



NORTHWEST HEALTHCARE
Response Network®

2019 Coalition Annual Meeting and Workshop Meeting Summary and Next Steps

Prepared by:

The Northwest Healthcare Response Network

Monday, November 25, 2019

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EXECUTIVE SUMMARY

On Friday, September 20, 2019, the Northwest healthcare Response Network (the Network) hosted the inaugural All Coalition Annual Meeting and Workshop from 10:00am – 3:00pm at the DoubleTree Suites Southcenter, Tukwila WA. The goals of this meeting were four-fold:

- Bring together all Coalition partners across the Districts
- Identify ways to implement the Coalition Strategic Framework priorities locally
- Provide an opportunity for sector specific sharing and identification of priorities
- Discuss inter-dependencies across healthcare and non-healthcare partners during real world response

There were two facilitated breakout session throughout the day. The first was focused on four main priorities identified as part of the Strategic Framework. The goal of these discussions was to identify ways to implement these strategic planning, training, and exercise priorities across the Coalition service area. The second was focused on bring partners together from common sectors and across the Coalition service area to discuss key priorities, identified by their sector, to become fully prepared.

The final session of the day was a scenario-based facilitated discussion on a winter weather scenario to:

- Define response roles and actions participants would take based on their sector to support healthcare emergency response
- Identify ways in which partners and agencies work together across sectors to support healthcare emergency response

A total of 141 people (not including Network staff) attended the annual meeting and many continued to provide input through the four subsequent District Coordination Meetings held in each district during September and October.

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

STRATEGIC PLANNING PRIORITIES AND LOCAL STRATEGIES FOR IMPLEMENTATION

NON-HOSPITAL AND EMS

- Engage more long-term care organizations into the Coalition planning processes and prioritize planning needs concerning transportation of patients and medical equipment and resources planning

- **Action:** Network will continue to recruit long-term care partners to join the Long-Term Care Workgroup and expand that workgroup to tackle planning and response team topics
- Engage EMS at the local level (through county, local or regional trauma and EMS councils) to increase engagement and identify priorities to support healthcare planning
 - **Action:** As part of the Network’s strategic framework implementation that team will begin reaching out to EMS through these modalities early in 2020
- Engage outpatient healthcare organizations (e.g. dialysis, clinics, ambulatory surgery centers) to identify needs to support situational awareness, best practice sharing, and connection to community partners and resources
 - **Action:** The Network has launched an Ambulatory Care Workgroup and will launch Dialysis Workgroup in early 2020 (if interest from the LTC community) to support some of these topics

CLINICAL

- Engage with outpatient healthcare providers and clinicians to better integrate them into the healthcare situational awareness process
 - **Action:** The Network has launched an Ambulatory Care Workgroup and will continue to engage on these topics
- Create better engagement and connections between clinical disciplines within agencies to support situational awareness flow (e.g. between emergency departments and inpatient processes). Identify best practices among previous responses that could support this engagement

SURGE

- Engage pediatric provider agencies and partners that work with pediatrics daily (schools, daycare, etc.) to support planning
- Engage pediatric planning into community level process including how to support pediatrics in an MCI, DMCC operations, etc.
- Reach out to EMS locally to identify gaps and resource needs for pediatrics
- Identify tools or processes that could help increase the ability to care for pediatric patients within the community (e.g. care teams, list of providers, pre-evacuation processes for pediatric patients, etc.)
 - **Action:** (for all the items listed above) The Network has launched a comprehensive pediatric focused work in to be completed by June 2020 with the goals of creating a Pediatric Surge plan for the region and additional tools to support the clinical and operational implementation

PATIENT MOVEMENT/PATIENT TRACKING

- Clarify roles of all critical partners in each phase of the patient movement and tracking process, to include: DMCC, hospital, long-term care, the Network, EMS/transport providers, community partners (Emergency Management, Public Health, etc.)
 - **Action:** The Network will convene the western Washington DMCCs in early 2020 to discuss areas for collaboration and possible consistency. Will look for additional education opportunities on their role as well
 - **Action:** The Network will convene additional healthcare, long-term care, EMS, and community partners in advance of the June 2020 Coalition Surge Test Series of exercises to support the clarification of roles of critical partners
- Additional education and community engagement locally on patient tracking processes and roles.
 - **Action:** beginning in November and December 2019 the Network will do additional training opportunities for community and frontline staff education about the patient tracking plan and WATrac tools

SECTOR PRIORITIES

HOSPITAL

- Support cross regional hospital sharing by holding hospital specific workgroups to identify and address gaps in consistent planning across facilities (e.g. decontamination), best practice sharing, and identifying areas of focus for training and exercise coordination
- Create opportunities for additional education and coordination opportunities for planning for business continuity, workplace violence, high consequence infectious disease, etc.
 - **Action:** (For both items above) The Network is exploring multiple avenue for hospitals to work together to build capability and share best practices on many of the above topics

LONG-TERM CARE, HOME HEALTH, HOSPICE

- Prioritize planning to incorporate long-term care into planning, training, and exercises for patient movement, patient tracking, and transportation concerns
- Identify ways to support best practice sharing and peer support for enhanced internal planning for long-term care, home health and hospice partners

- Enhance planning and training for support of long-term care, hospice, and home health providers in responses related to utility (e.g. power, water, gas) and communication outages
 - **Action:** (for all of the above) Network will continue to recruit long-term care partners to join the Long-Term Care Workgroup and expand that workgroup to tackle planning and response team topics as well as best practice sharing

OUTPATIENT CARE

- Engage the diversity of outpatient healthcare providers in planning for common gaps including redundant communications, transportation for staff and patients, and connections to community resources and partners.
- Identify ways to share best practices and common needs across outpatient healthcare providers within the region and from lessons learned around the country
 - **Action:** (for all of the above) The Network has launched an Ambulatory Care Workgroup as will launch in early 2020 a Dialysis Workgroup (with interest from the community) to support some of these topics

CITY/COUNTY/TRIBAL GOVERNEMENT, FIRST RESPONDERS, PRIVATE SECTOR, OTHER

- Document and share the roles and responsibilities for situational awareness and resources coordination of all partners in coordination to of local ESF-8/Health & Medical response, to include Public Health, the Network, Emergency Management, etc.
 - **Action:** The Network will continue to coordinate roles and responsibilities discussion with Local Health Jurisdictions and find ways to document these processes in local procedures (e.g. County ESF-8 Plans)
- Continue to develop coordination mechanisms to support healthcare patient transportation needs in a response
 - **Action:** The Network will continue to include local health jurisdictions and emergency management in discussions with healthcare leading up to the June 2020 Coalition Surge Test Series that will include a patient transportation element
- Coordinate to identify and connect about overlapping/connecting planning areas to support healthcare emergency preparedness and response
 - **Action:** The Network will continue to engage with partners to identify and reconcile areas where plans may overlap and connect (e.g. infectious disease planning (between healthcare and public health), MCI and patient movement planning, etc.)



Information from this report and the individual district discussions will help guide the Coalition Strategy Committee and Network staff through the process of determining priorities and sets towards implementation of project planning for the next year and beyond.

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.

