Health and Human Services Hospital Preparedness Program

Fall 2015

Regional Healthcare Coalition Conference

Joint Hospital & EMS Session

Schedule

Region	Date	Time	Location
1	September 24, 2015	9:00 AM – 11:00 PM	New Orleans East Hospital 5620 Read Blvd., New Orleans
2	September 16, 2015	8:00 AM – 11:00 AM	Mayor's Office Homeland Sec. & Emergency Prep. 3773 Harding Blvd., Baton Rouge, LA
3	September 11, 2015	11:30 AM–1:30 PM	St. Charles Parish Hospital 1057 Paul Maillard Rd., Luling
4	September 17, 2015	1:00 PM – 3:00 PM	National EMS Academy (NEMSA), Acadia Room 2916 North University, Bldg. B., Lafayette, LA
5	September 28, 2015	2:30 PM – 4:30 PM	Calcasieu Parish OHSEP 901 Lakeshore Dr., Lake Charles
6	September 16, 2015	1:00 PM – 3:00 PM	State Emergency Shelter-Mega Shelter 8125 Hwy 71 South, Alexandria
7	September 10, 2015	1:00 PM – 4:00 PM	Shriner's Hospital for Children, Auditorium 3100 Samford Ave, Shreveport, LA
8	September 17, 2015	9:00 AM – 12:00 PM	Ouachita Fire Training Center 1100 New Natchitoches Road, Monroe LA
9	September 30, 2015	9:00 AM – 12:00 PM	St. Tammany Parish Emergency Operations Center 510 E. Boston Street, Covington, LA

Emergency Support Function - 8
Health and Medical Response

Agenda

Welcome & Introductions	Regional DRC
Developing Emergency Programs	HPP Grant Staff
Regional Needs Assessment Data & Spending Priorities	Regional DRC
Ebola Grant & Infectious Disease Planning	HPP Grant Staff
ESF-8 Portal & Emergency Program Planning Resources	HPP Grant Staff Regional DRC
FY 2015-2016 Hospital Preparedness Program Overview Phase 1: Accepting Grant Funds	HPP Grant Staff
Announcements • Future Education Opportunities • HPP Grant Deadlines • ESF8 Portal Clean-up & Platform Transition	HPP Grant Staff

DEVELOPING EMERGENCY MANAGEMENT PROGRAMS

Shifting our focus from Emergency Preparedness Planning to Emergency Management Programs in Healthcare Facilities and Healthcare Coalitions

Emergency Management Planning vs. Emergency Management Program

- **Program** – organized collection of projects, activities and/or individual plans in an established framework; implies regular, ongoing activities

- **Plans** – set of guidelines that are inactive until "activated"

Emergency Planning
A Hospital's Role

Plans	Resources	Trainings/Exercises
• HVA • Command Structure • *Response* • COOP & *Recovery*	• Emergency Supplies • Caches • Contracts – equipment and services	• Internal, regulatory • Regional/state participation • After action reports and improvement plans

Emergency Support Function - 8 Health and Medical Response

Developing Coalitions and Emergency Management Programs

1. Elements of an Emergency Management Program
2. How coalitions assist in reinforcing facility-level programs
3. How individual organizations strengthen regional coalitions

Developing an Emergency Management Program
Basic Best Practices

- Follow the Emergency Preparedness Cycle
- Be flexible & scalable in every phase
- Engage leadership and maintain an active committee
- Adopt and Practice HICS regularly
  - Establish Leadership and Direction
- Address All-Hazards
  - Planned Events
  - No Notice Events

Emergency Management Program *Elements*

- Mitigation
  - Think Preventative
- **Preparedness**
  - Capacity and Capability
- **Response**
  - EOP guided
  - Hazard specific, goal driven
- Recovery
  - Continuity of Operations (COOP)
  - Return to Normal or level of “New Normal”

Quiz

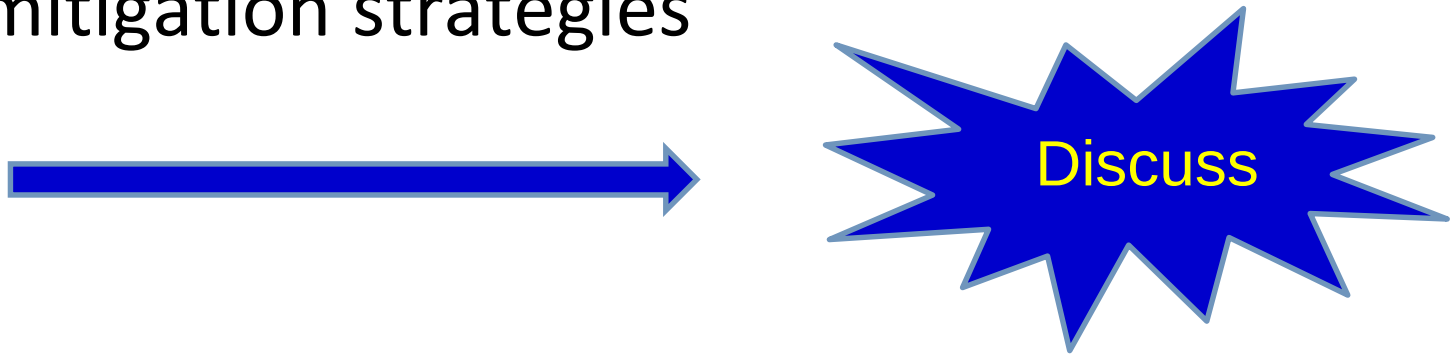
- Which of the following activities describe Mitigation?
  A. Maintaining and exercising a closed POD plan

