clinicians on patient selection and preparation.

WATrac
The Network is the regional administrator of WATrac, the statewide hospital bed, patient, and capability tracking system. We support its use with participating facilities, including on-call support and training.

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** Plan, Tool or Resource will be updated in the future to reflect the Network’s expanded service area in Western Washington.
The Network develops innovative training and exercise opportunities tailored to the unique needs of Washington State’s healthcare community. Our coalition members—including the leading medical institutions in the region—contribute the latest knowledge to help ensure each training is relevant to our region’s healthcare organizations. In addition to the following items, the Network hosts workshops of interest and relevance for our coalition members throughout the year.

**Business Resiliency Workshop**

An 8-hour interactive training course to introduce healthcare facility staff to business resiliency planning concepts. Business resiliency planning for healthcare addresses the need to remain open and functional during disaster and how that might be achieved from business, staff and patient perspectives. Participants are guided through a workbook designed to support facilities in developing their own business resiliency plan.

**Pediatric Workshop**

A hands-on workshop designed specifically for non-pediatric clinicians to practice the principles of caring for pediatric patients in an emergency. The workshop helps meet CMS training requirements for hospitals and clinics, and is a valuable addition to the region’s preparedness.

**Facility Emergency Preparedness Plan Activation Drill** (Sustaining Members only)

Instructions and tools to guide health care facilities in testing and assessing the activation of their Emergency Preparedness Plan.

**How to Build an Exercise**

A 2-hour interactive workshop providing an overview of: regional exercise design; implementation and evaluation for healthcare coalitions; and exercise design for individual healthcare facilities. CMS requires facilities to develop and maintain training and testing programs that demonstrate knowledge of emergency plans and procedures, and an improvement plan process for incorporating exercise learnings that improve plans and procedures.

**CST I & II (Late Spring / Early Summer)**

The Coalition Surge Test I (CST I) is a relatively new annual requirement for healthcare coalitions that receive funding through the U.S. Department of Health and Human Services (HHS) Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP). While this requirement specifically applies to coalitions, the actions and functions that must be tested are conducted primarily at the hospital-level and will directly drive our community’s ability to respond to a large-scale patient surge. The exercise is designed to measure our coalition’s ability to work collaboratively during a simulated evacuation of 20% of our region’s acute-care hospital bed capacity.

**There will be no actual movement of patients.**

Coalition Surge Test II (CST II): data generated during CST I will be used to support an exercise designed for non-hospital participation (Long-Term Care, Skilled Nursing Facility, Dialysis, Outpatient Clinics, Blood/Tissue Centers, Home Health, etc.). This exercise will allow these to interact with the Healthcare Emergency Coordination Center (HECC) to provide situational awareness and determine community capability to surge to support patients identified for discharge during CST I.

**Triage & Treatment**

Triage & Treatment provides a foundational training and framework that enables any type of healthcare facility to respond to an emergency and bolster surge capabilities in their facility and community during an incident. It allows the broad range facilities to have a common operating plan, basic triage skill set, response capabilities, and an understanding of emergency management.

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**Plan, Tool or Resource will be updated in the future to reflect the Network’s expanded service area in Western Washington**
The Network turns competitors into collaborators by bringing together healthcare leaders to build collective preparedness and response capabilities in Western Washington through a variety of critical advisory committees and work groups.

**State Supply Chain Resiliency Workgroup**
Guides the development of sourcing and delivery strategies to address statewide healthcare supply chain vulnerabilities and challenges. By invitation only.

**W. Washington WATrac Advisory Committee**
This multidisciplinary committee is comprised of partners representing agencies participating or contributing to the WATrac System with the purpose of developing common policies, procedures, standards, and novel new uses for the Washington State Web-based Health and Medical Incident Management System (WATrac).

**Disaster Clinical Advisory Committees**
This multi-disciplinary committee provides expert clinical advice on issues such as regional medical surge and crisis standards of care. It is an integral component of an ethical, transparent and clinically-responsible health emergency decision-making structure for King and Pierce counties. This committee also advises the local health officers and other policymakers during health emergencies. By invitation only.
- Northwest DCAC
- Central DCAC
- North DCAC (Coming Soon)
- West DCAC (Coming Soon)

**Acute Infectious Disease Advisory Group**
Assists in cooperatively prioritizing and implementing regional planning and response priorities for acute infectious disease incidents. By invitation only; contact us if you are interested in participating.

**Long-Term Response Team**
Many types of events and incidents may trigger the activation of the Network’s response plan and it is recognized that in some of these cases long-term care (LTC) facilities or patients will be involved. Effective response to LTC patient movement requires subject matter experts who understand LTC systems and the special needs of its patients. To assist with these types of operations, the NWHRN has put together a Long-term Care Response Team (the response team) to provide subject matter expertise and provide operational assistance during a response.

**District Meetings**
Note: The Network hosts District Coordination meetings in each NWHRN District to facilitate planning, information sharing and collaboration for health and medical preparedness. These meetings are open to all organizations.
- Northwest
- Central
- North
- West

**Health Support Team (HST) Disaster Behavioral Health Workshop**
Trains clinical and non-clinical healthcare providers in the provision of ongoing support services to families, friends and community members in the aftermath of natural or man-made disasters. The aim is to provide tools for coping with a crisis or disaster across the continuum of acute response and rebuilding. Participation in this workshop may help meet CMS requirements for staff and individual mental health training.

**Online Training Videos**
- **WATrac How-to Videos** allow for consistency of training and familiarity with the system, as well as just-in-time training during an incident.
- **Clinic Disaster Preparedness Training** provides basic preparedness training for clinic staff in a five-part series.
- **Plan Training Videos** provide an overview of the regional healthcare response plans, including their purpose, structure and concept of operations.

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