ANNUAL MEETING OVERVIEW

On Friday, September 20, 2019, the Northwest healthcare Response Network (the Network) hosted the inaugural All Coalition Annual Meeting and Workshop from 10:00am – 3:00pm at the DoubleTree Suites Southcenter, Tukwila WA. The goals of this meeting were four-fold:

- Bring together all Coalition partners across the Districts
- Identify ways to implement the Coalition Strategic Framework priorities locally
- Provide an opportunity for sector specific sharing and identification of priorities
- Discuss inter-dependencies across healthcare and non-healthcare partners during real world response

The meeting agenda was structured to create a working meeting that provided opportunities for focused conversations on specific strategic framework priorities, networking time, and key discussions of sector specific priorities. Below is an overview of the agenda for the day:

10:00AM OPENING REMARKS – *Onora Lien, Executive Director*

10:10AM YEAR IN REVIEW AND YEAR AHEAD – *Susan Pelaez, Director of Preparedness and Response*

10:30AM COALITION AWARDS

- *Kim Moore, Division Vice President of Medical Operations and Associate Chief Medical Officer CHI Franciscan, Chair of the NWHRN Board of Directors*
- *Onora Lien, Executive Director*

11:00AM STRATEGIC PLANNING PRIORITIES AND LOCAL STRATEGIES FOR IMPLEMENTATION (BREAKOUT)

12:00PM LUNCH BUFFET/NETWORKING EVENT

12:30PM HEALTHCARE SECTOR PRIORITIES (BREAKOUT)

- Identifying important topics in your sector for future work and engagement
- See breakout sheet

1:40PM SCENARIO BASED FACILITATED DISCUSSION

2:40PM NEXT STEPS – *Onora Lien, Executive Director*

3:00PM ADJOURN

There were two facilitated breakout session throughout the day. The first was focused on four main priorities identified as part of the Strategic Framework. The goal of these discussions was to identify ways to implement these strategic planning, training, and exercise priorities across the Coalition service area. Participants were asked to attend a breakout session they found

most interesting and relevant to them and were not pre-assigned to a group. Each group was facilitated by a Network staff member. Key themes, items, and issues were captured by a designated scribe and helped inform this written summary. The topics and goals for the first breakout session were as follows.

11:00am – 12:00pm Strategic planning priorities and local strategies for implementation

Topic	Goal
Non-Hospital & EMS	Engage non-hospital sectors to define preparedness needs, roles, and responsibilities
Clinical	Increase capacity for clinical information-sharing by refining existing processes, and identifying new partners
Surge	Develop specialty patient surge strategies to enhance clinical capabilities, with a focus on pediatrics
Patient Movement & Patient Tracking	1) Enhance capabilities and coordination for patient movement across jurisdictions and districts; 2) Refine the patient tracking coordination plan across jurisdictions to drive toward consistency and build depth in capabilities

Following lunch and the network session there was an additional breakout session. The goal of these discussions was to bring partners together from common sectors and across the Coalition service area to discuss key priorities, identified by their sector, to become fully prepared. Participants were asked to think beyond this next year, beyond just what the Network could lead, and all that it might take to become fully prepared and how we would like to collectively achieve those possible goals. Similar to the first breakout session, participants were asked to attend the breakout session they found most interesting and relevant to them and were not pre-assigned to a group. Each group was facilitated by a Network staff member. Key themes, items, and issues were captured by a designated scribe and helped inform this written summary. Sector groups and potential partners included for the second breakout session were as follows.

12:00pm – 1:40pm Networking Event/Sector Priorities

Sector Group	Partners Included
Hospitals	System-based and independent hospitals
Long-Term Care, Home Health, Hospice	Nursing Homes, Assisted Living, Independent Living, Adult Family Homes, Home Health, Hospice
Outpatient Care	Clinics, Community Health Center, Urgent Care, Ambulatory Surgery Centers, Behavioral Health (outpatient), Dialysis, Tribal Clinics
City/County/Tribal Government, First Responders, Private Sector, Other	Public Health, Emergency Management, Tribal Government, EMS, Law Enforcement, Utilities, Medical Vendors, Poison Center etc.

Following the second breakout session the group came back together to hear lessons learned from the Washington Veteran’s Home on their recent real-world event of a water disruption at their nursing home facility.

The final session of the day was a scenario-based facilitated discussion on a winter weather scenario to:

- Define response roles and actions participants would take based on their sector to support healthcare emergency response
- Identify ways in which partners and agencies work together across sectors to support healthcare emergency response

The scenario presented was based on a winter weather event, like the one experienced across western Washington in February 2019. All partners were asked to evaluate the following discussion questions:

- What key actions are you doing to prepare for the approaching storm?
- What other partners might you be reaching out to in advance of the storm?
- What are your current concerns and priorities?
- Who might you want to coordinate with across your area to support operations?
- What are your organization/agencies concerns about the prolonged weather situation? Are there specific resources you are most concerned about? How does the weather outlook change your response?
- What are your organizations/agencies plans for returning to normal operations following the storm?

Hotwash notes were gathered by table of participants and used to support the creation of this summary.

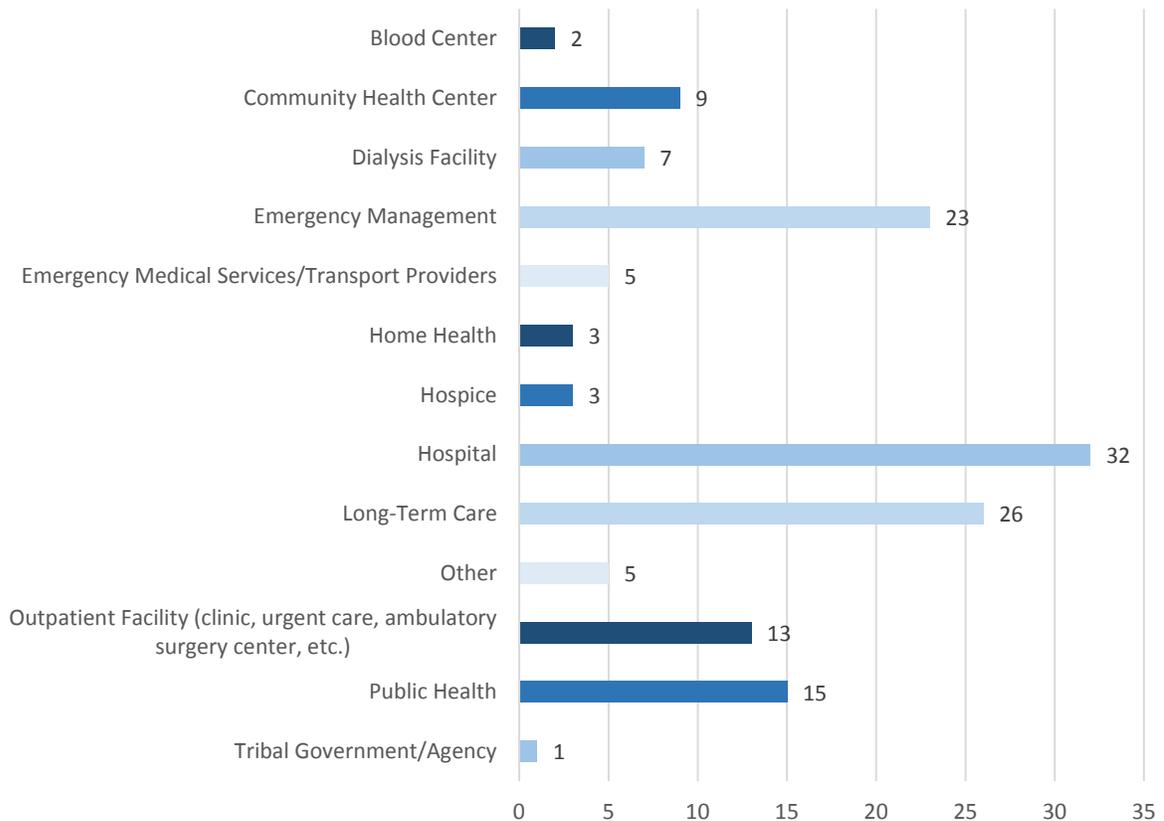
The following summary is a consolidation of the information gathered from during the annual meeting and in follow-up discussions at each District Coordination Meeting in September and October. This report identifies common themes within discussions and identified key actions and next steps to incorporate this information into future coalition work. The Coalition Strategy Committee will work with the Network staff to support program implementation planning.

