
ATTACHMENT A



[King County Healthcare Coalition]

September 2008

Executive Council Management Report

Contents

3	Topics of Interest Relevant Issues in Healthcare Preparedness
4	Grant Opportunities Competitive and Non Competitive
4	Recent Accomplishments & Updates <ul style="list-style-type: none"> 5.....Alternate Care Facilities (ACF) 5.....Ambulatory Care Planning 5.....Behavioral Health Planning 5.....Business Resiliency Workshops and Grants 6.....Call Center Coordination 6.....Fatality Management Planning 6.....Healthcare Coalition Evaluation 7.....Healthcare Worker Survey 7.....Home Health / Home Care Planning 7.....Palliative Care Planning 7.....Pediatric Planning 8.....Regional Hospital Evacuation & Patient Tracking Mutual Aid Plan 8.....Resource and Information Management 8.....KcHealthTrac / WATrac 9.....Training and Exercises 9.....Volunteer Management System (VMS)
10	Staffing Update
10	Immediate Priorities
10	Follow Up Items Pending Agenda Items from previous Executive Council Meeting held in September 2007

[TOPICS of INTEREST]

Relevant Issues in Healthcare Preparedness

- **Federal Government Releases Final Guidance on Allocating Pandemic Influenza Vaccine**

The U.S. Department of Health and Human Services and the U.S. Department of Homeland Security released the final version of Guidance on Allocating and Targeting Pandemic Influenza Vaccine. These guidelines were derived based on input from stakeholders and the public. The vaccine allocation strategy focuses on the following priorities: 1) Protecting those who are essential to the pandemic response and provide care for persons who are ill; 2) Protecting those who maintain essential community services; 3) Protecting workers who are greater at risk of infection due to their job; and 4) Protecting children. The prioritization scheme outlines four target population categories, and prioritizes within these based on specific occupation, type of service, age group and risk level. The target population categories are Homeland and National Security, Healthcare and Community Support Services, Critical Infrastructure and the General Population. The full Guidance document can be accessed at <http://www.pandemicflu.gov/vaccine/allocationguidance.pdf>

- **The Joint Commission to Develop Hospital Standards for Culturally Competent Patient-Centered Care**

The Joint Commission announced that it has begun developing accreditation standards for hospitals that will “promote, facilitate, and advance the provision of culturally competent patient-centered care.” This initiative will explore how diversity, culture, language, and health literacy issues can be better incorporated into current Joint Commission standards or drafted into new requirements. The standards development process will include a review by interested parties in health care and the public. The Joint Commission will develop an implementation guide to prepare Joint Commission surveyors and accredited hospitals for the release of these new standards, targeted to take effect in 2011. More information is available at

http://www.jointcommission.org/PatientSafety/HLC/HLC_Develop_Culturally_Compent_Pt_Centered_Stds.htm

- **Washington State Hospital Association to Recommend Standardized Hospital Codes**

The Washington State Hospital Association (WSHA) has developed a list of standardized hospital codes that will be recommended for consideration by hospitals for voluntary implementation within one year of their release. The recommended codes will be consistent with national standards and will be out for review to the Patient Safety Committee by the end of September 2008 and communicated to hospital executives in October at the WSHA meeting. WSHA will provide a toolkit for implementation that includes a letter from the taskforce explaining the process used to develop the recommendations; poster templates; internal curriculum templates, including PowerPoint slides; Frequently Asked Questions; and training materials. The goal has been to develop standardized codes that are consistent across Washington and Oregon.

[GRANT OPPORTUNITIES]

Competitive & Non Competitive Funding

- **ASPR Hospital Preparedness Grant - Competitive**
We have been approved for a no-cost extension for six months for the ASPR competitive grant. Outstanding projects will need to be completed by February 2009.
- **CDC Grant - Competitive**
On September 4th we were notified that only the public engagement project within our proposal will be funded from the competitive grant. The healthcare prioritization, call center project and legal blue ribbon panel were not funded. We will be working with the state to assess whether there are other ways to fund the legal and call center portions of the proposal.
- **Homeland Security – Regional Catastrophic Preparedness Grant – Non-Competitive**
The King County Healthcare Coalition and the Pierce County Health Department applied for and were awarded a \$225,000 grant to work with Russell Phillips on a regional nursing home evacuation plan. The grant period is September 2008-August 2010.
- **Homeland Security – Regional Catastrophic Preparedness Grant – Competitive**
The King County Healthcare Coalition and Public Health Seattle and King County applied for and were awarded \$238,000 to develop a comprehensive operational response plan for providing patient and victim information and family assistance following a mass casualty, mass fatality or catastrophic incident. The grant period is September 2008-August 2010.