ANNUAL MEETING FINDINGS

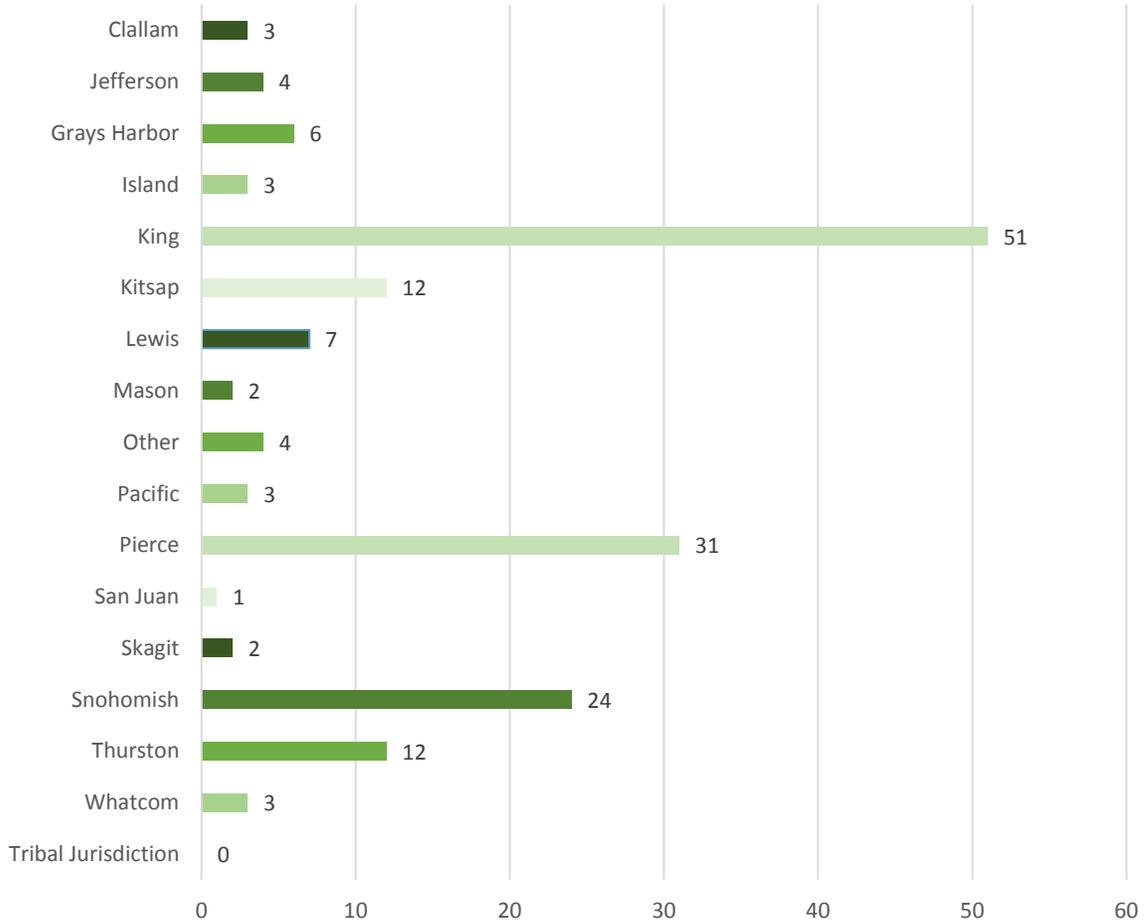
Thank you to all the participants of the 2019 Coalition Annual Meeting and Workshop and subsequent discussions. The key topics, themes, and suggestions gathered in the meeting have been summarized and synthesized into a narrative overview of the discussions broken out by topic area and sector (based on the discussion). The discussion is broken out into the four main discussion topics from the first breakout session and by sector for the second breakout session.

A total of 141 people (not including Network staff) attended the annual meeting and many continued to provide input through the four subsequent District Coordination Meetings held in each district during September and October.

Annual Meeting Participants by Sector: meeting participants were able to select more than one sector



Annual Meeting Participants by Jurisdiction/County: meeting participants were able to select more than one jurisdiction



BREAKOUT SESSION #1: STRATEGIC PLANNING PRIORITIES AND LOCAL STRATEGIES FOR IMPLEMENTATION

NON-HOSPITAL & EMS

GOAL Engage non-hospital sectors to define preparedness needs, roles, and responsibilities

DISCUSSION OVERVIEW

1. Long-Term Care Planning: *How do we expand and incorporate new partners into long-term care planning in the Coalition? Especially concerning patient movement in an evacuation?*

a. *Who should the Coalition reach out to?*

- Washington Health Care Association and Leading Age (Long-term care associations)
- Emergency Medical Services (EMS)
- Transportation providers – private, military, etc.
- Meals on Wheels
- Long-term care peer to peer contacts
- Non-EMS paratransit
- Collaborations with partners representing people with disabilities
- Senior services agencies
- Offices for aging
- Department of Social and Human Services (DSHS)
- Medical Reserve Corps
- Elderly Dementia/Alzheimer's organizations

b. *How should work be organized? Whole Coalition? By District?*

- Reach out to different associations and organizations, the methods might differ based on the service area of the organization contacted

c. *What might be some goals/projects this group should tackle?*

- Discussions on equitability
- Help review internal and external plans
- Medication planning
- Oxygen planning
- Home ventilation planning

d. *What are some opportunities?*

- Reach out to new partners to bring them into the fold
- More robust planning based on these new partnerships

- Connection amongst like provider organizations
- e. *What might be some barriers to success?*
- Language barriers
 - Leadership in this field
 - Regulatory incentives to support needs
2. EMS: *How should EMS partners be more effectively engaged in Coalition work?*
- a. *Are there existing groups that could be leveraged? (EMS ops groups, trauma councils, associations, etc.)*
- EMS is organized and executed differently in every community, there is no cookie cutter approach to EMS delivery
 - Best to meet with each of the agencies first
 - Approach local EMS councils and/or Regional councils for discussions
 - Be aware of differences in Private vs Public EMS providers and how to engage them
- b. *What are some opportunities for collaboration?*
- Collaboration with Emergency Management and EMS to discuss priority roads in a response
 - Connecting with Tribal EMS partners
 - Collaborations across Fire, EMS, Tribal, EM, ESF-8, Public Health
 - Start locally first with EMS engagement
 - Linking and partnering ESF-1 with ESF-8, and law enforcement if necessary
 - Planning for getting patients to and from their critical appointments
 - Mapping EMS and transport assets/Situational Assessment across the region
 - Getting 911 dispatch involvement in planning
- c. *What might be some barriers to success?*
- Different structures and capabilities of partners
 - Knowing who has what capacity – creating a data base of information
 - Communication modes between EMS and healthcare facilities, HAM radio, etc.
 - Multiple MOUs with some entities and overlap in expectations
 - Continuity of operations planning for transportation
 - Staff turnover among EMS partners
3. Outpatient and In-Home Service Providers (clinics, tribal health, ambulatory surgery, home health, hospice, dialysis, etc.): *What are some planning areas that outpatient providers should be more deeply incorporated into the Coalition?*

a. Planning, training, exercises?

- Dialysis planning
 - Understanding how to get patients to their dialysis appointments in a response
 - Using medications and other options to extend time between appoints
- Planning for staff/patient movement
 - Getting staff to and from work
 - Getting patients to and from their critical medical appointments

b. How can the Coalition support this engagement?

- Make a planning, training and exercise schedule that incorporates outpatient groups more
- Plan for all hazards (earthquake, flooding, wildland fire)
- Focus on high consequence events that impact more often
- Help compare similar incidents
- Share plans to support patients in home and not go to hospitals
- Process for sharing medications and other resources across agencies
- Support resource sharing and situational awareness
- Create ways to support sharing across home services on dialysis providers

c. What are some opportunities?

- Include outpatient and in-home services partners more in planning
- Connecting between partners within the outpatient sector to share best practices

d. What might be some barriers to success?

- We don't know what we don't know for outpatient planning
- Planning and education for patient medication needs
- Outpatient provider not knowing who to contact specifically in a response, the Network or local partners
- Not having communications plans across partners
- Ensuring organization plans includes partner emergency contact numbers

CLINICAL

GOAL Increase capacity for clinical information-sharing by refining existing processes, and identifying new partners

DISCUSSION OVERVIEW

BREAKOUT SESSION #1: STRATEGIC PLANNING PRIORITIES AND LOCAL STRATEGIES FOR IMPLEMENTATION

1. Gaining clinical input to inform planning: How can we enhance the clinical input process to be representative of all our districts, partners and healthcare sectors?
 - a. *What groups are particularly important to ensure are represented?*
 - Emergency Department
 - Trauma
 - Clinical inpatient side
 - Primary care providers
 - First responders/receivers
 - Administration
 - Educational institutions
 - CERT
 - Medical Reserve Corps
 - b. *What are the important aspects of healthcare disaster planning that need clinician input? And what are some ways to clinicians more involved in those aspects?*
 - Emergent licensure or shared credentialing amongst healthcare facilities to share staff
 - Sharing of situational awareness information between hospitals and outpatients, including sharing with other healthcare organizations and Local Health Jurisdictions
 - Bio ethics and crisis standards of care
 - c. *What are the best ways to keep clinicians informed?*
 - Create a framework for incorporating nursing unions and student organizations
 - Connections between different disciplines of clinicians within an agency (e.g. emergency department and inpatient care)
 - More inclusion of outpatient providers into situational awareness processes
 - d. *What are some opportunities?*
 - Better connections between the healthcare operations side and government licensure and accreditors
 - Inclusion of students into emergency preparedness training while in higher education
 - Executive buy in and information sharing with emergency management
 - Gaining more provider buy-in
 - Identifying emergency management and clinical disaster champions within agencies
 - e. *What might be some barriers to success?*

- Communications across clinical disciplines, even within an organization
- Lack of common licensure and accreditation
- Educations for unions and educational programs on why emergency preparedness is an important priority

SURGE

GOAL Develop specialty patient surge strategies to enhance clinical capabilities, with a focus on pediatrics

DISCUSSION OVERVIEW

1. Expanding pediatric planning to include all partners: How should pediatric planning be expanded to be inclusive of new geographic areas, clinical expertise, and partners?

a. *Who should be engaged?*

- Non-healthcare partners
 - Schools (nurses, counselors, special needs educators) and specialty schools
 - Bus drivers
 - Superintendents
 - Daycare
 - Integrated plans with agencies that serve community needs (e.g. shelters)
- Acute Care facilities
 - Those who manage emergency departments
 - Providers who support chronically ill patients
- Suppliers
 - Purchasing and vendors
 - Medical rental companies (don't have a lot of pediatric supplies)
 - Patient safety (supplies)
- Social workers to support mental healthcare, and legal considerations
- County partners with patient family reunification plans
- Pharmacies that support pediatrics (inpatient and outpatient)
- EMS and transport providers
- Private practice pediatricians
- Family practice
- Nurse practitioners

b. *How could this planning effort be facilitated?*

- Reach out to already existing groups (emergency management, Washington State Nursing Association, physician pools) to support planning
 - Plans to be better prepared to take care of pediatric hospice at home
 - Define mission of community surge and reach out to stakeholders of their critical functions (identify gaps and strengths)
 - Integrate with community mass casualty plans
 - Conduct drills and exercises with partners and involve whole staff (include clinics)
 - Evaluating in-house processes to support pediatric patients vs. need to transfer to other facilities quickly in an emergency
 - Understanding when in a response (triggers) facilities should send patient out to other facilities, or need to acquire supplies or situational awareness
 - Use partnerships and agreements (using knowledge of sharing) that are in place to support
 - State hospital mutual aid plans (need to further work out how this will be functionally managed)
- c. *How could EMS partners and assets be incorporated into planning?*
- Identify plans amongst EMS partners and assess where there are gaps
 - EMS knows what pediatric patients need in transport and how to accommodate it, need to engage by county lines
 - Reach out to EMS regional councils and trauma councils
 - Identify EMS expectations
 - Engage EMS in exercises and meetings
- d. *Besides EMS, hospitals and clinics should there be others involved in this planning?*
- See part “a” above
- e. *What are some opportunities?*
- Creating care teams to go to different locations (e.g. schools and hospitals) – this would require building a structure
 - Master list of pediatric staff to respond
 - Help create pediatric plans to back-fill physicians (NICU, Radiology oncology) – determine who has training available
 - More clarity of DMCC procedures to ensure pediatric patients are sent to facilities that can support their special needs

- Facilities with pediatrics could create list of where to evacuate their patients and then share those with the community
- f. *What might be some barriers to success?*
- Lack of communications when transporting patients back and forth
 - Pediatric providers connect outside of the DMCC process, but need coordinated communications
2. *Specialty Surge Strategies: what other specialty patients might need specific planning for surge?*
- Geriatrics
 - Labor and Delivery
 - Transplant
 - Oncology/Immuno-compromised
 - Burn
 - Trauma
 - Psychiatric Patients
 - Dialysis
 - Chronic conditions – medical dependent (e.g. vent, oxygen)
- a. *What might be some barriers to success?*
- Cross capability training, difficult to balance with other planning
 - Identify how difficult it would be to just in time train to support these patients

PATIENT MOVEMENT & PATIENT TRACKING

GOAL 1) Enhance capabilities and coordination for patient movement across jurisdictions and districts; 2) Refine the patient tracking coordination plan across jurisdictions to drive toward consistency and build depth in capabilities

DISCUSSION OVERVIEW

Definition of Patient Movement: *For the purposes of this conversation patient movement refers to the coordination, distribution and placement of patients during a mass casualty incident or a healthcare facility evacuation (hospital or long-term care). This coordination does not address field planning or actions by EMS in these scenarios but focuses on the coordination of healthcare facility/organization response in these incidents.*

Definition of Patient Tracking: *For the purposes of this conversation patient tracking refers to the central coordination of patient information and locations to support family reunification. In*

a mass casualty incident, patient tracking begins when the patient reaches a point of definitive care (e.g. hospital). In a healthcare facility evacuation (e.g. long-term care or hospital), patient tracking begins with the evacuating facility.

1. Enhancing Patient Movement: How can we enhance the outlined patient movement plan to incorporate additional healthcare sectors (LTC and EMS) and operationalize within local communities?

a. How does patient movement fit into larger planning approaches locally?

- Need more clarification on the role of the DMCC vs hospitals, especially around hospital evacuation and how patient placement decisions are made
- Need more clear outlines of the roles of all partners (DMCCs, hospitals, LTC, EMS/transport) at each phase of the response (distribution, transport, tracking, etc.)
- How to address inbound and outbound, from our coalition service area, patient movement process
 - Including how to send and receive medical records of patients
 - Knowing where patients were sent to
 - Determine who is responsible for transport
- Identifying and documenting the nuts and bolts of how transportation will be completed
 - Who coordinates?
 - Who provides and secures the resources?
 - What happens if there aren't enough EMS resources?
 - What about transport of staff, stuff, and medications?

b. Who needs to be involved in the local incorporation of these principles?

- EMS and transportation providers
- Government partners
- Hospitals
- Long-Term Care
- Blood providers

c. What are some opportunities?