[RECENT ACCOMPLISHMENTS and UPDATES]

Clinical, Operational & Advisory Groups and Regional Surge Projects

- Completed of all Business Resiliency Workshops for non-hospital providers reaching 130 providers, including home health, long term care, ambulatory care and mental health providers
- Expanded KHealthTrac statewide(now WATrac) and launch of the statewide implementation process
- Completed of data collection for Healthcare Worker Survey
- Developed of a Mutual Aid Agreement between Methadone Providers
- Hosted workshops on mass fatality management and HAM Radios
- Launched Public Health Reserve Corps recruitment process
- Acquired Personnel Management System to manage staff tracking and badging during field operations (e.g. at Alternate Care Facility)

[alternate care facilities (acf)]

- Based on feedback from community agencies, providers and other responders the public name for regional Alternate Care Facilities will be “Health Care Centers.”
- Feedback from volunteer and professional staff during the March ACF exercise resulted in significant findings regarding patient bed design and utilization. Our vendor has incorporated that feedback and has developed a second generation patient bed which will improve the quality of our current cache. A more sturdy design, simplified set up and storage, and ability to adjust bed height were improvements all incorporated into the new design.
- Recently, ACF planning has been focused on developing tools which will allow the facility to become fully operational in preparation for the full-scale exercise in November. This includes developing admittance packets, the formulary, medical records, and patient flow protocol.

[ambulatory care planning]

- Our new ambulatory care planner, Sarah Wagner, is meeting with former and potential ambulatory care partners with the intent to organize strategic fall/winter workgroup meetings. Thus far a majority of former Ambulatory Care Workgroup Committee Members are enthusiastic to continue working with the Coalition and look forward to future planning, training and exercise efforts.

[behavioral health planning]

- The Methadone Preparedness Workgroup is in the final stages of approving a Memorandum of Agreement (MOA) designed to assist opiate substitution clinics in providing mutual aid to each other during an emergency. This MOA is a major step in addressing continuity of care for over 3,400 individuals annually who would be impacted during an emergency, thus mitigating the impact on the patient, healthcare system and the community.
- On June 18-20 Public Health held a train-the-trainer session for the course "Disaster Behavioral Health: A Critical Response". The course prepared behavioral health and spiritual care professionals to provide support to disaster victims and first responders. Twice annually Public Health will offer the training free of charge for those who qualify for the Public Health Reserve Corps Disaster Behavioral Health Response Team. In addition, our trainers are available to teach the course to interested behavioral health agencies and spiritual care organizations for a fee. The evaluation of the course was extremely positive

[business resiliency workshops and grants]

- Healthcare Coalition staff are winding down the ASPR funded Business Resiliency for Non-Hospital Healthcare Provider project. The goal of the project was to strengthen the capacity and capabilities of non-hospital healthcare agencies that support at-risk and vulnerable populations through continuity of operations workshops and organizational enhancement funding.

- Over 130 providers participated in this project. Participants attended one 2-day Business Resiliency Workshops and a nearly \$500,000 in grant funding was awarded to these organization's to increase their business resiliency.
- The Northwest Center for Public Health Practice is currently evaluating participant satisfaction and the effectiveness of the project. A full report we will available this Fall, but preliminary data shows very positive ratings from project participants.

[call center coordination]

- Healthcare Coalition representatives presented at a national Pandemic Call Center Coordination stakeholder's meeting in Atlanta, convened by the CDC. The Puget Sound Call Center Coordination Project is unique in that it is engaging community partners, public and private, drawing upon the expertise, capacity, and resources that already exist in the region. This planning model was well received and provided much of the content for discussion during the plenary sessions.
- Because this project was not funded by the CDC competitive grant, we will be working to identify another funding source to continue the development of this project. Funding is needed for the purchase of technology to network partner call centers, development and customization of a call center module within WATrac, and the development of scripts, job action sheets, training, and MOU's.