- Clarify roles of all partners at each phase of patient movement
- Clarify who is responsible for coordinating and finding transportation assets
- Identify who provides surge supplies (e.g. blood, etc.) in a patient movement response
- Clarify, practice, and incorporate patient distribution process for long-term care

- Create clear process for patient transport in a long-term care evacuation
 - Clarify operational tactics involved in many of the patient movement processes
 - Clarify process for patient movement between hospitals and long-term care
- d. *What might be some barriers to success?*
- Continual education and penetration of regional plans for patient movement with all partners
2. *Consistency and depth in patient tracking implementation: How to incorporate patient tracking processes into local family reunification efforts?*
- a. *How to create depth in training of frontline personnel?*
- Make it easier and quicker to input patient information into tracking process
 - Continue education across the continuum of patient tracking with hospitals, DMCCs, and long-term care
 - Create additional clarify on the capabilities of the WATrac system
 - How to use WATrac and patient tracking in an evacuation vs and MCI?
 - How WATrac and patient tracking occur with the incorporation of ACFs or alternate sites?
 - How will WATrac be used in a LTC evacuation if it is not used day to day?
 - Distinguish between the tracking process and WATrac as a tool
- b. *Who are the partners that play a role in incorporating this into community planning?*
- Long-Term Care
 - Hospitals
- c. *What are some opportunities?*
- Identify the role of WATrac in Long-term care patient tracking for evacuation
 - Identify who is responsible for tracking
 - Create consistency in tagging processes for EMS across the region
- d. *What might be some barriers to success?*
- Continual education and penetration of regional plans for patient tracking with all partners
 - Getting the right partners engaged locally

BREAKOUT SESSION #2: SECTOR PRIORITIES

HOSPITALS

1. *Think about your specific healthcare sector, what are some of the top 3-5 healthcare preparedness focus areas that are important for your sector? What does your sector need to be fully prepared in the region? What does fully prepared mean for your sector?*

Topics of Interest:

- Business continuity – recovery, continuity of operations planning, staff preparedness, 96-hour resource plans
- Workplace violence (access control, active shooter)
- Alternate Care Sites (community level)
- High Risk Infectious Disease
- Updated and relevant plans and cross coordination amongst partners
- Communications (internal and external) coordination
- Decontamination Planning

Sector Needs:

- Planning
 - Awareness and education on plans and resources
 - Planning for behavioral health
 - Reviewing legal issues about decontamination, materials, supplies, etc.
 - Sustainability of decontamination resources across hospitals, including training
- Training and Exercise
 - Awareness across sectors about training and exercises within the region, shared calendar
 - Common approach to coalition wide exercises
 - Local Hospital Emergency Response Training (HERT)
 - Train the trainer programs to make local pools of instructors (specifically for ICS classes), trainers able to be present in each county
 - Bring in subject matter experts and specialty trainers
- Best Practice Sharing
 - Regional level shared best practices and training standardization
 - Creating the venue or open space to discuss best practices in planning, training, and exercises across hospitals
 - Central location for referencing plans, training, meeting notes, and best practices gathered across the coalition

- Sharing learnings across agencies and districts from the partners themselves
- General
 - Executive level support to encourage all levels of participation
 - Establishing minimum plans and training standards within hospitals
 - Connecting the various workgroups to each other and sharing at the district meetings
 - Have sector specific meetings (bi-annually?)
 - Ensure partners that are dependent on topics are invites (blood providers)

Sector Challenges:

- Competing priorities, emergency management part of their role
 - Agreement on consistent best practices (EOPs, Evacs)
 - No common exercise goals
 - Build processes internally and regionally to be sustainable
 - Outdated supplies, especially those bought through previous grant programs
 - Limited funds
 - Condense trainings to be more time efficient
- a. *If the group had to prioritize the brainstormed topic, which 2 are the highest priority, which three are secondary, etc.?*
- Business continuity – recovery, COOP planning, staff preparedness, 96-hour plans
 - Workplace violence (access control, active shooter)
 - High Risk Infectious Disease
 - Updated and relevant plans and cross coordination
- b. *Are there identified priorities that would need support or buy-in from other healthcare sectors or partners?*
- DOH
 - Emergency management
 - Fire/EMS
- c. *Who might be able to lead these brainstormed endeavors?*
- The Ambulatory Care Workgroup that is just getting started
 - The Network could bring together training opportunities and sharing of lessons learned

LONG-TERM CARE, HOME HEALTH, HOSPICE

1. *Think about your specific healthcare sector, what are some of the top 3-5 healthcare preparedness focus areas that are important for your sector? What does your sector need to be fully prepared in the region?*

- Coordinate across long-term care community
- Test Mutual Aid processes
- Sharing information (situational awareness) and involving partners
- Become active in WATrac
- Share gaps identified in drills across sector
- Understanding partners capabilities within healthcare and the community
- Planning for movement of staff during patient movement scenarios
- Identify transportation assets and processes for patient movement
- Central resource hub to store and share documents
- Best practice sharing across sector
- Prepare facility well internally

What does fully prepared mean for your sector?

- Self-sufficiency
- Plan for every level of care within facility
- Provide healthcare services safely
- Able to shelter in place
- Have seven days of supplies at facility
- Staff preparedness
- Be a community resources to others

a. *If the group had to prioritize the brainstormed topic, which 2 are the highest priority, which three are secondary, etc.?*

- Utilities preparedness (e.g. power, water, etc.)
- Communications and common information sharing processes
- Transportation planning for patient movement
- Staffing/volunteers planning
- Understanding the roles of all entities and partners in response
- Planning for fuel, supplies and medications
- Patient tracking planning for Long-term care
- Security at skilled nursing facilities
- Surge strategies
- Continued training and education

- b. *Are there identified priorities that would need support or buy-in from other healthcare sectors or partners?*
- EMS and transportation providers
 - Private Sector
 - Other long-term care facilities
 - Military
 - Local Government
 - Search and rescue
 - Amateur radio
 - Tribes
 - Schools
 - Pharmacies
 - State Organizations
 - Utilities
 - Vendors and Suppliers

OUTPATIENT CARE

1. *Think about your specific healthcare sector, what are some of the top 3-5 healthcare preparedness focus areas that are important for your sector?*
- Getting staff to believe in emergency preparedness and prepare themselves
 - Stocking enough emergency supplies and day-to-day supplies - Pressure from facility to not keep supplies on hand
 - Understanding an emergency operation plan and command center
 - Staff being able to come to work in a response
 - Medicine shortages
 - Interoperability/connection
 - Understanding crisis standards of care
 - How to triage patients in a clinic
 - Transportation coordination
 - Communications with patients and staff in a response

What does your sector need to be fully prepared in the region? What does fully prepared mean for your sector?

- Checklists for response (best practice sharing)
- Sharing on emergency communications processes
- Planning for water supply interruptions
- Planning for communications/power outages

- Coordination of resources across the region
 - a. *If the group had to prioritize the brainstormed topic, which 2 are the highest priority, which three are secondary, etc.?*
 - Communications/Redundant Communications
 - How to talk to EMS, hospitals, others
 - Coordination about what options to use and maintain (e.g. satellite phones, HAM radios, etc.)
 - Basic HAM radio information - who can help, staff trained, connect with established groups
 - Who to receive alerts from?
 - Transportation
 - For staff
 - For patients to and from facilities; determine where patients go if they can't get home
 - Communications of hospital discharging with outpatient needs
 - Teaching patients how to stay calm and shelter-in-place (not go to the hospitals) - contacting patients to check-in and reduce fears
 - Provide tools of resiliency to patients - sharing best practices amongst partners
 - Planning for use of local resources (Medical Reserve Corps, etc.)
 - Ensuring internal readiness to be a community resource
 - b. *Are there identified priorities that would need support or buy-in from other healthcare sectors or partners?*
 - Contact information for other outpatient providers
 - Provide support to hospitals as a “relief valve” for patients
 - Connect clinical relations needs with the executive policy level
 - Transportation resources in the community
 - Community Resources to support gaps (e.g. redundant communications)
 - Volunteer Organizations Active in Disasters (VOADs) and Community Emergency Response Team (CERT)
 - Government (city and county) – when and how to connect, ensure able to communicate healthcare need for support and why they would request community activation of support
 - Train staff on when to trigger ICS and who to call
 - Buy-in internally to support having enough supplies on hand
 - Obtain clinical input on shortages and strategies

Ideas for preparedness

- Active shooter workshops (within a clinic, taking in a surge of patients, psychological impacts, messaging, long-term impacts)
- Panel of people who have been through disasters and can provide lessons learned, AARs, long-term impacts, ask questions
- Provide time for ASPR webinars/trainings or other resources within the established meeting times and provide discussions
- Coordination with the military (communications and how it fits into ICS structure)

CITY/COUNTY/TRIBAL GOVERNMENT, FIRST RESPONDERS, PRIVATE SECTOR, OTHER

1. *Think about your specific healthcare sector, what are some of the top 3-5 healthcare preparedness focus areas that are important for your sector? What does your sector need to be fully prepared in the region? What does fully prepared mean for your sector?*

- Communications
 - Early incident notification
 - Connectivity with public and providers
 - Accuracy of information
 - Transportation coordination
 - Assessment of capabilities – across multiple facilities and disciplines, not to ask duplicate questions or efforts
 - Response structure of how we all work together
 - Information sharing – how to express needs to emergency management from healthcare
 - Knowledge of capabilities/limitations of all partners
 - Infectious disease – (e.g. measles) working with provider networks, process plans
 - Coalition planning
 - Access population
 - Food and dietary needs
 - Fuel generators
 - Facility sustainability
 - Consumable medical equipment and hard to find resources coordination
 - DMCC definitions and preplanning
 - Clarifications of roles and responsibilities for all partners
- a. *If the group had to prioritize the brainstormed topic, which 2 are the highest priority, which three are secondary, etc.?*
- Flow chart of roles and responsibilities of ESF-8, NWHRN, and emergency management

- Integrating with the partners into JIS/JIC
 - ICS/NIMS – all speaking the same language
 - Communications structure
 - Preparedness – systems, operational coordination, pre-event messaging, all inclusive
 - Response – sharing contacts
 - Plans overlapping and connecting
- b. *Are there identified priorities that would need support or buy-in from other healthcare sectors or partners?*
- Policy level involvement
 - Engaging leadership
- c. *Who might be able to lead these brainstormed endeavors?*
- ESF-8 roles and responsibilities conversations – emergency management led with Public Health and the Network in partnership
 - Integration of Network and healthcare providers into the JIC/JIS system – partnership between emergency management and the Network to ensure people are trained to integrate
 - Training for healthcare on ICS/NIMS – the Network will lead in bring forward training. Also recognize that some smaller healthcare partners may need additional support with interpreting ICS language in a real event which could be provided in partnership between the Network, emergency management and ESF-8 partners.

SCENARIO-BASED FACILITATED DISCUSSION

SCENARIO

It is Monday, November 26, 2019 at 5:35 pm. There has been a “light dusting” of snow all day with temperatures below 32 degrees. The National Weather Service (NWS) detects a large cold front moving toward western Washington. Weather officials issue a winter storm warning for Western Washington and urge citizens to prepare for a long storm that will likely begin in the next 24 hours. Snow fall will mix with freezing rain and turn to ice, leading to ice accumulation between ½ to 1 inch. We are advised to expect widespread damaged trees, power loss, and treacherous road conditions.

DISCUSSION QUESTIONS

What key actions are you doing to plan ahead for the approaching storm?

- Healthcare
 - Planning for transportation challenges
 - Strategies for getting staff to work
 - Caring for those stuck at the facility
 - Work with local companies for vehicles and equipment
 - Alerting patients and providing care guidelines
 - Sharing staff expectations
 - Activating command center
 - Contact county for updates
 - Communications on hours and scheduling with patients and staff
 - Decisions around charges and billing
- Fire/EMS
 - Identify staffing
 - Unit counts
 - Holding over shifts and overlap as needed
- Public Health
 - Increased vehicles and communications on resources, capabilities assessment just in time, prioritizing care givers early to support surge
 - Surveying what resources are in place ahead of time
 - Conference calls between agencies
- Emergency Management
 - Resources and communications early

What other partners might you be reaching out to in advance of the storm?

- Early connection to local emergency management and receiving updates
- Awareness of county support for vulnerable populations and special needs
- Department of transportation and transportation agencies
- Activating MOU's (linens, fuel, transportation)
- Discussing hazardous waste
- Requesting (and awareness) of volunteers

SITUATION UPDATE #1

- By 6:00 a.m. the following Wednesday, fallen wet snow has now turned into 3" ice accumulation causing downed trees and powerlines
- Gusts up to 40 mph winds are reported in the area
- Widespread power outages are reported including numerous healthcare facilities (hospitals, long-term care, dialysis, clinics, etc.) and private residences (impacted home health, etc.)
- Emergency vehicles are struggling to respond to calls

DISCUSSION QUESTIONS

What are your current concerns and priorities?

- Facility becomes a community of itself and how to support that
- Defining employee wellness plan and who are essential staff
- Supply chain resiliency
- Utilities concerns – thinking outside the norm to support the needs
- Quick maintenance check before storm hits – advanced prep and problem solving
- Assessing patient needs and priorities and how to meet them (i.e. home healthcare out on skis)
- Knowing local hotels (redundancy planning for staff to stay)
- Thinking ahead to when it really hits the fan and starting to plan

Who might you want to coordinate with across your area to support operations?

- Emergency management and public health working together for activation and needs
- Emergency management keeping communications open with partners and communities
- Hospitals reaching out to utilities to keep normal business rolling

SITUATION UPDATE #2

- It has now been 12 hours without power, a total of 48 hours in severe weather conditions

- Due to the extent of damage throughout the city, power may not be restored for another 72 hours
- Fuel providers are inundated due to widespread impact

DISCUSSION QUESTIONS

What are your organization/agencies concerns about the prolonged weather situation? Are there specific resources you are most concerned about? How does the weather outlook change your response?

- Verifying supply chain continuity
- Concerns of duplicitous requests from multiple agencies to same vendor
- Transportation prioritization
- Awareness of snowball effect if one healthcare systems is not assisted (i.e. patients can't get their medications from the pharmacy if closed)
- Will there be a larger regional shortage or resources due to longevity of storm?
- Connecting with broader weather conditions and road reports due to geography of where staff live

What are your organizations/agencies plans for returning to normal operations following the storm?

- Reopen facilities
- Contact patients to reschedule appointments
- Restock supplies as needed

HOTWASH NOTES

Key strengths identified in the discussion:

- Networking among the group
- Unified determination to care for each other and our clients/patients/residents and staff
- Sharing of information across the sectors
- Interagency communications within counties
- Understanding individual partners needs and knowledge of partner limitations
- Dealing with transportation issues
- Communications
- Diversity of the group

- Sending out standard operating guide on the use of 4x4 vehicles pre-storm for just-in-time training and coordinating messaging about priorities based on the capabilities of emergency management
- Liked to hear all partners engaged in sharing stories and how they were working to do better in their facilities and communities

Some areas for learning/improvement from the discussions:

- Want to practice with providers from other organizations in our local community
- Transportation and clarification of roles seem to be the top concern
- Coordinate best practices and documents and post on a central website
- Communications among partners in a response
- Need universal language for medical terminology and acronyms
- More information on how to use WATrac
- Need transportation for patients and those needing services outside of hospitals (e.g. methadone)
- Create a plan template for those starting from scratch to help them through the process

PRIORITIES AND NEXT STEPS

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.

STRATEGIC PLANNING PRIORITIES AND LOCAL STRATEGIES FOR IMPLEMENTATION

NON-HOSPITAL AND EMS

- Engage more long-term care organizations into the Coalition planning processes and prioritize planning needs concerning transportation of patients and medical equipment and resources planning
 - **Action:** Network will continue to recruit long-term care partners to join the Long-Term Care Workgroup and expand that workgroup to tackle planning and response team topics
- Engage EMS at the local level (through county, local or regional trauma and EMS councils) to increase engagement and identify priorities to support healthcare planning
 - **Action:** As part of the Network's strategic framework implementation that team will begin reaching out to EMS through these modalities early in 2020
- Engage outpatient healthcare organizations (e.g. dialysis, clinics, ambulatory surgery centers) to identify needs to support situational awareness, best practice sharing, and connection to community partners and resources
 - **Action:** The Network has launched an Ambulatory Care Workgroup and will launch Dialysis Workgroup in early 2020 (if interest from the LTC community) to support some of these topics