[fatality management planning]

- On June 30 Public Health launched regional hospital mass fatality planning efforts by providing a training on protocol for responding to mass fatality incidents. Presenters included speakers from the King County Medical Examiner's Office and the Public Health Office of Vital Statistics. Hospitals were provided guidelines for mass fatality management planning.
- Public Health is developing additional mass fatality management guidelines for all healthcare facilities, including tools for managing and processing a surge in death certificates during pandemic influenza.

[healthcare coalition evaluation]

- As part of the ASPR competitive grant, the Northwest Center for Public Health Practice at the University of Washington has been hired to conduct a program evaluation of the Healthcare Coalition. Lessons derived from this process will help improve the Coalition's ability to provide regional and organizational programming and will provide valuable information to assist jurisdictions around the country as they build their own healthcare partnerships.
- A final report of findings from the key informant interviews conducted during the spring is in development. The Executive Summary of the report and implications are being reviewed with the Executive Council at the September meeting.
- The Northwest Center for Public Health Practice will be administering a short web survey to Healthcare Coalition committee and workgroup participants at the end of September as a second phase of the Coalition evaluation.

[healthcare worker survey]

- The Coalition and the Northwest Center for Public Health Practice at the University of Washington have partnered to conduct a survey of regional healthcare workers regarding their ability and willingness to report to work during an emergency or disaster.
- Approximately 200 healthcare organizations and 2400 individual clinicians sampled from the Washington State Department of Licensing medical licensure databases were invited to take the survey. All healthcare sectors represented by the Healthcare Coalition have participated in the survey.
- The Survey Research Division at the University of Washington will complete the data collection phase of this study by October 2008 and analysis will take place this fall. Final results from the survey are expected in winter/spring 2009.

[home health | home care planning]

- The King County Healthcare Coalition, Aging and Disability Services (ADS) and the Home Care Emergency Preparedness Advisory Council completed a regional response plan and a list of criteria for identifying high-risk clients in order to prioritize client visits and welfare checks during emergencies for 16 home care agencies in the region.
- A joint home health/home care meeting was hosted in June to discuss what overlapping issues need to be addressed to further response planning for this sector.
- Home Health and Palliative Care/Hospice agencies are meeting on September 19th to begin the WATrac configuration process.

[palliative care/hospice planning]

- The Palliative Care Workgroup consisting of all hospice and palliative care providers in the region has been meeting to address the ASPR competitive grant deliverables and to focus on regional coordination.
- The Palliative Care Workgroup has finalized educational and training materials for use by families to care for loved ones in the event of a pandemic or medical emergency. The materials will be translated into the top 3 languages in the county – Spanish, Vietnamese, and Russian.
- The workgroup continues to explore the feasibility of increasing local supplies of palliative care medications.

[pediatric planning]

- The Triage & Critical Care Task Force is currently conducting a survey of King County Emergency Departments to assess their current use of a length-based resuscitation tape in emergency management of pediatric patients.
- The Perinatal Task Force has completed a study of comparison of maternal residence versus site of childbirth by emergency coordination zone.

- The task force compiled and submitted a list of perinatal and newborn supplies and equipment to be included in Alternate Care Facility purchases.
- A meeting of the Children with Special Needs and Disabilities Task Force was held in conjunction with the Neurodevelopmental Program at Children's Hospital.

[regional hospital evacuation & patient tracking mutual aid plan]

- The region has completed the process to develop the Regional Hospital Evacuation and Patient Tracking Mutual Aid Plan. The process involved representatives from over 40 organizations. It has truly been a collaborative and productive process.
- The plan will go to the Executive Council at the September meeting for their recommendation to have the plan distributed to all regional hospitals for signature.
- There is a regional briefing and a tabletop on the plan on October 22, 2008.
- The next phase in the project will be to develop a pediatric section of the plan.

[resource and information management]

- As part of the Hospital Evacuation Planning process, the Healthcare Coalition is evaluating possible locations for medical staging areas for hospitals and healthcare to process and distribute critical medical supplies during an emergency.
- This summer, hospitals completed a Transportation Equipment Survey and a Peak Staffed Beds Survey. Both of these data sets will assist in Evacuation Planning Process.