CLINICAL

- Engage with outpatient healthcare providers and clinicians to better integrate them into the healthcare situational awareness process
 - **Action:** The Network has launched an Ambulatory Care Workgroup and will continue to engage on these topics
- Create better engagement and connections between clinical disciplines within agencies to support situational awareness flow (e.g. between emergency departments and inpatient processes). Identify best practices among previous responses that could support this engagement

SURGE

- Engage pediatric provider agencies and partners that work with pediatrics daily (schools, daycare, etc.) to support planning
- Engage pediatric planning into community level process including how to support pediatrics in an MCI, DMCC operations, etc.
- Reach out to EMS locally to identify gaps and resource needs for pediatrics
- Identify tools or processes that could help increase the ability to care for pediatric patients within the community (e.g. care teams, list of providers, pre-evacuation processes for pediatric patients, etc.)
 - **Action:** (for all the items listed above) The Network has launched a comprehensive pediatric focused work in to be completed by June 2020 with the goals of creating a Pediatric Surge plan for the region and additional tools to support the clinical and operational implementation

PATIENT MOVEMENT/PATIENT TRACKING

- Clarify roles of all critical partners in each phase of the patient movement and tracking process, to include: DMCC, hospital, long-term care, the Network, EMS/transport providers, community partners (Emergency Management, Public Health, etc.)
 - **Action:** The Network will convene the western Washington DMCCs in early 2020 to discuss areas for collaboration and possible consistency. Will look for additional education opportunities on their role as well
 - **Action:** The Network will convene additional healthcare, long-term care, EMS, and community partners in advance of the June 2020 Coalition Surge Test Series of exercises to support the clarification of roles of critical partners
- Additional education and community engagement locally on patient tracking processes and roles.
 - **Action:** beginning in November and December 2019 the Network will do additional training opportunities for community and frontline staff education about the patient tracking plan and WATrac tools

SECTOR PRIORITIES

HOSPITAL

- Support cross regional hospital sharing by holding hospital specific workgroups to identify and address gaps in consistent planning across facilities (e.g. decontamination), best practice sharing, and identifying areas of focus for training and exercise coordination

- Create opportunities for additional education and coordination opportunities for planning for business continuity, workplace violence, high consequence infectious disease, etc.
 - **Action:** (For both items above) The Network is exploring multiple avenue for hospitals to work together to build capability and share best practices on many of the above topics

LONG-TERM CARE, HOME HEALTH, HOSPICE

- Prioritize planning to incorporate long-term care into planning, training, and exercises for patient movement, patient tracking, and transportation concerns
- Identify ways to support best practice sharing and peer support for enhanced internal planning for long-term care, home health and hospice partners
- Enhance planning and training for support of long-term care, hospice, and home health providers in responses related to utility (e.g. power, water, gas) and communication outages
 - **Action:** (for all of the above) Network will continue to recruit long-term care partners to join the Long-Term Care Workgroup and expand that workgroup to tackle planning and response team topics as well as best practice sharing

OUTPATIENT CARE

- Engage the diversity of outpatient healthcare providers in planning for common gaps including redundant communications, transportation for staff and patients, and connections to community resources and partners.
- Identify ways to share best practices and common needs across outpatient healthcare providers within the region and from lessons learned around the country
 - **Action:** (for all of the above) The Network has launched an Ambulatory Care Workgroup as will launch in early 2020 a Dialysis Workgroup (with interest from the community) to support some of these topics

CITY/COUNTY/TRIBAL GOVERNEMENT, FIRST RESPONDERS, PRIVATE SECTOR, OTHER

- Document and share the roles and responsibilities for situational awareness and resources coordination of all partners in coordination to of local ESF-8/Health & Medical response, to include Public Health, the Network, Emergency Management, etc.
 - **Action:** The Network will continue to coordinate roles and responsibilities discussion with Local Health Jurisdictions and find ways to document these processes in local procedures (e.g. County ESF-8 Plans)

- Continue to develop coordination mechanisms to support healthcare patient transportation needs in a response
 - **Action:** The Network will continue to include local health jurisdictions and emergency management in discussions with healthcare leading up to the June 2020 Coalition Surge Test Series that will include a patient transportation element
- Coordinate to identify and connect about overlapping/connecting planning areas to support healthcare emergency preparedness and response
 - **Action:** The Network will continue to engage with partners to identify and reconcile areas where plans may overlap and connect (e.g. infectious disease planning (between healthcare and public health), MCI and patient movement planning, etc.)

Information from this report and the individual community discussions will help guide the Network and all Coalition partner to implement the identified priorities for healthcare emergency planning and response. The Network will use these identified priorities as well as vital information gathered during the discussions to bring forward planning, training, and exercise implementation processes for the items identified in the Coalition Strategic Framework, through the workgroups in this meeting, and continued discussions with the soon to be established Coalition Steering Committee.

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.

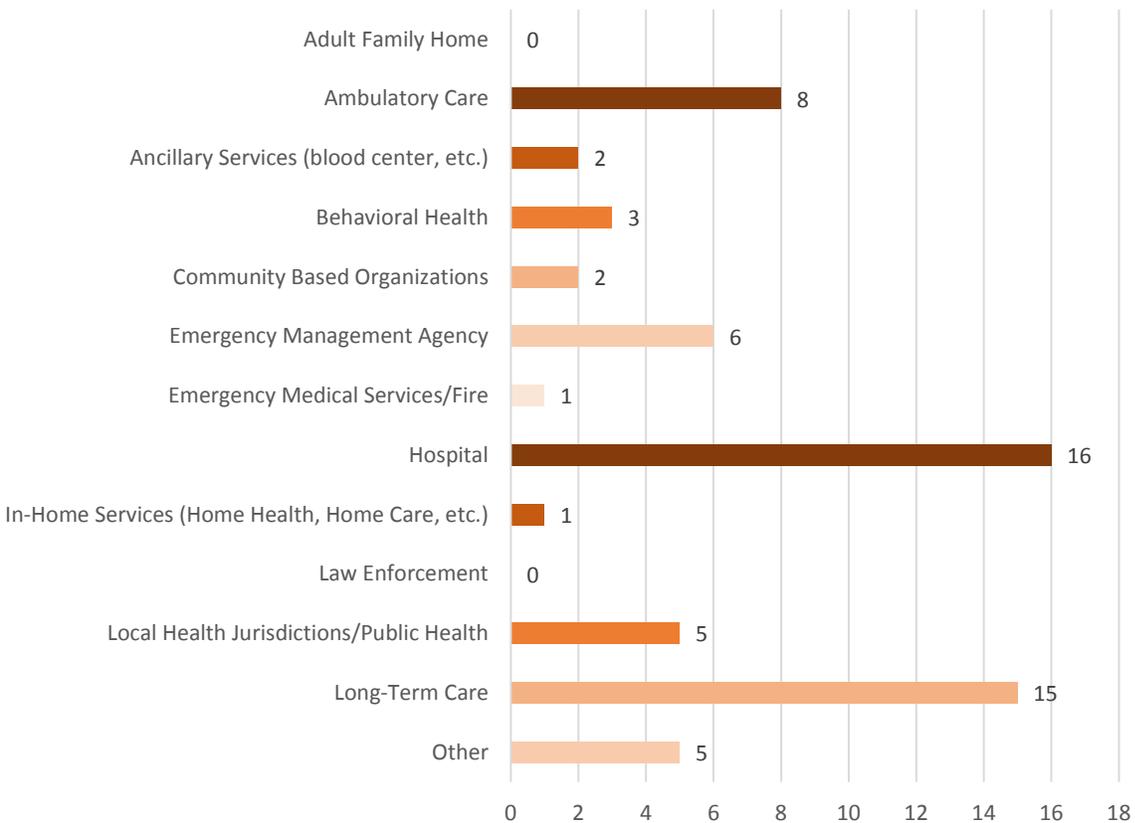
Thank you all again for your participation in the annual meeting and subsequent discussions and ongoing support as part of the Coalition.

MEETING FEEDBACK

A feedback survey was distributed to all participants the Monday following the meeting and was open for two weeks.

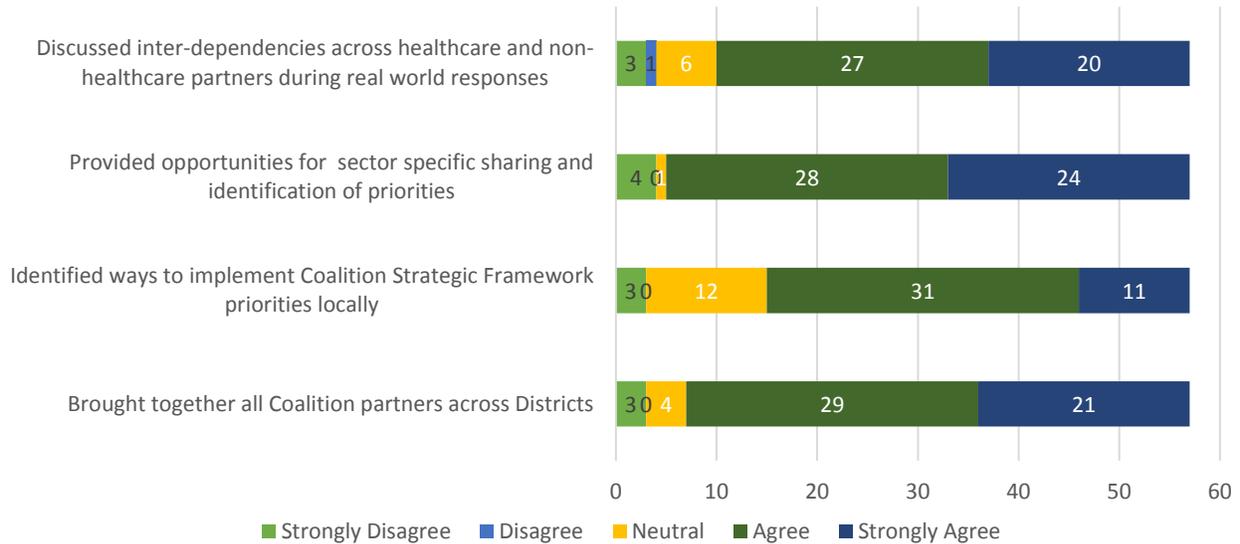
PARTICIPANTS

A total of 59 participants fully or partially completed the survey. Below is an overview of the results. Participants were able to select more than one sector.

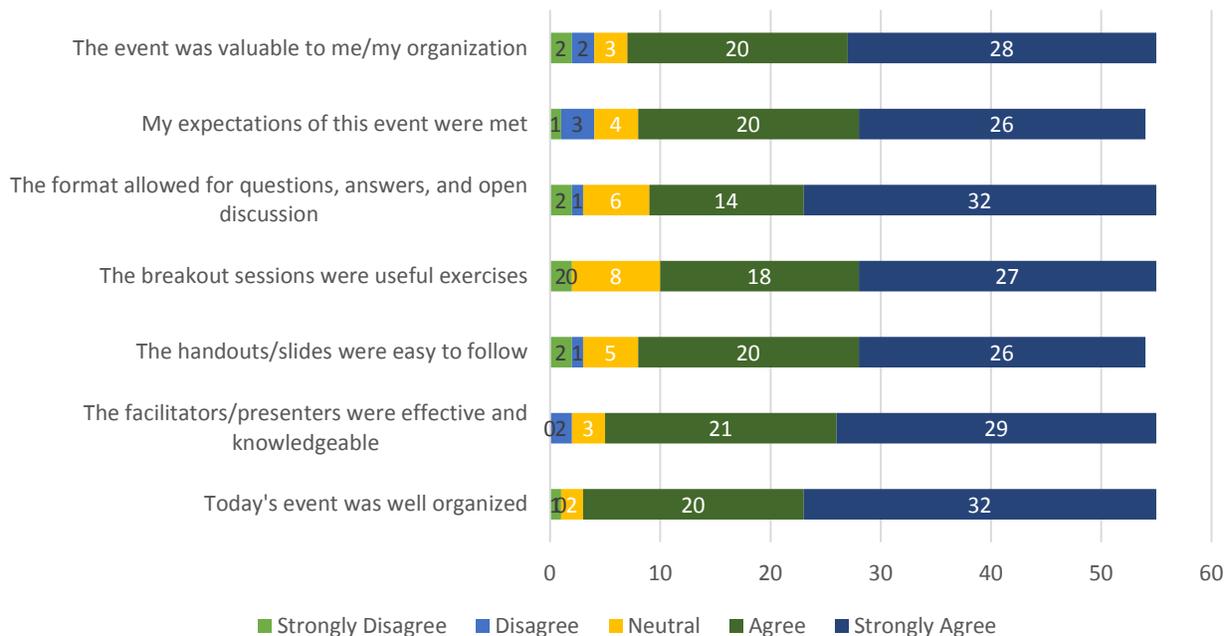


Participants who selected “other” included: dialysis, volunteer organizations, and government. Of those that selected a healthcare sector, 12 (18%) were Administrative, 9 (14%) were clinical, 8 (12%) were facilities, 24 (37%) were emergency management, 3 (5%) were security and 9 (14%) selected other.

LEARNING OBJECTIVES



QUALITY OF THE EVENT



WHAT WAS MOST USEFUL ABOUT THE EVENT?

- Discussions within coalition partners from different settings
- The breakout discussions and the opportunity to meet and discuss with partners
- Meeting was well attended confirmed the value of the coalition
- Open conversations and hearing other's ideas and gaps

- Great to hear from the other coalition partners and share best practices
- Networking and connecting with partners
- Building on coalition priorities
- Learning about different services partners can provide
- Facilitated discussion scenario discussion
- Better understanding the role of the Network
- Feeling not alone in work and gaps
- We have more in common than we realize
- Presenters worked well with the large group and kept on task
- Having sector specific and between sector discussions
- Meeting with partners from similar sector, but outside of the county
- Getting to know other partner needs during an emergency
- Liked the venue even though it was a drive

WHAT CHANGES WOULD IMPROVE THE EVENT?

- Bring additional partners missing from the discussions to the table, including EMS and Fire, Medical supply, transportation, state and local emergency management
- Consider making it longer with all of the material covered and wanting more time together and in the breakout discussions (start an hour earlier, all day, couple times a year, etc.)
- Limit one breakout session to the large ballroom
- Have some topic specific meetings on hot topics that were brought up
- More vegan/vegetarian options for breakfast
- Continue to have more conversations on how to collaborate more (e.g. transportation)
- Sharing WA State DOH plans and clarify role of the Network and WA State DOH
- Provide contact list of all participants
- Provide handouts and agenda in advance for people to prepare for the discussions. Could provide conversations ahead of the meeting with a survey and then follow-up with discussions
- Include a new educational component to the agenda
- Have non-Network staff facilitate some of the breakout sessions
- More specifics on plans and products from the Network
- More information on incident command and standing up command
- Provide more structure to the breakout sessions

ADDITIONAL COMMENTS

- Generally very positive feedback on the event, topics, and agenda
- Some wished the event went longer and would even stay overnight to get more information
- Great way to set future goals
- Would like to see a completed plan related to the State DMCC
- Looking forward to building more collaboration with Assisted Living and Memory Care
- Looking forward to follow-up notes and training opportunities
- Continue to work together to speak the same language in a response



GLOSSARY

AAR – After Action Report

ASPR – Assistant Secretary for Preparedness and Response

CERT – Community Emergency Response Team

COOP – Continuity of Operations Plan

DMCC – Disaster Medical Coordination Center

DSHS – Department of Social and Human Services

EMS – Emergency Medical System

EOP – Emergency Operations Procedure

ICS – Incident Command System

LTC – Long-Term Care

MOU – Memorandum of Understanding

NICU – Neonatal Intensive Care Unit

NWS – National Weather Service

The Network or NWHRN – The Northwest Healthcare Response Network

VOAD – Volunteer Organizations Active in Disaster

WA State DOH or DOH – Washington State Department of Health