[kchealthtrac | WATrac]

- The hospitals and EMS providers in King County have successfully made the transition to KCHHealthTrac and are now using the system daily. Feedback has been positive and the additional ED Saturation data the system provides has been helpful to organizational and regional planning efforts.
- KCHHealthTrac has formally been adopted by DOH as the statewide bed tracking system and has been rebranded to WATrac as of September 2008.
- Mental Health Outpatient Providers have completed their configuration and will begin training on WATrac in late 2008/early 2009.
- Home health and hospice providers will begin the configuration process mid-September.

[training & exercises]

- A full scale exercise, PANDEMONIUM, will be conducted November 13th -18th, 2008 in conjunction with the Washington State Department of Health. This exercise will test the Health and Medical Area Command, including the Multi-Agency Coordinating Group (MAC group), communication with healthcare providers, patient influx, the delivery of the Strategic National Stockpile to hospitals and the activation and set up of an Alternate Care Facility. The ACF activation includes volunteer support group participation from numerous organizations such as the American Red Cross, Southern Baptist, Public Health Medical Reserve Corps, and fellow King County Medical Reserve Corps.
- Hospitals continue to prepare for the full-scale exercise. Some workshops have been arranged to assist with preparation for the exercise. These include a WATrac training for hospital PIO's in July/September, a Dispensing Planning workshop in September, and a Security workshop in September.
- HAM radio training for hospital and other healthcare providers was held in June. An additional training is scheduled for October 14 and 15. At this course, participants will receive their operator's license and learn how to work with the Medical Services HAM radio team in Puget Sound.
- A regional tabletop exercise is scheduled for October 22nd at Seattle City Hall to test the Regional Hospital Evacuation and Patient Tracking Plan. At the exercise a brief overview of the plan will be provided and transportation needs, roles and responsibilities of responders, as well as communication coordination will be tested.

[volunteer management system (vms)]

- VMS is our overarching management system of all health and medical volunteer support within the region. VMS will manage the following types of volunteers: Public Health/Medical Reserve Corps, Volunteer Groups (Faith based, Professional Organizations, and Healthcare Organizations), spontaneous volunteers, and non-medical labor pool to assist in the health and medical response.
- The Public Health Reserve Corps has grown to 170 volunteers through word of mouth recruiting. A formal recruiting effort begins September of 2008 with the goal of registering 600 volunteers for 20 job categories ranging from logistics and housekeeping to a full range of medical specialties. An advertising campaign using media and posters on the metro bus system will kick off the campaign.
- We have a new Personnel Management System developed by Salamander Corporation that has been developed for staff tracking during an incident. The program will allow us to check in, assign, and track individuals and their hours within the facility. It then will generate an end of event report showing hours and location worked for all of our personnel. The system can swipe any government issued ID, drivers license etc. into the reader and it will print off an access badge and complete your job assignment within seconds. We are looking at using this same system to assist in tracking equipment location.

- Washington State has implemented the WAHVE credentialing and background check system as their system of choice for volunteer screening. This system will be incorporated into our spontaneous volunteer processing. This, in conjunction with the Salamander badging system will allow us to screen, verify licensure, accept, and badge spontaneous volunteers on site.

[STAFFING UPDATES]

Changes in Staffing for the Healthcare Coalition

- Carlos Dominguez, our long term care and home health planner, is no longer working with the Healthcare Coalition. His work has been divided up among current staff.
- Sarah Magill has been hired to coordinate with ambulatory care facilities, tribes and will now cover long term care facilities, including nursing homes, boarding homes and adult family homes.
- Michelle McDaniel, our current behavioral health planner, will now cover home health and home care providers as well.
- Harborview staff and Coalition staff are currently in the process of interviewing for the Regional ED Saturation position. We are hoping to have the position filled by October.
- Barbara Andrews has been hired with state funds to lead the WATrac statewide implementation process. She will be located at Public Health Seattle and King County and will work closely with Allison Schletzbaum.
- Que Mathis, administrative staff for the Coalition will be transitioning to another project in the Public Health department. We are currently identifying a replacement for her.

[IMMEDIATE PRIORITIES]

Projects that will be completed before 2009

- Hiring ED Saturation Planner
- Distribution of the Evacuation Plan to Hospital Executives for Signature
- Complete implementation and analysis of the Healthcare Worker Survey
- Complete the Coalition evaluation
- Begin Development of the 2008 Annual Report
- Launch 2008 Healthcare Coalition Award Process

[FOLLOW UP ITEMS]

Pending Agenda Items from previous Executive Council Meeting held in June of 2008

- No outstanding items