  B. Moving critical service equipment to higher floors in flood prone areas

  C. Training staff to identify suspicious activities, steps for notification, and skills to de-escalate potentially dangerous situations

Mitigation Activities

- Descriptive terminology
  - Preventative, minimize, resiliency
- HVA outcomes drive mitigation strategies
- Examples:
  - Structural
  - Non-Structural



How Coalitions Mitigate

- Public Health maintaining Medical Special Needs registries
  - Share data with local EMS and Hospitals to assist with anticipation for support during events

- Purchasing additional resources and maintaining contractual arrangements to fill pre-identified gaps
  - PPE caches
  - Surplus Morgue Space

Preparedness Activities

- Building and sustaining response and recovery resiliency, capacities, and capabilities
  - Establish – develop plans
  - Implement – communicate and practice
  - Refine – evaluations and after-action reporting
  - Maintain – review, revise, and communicate changes

Discussion

What do you have at your facility or agency?

1) Resources – equipment, caches, supplies

2) Skills – specialized teams

3) Routine training and exercises offered

Discussion cont'd
Other Resources

- What other *external* resources and plans are available to you – as a facility and as a coalition?
  - Community
  - Hospital system
  - Public Health
  - OHSEP

- Impacts to an Emergency Preparedness Program?

Response Activities

- Directly address the hazard impact
  - Anticipation of impending threat
  - Actions during and shortly after threat
- Emergency Operations Plans provide specific guidance for incident response, resource needs, and asset deployment
- Important to record and track response activities to assist with after action reporting, improvement planning, and opportunities to receive financial reimbursement

Emergency Support Function - 8
Health and Medical Response

Recovery Activities

- Mostly result of major events
- Healthcare specifics of recovery:
  - Return to “readiness” of emergency response resources
  - Backlogs of pending medical cases
  - Address personnel impacts from incident
  - Restoration of property loss or damage
  - Normal healthcare delivery, with widely publicized information of this to the organization's usual medical population

Emergency Support Function - 8
Health and Medical Response

EMS Recovery Activities

- Returning to field from staging areas
- Assessing EMS facilities, making and establishing operations at an alternate location if necessary
- Identifying alternate locations and sources to re-supply critical resources
- Determine post-event communications impacts and capability
- Coordination with other first responder entities as well as local hospital networks for operational status awareness

Benefits of a HCC to a HCF's Emergency Management Program

- Distributing the mitigation and preparedness workload among facilities
- Establishing familiarity and trust among HCF's that promotes cohesive response actions during an event
- Fulfilling regulatory requirements for emergency planning
- Promoting close integration with jurisdictional authorities for mitigation and preparedness planning, and for pre-planning of schedule unusual events, such as mass gatherings or high-security events

Emergency Support Function - 8
Health and Medical Response

Emergency Program
A Coalition's Role in Louisiana

- Conduct regional exercises so facilities can test plans and provides visibility of a regional common operating picture

- Site visit, Needs assessment and HVA results help regional and state leaders identify gaps
  - Drives future exercises & training opportunities
  - Plan development and revisions
  - Resource needs

- Leverage individual organizations capabilities and resources to create a holistic, regional approach to planning

REGIONAL PROGRESS & PRIORITIES

Regional Needs Assessment Survey Results

- Exercises and Gaps Identified
- PPE & Pharmaceutical Caches

Region 1
Region 2
Region 3
Region 4
Region 5
Region 6
Region 7
Region 8
Region 9

Preparedness & Spending Priorities

Hospitals

DRC to share four-year plan and regional planning priorities

Pharmaceutical Cache recommendations revised

Emergency Support Function - 8
Health and Medical Response

Preparedness & Spending Priorities

EMS

Interoperable Communications

Training and Exercises

PRIORITIES	TRAINING	EXERCISES
CBRNE/AHLS (HazMat Life Support)	AHLS (Advanced Hazmat Life Support)	
Interagency Collaboration	MAC training, IMT, ICS (Advanced)	Regional Tabletop progressing to Full Scale
Active shooter	TECC	
IMT/ICS/Unified Command	IMT/ASTL	
Levels of PPE Application	PPE (NCBRT NC), National Guard PPE course	

AHLS – Advanced Hazmat Life Support
MAC – Multi-Agency Coordination training
IMT – Incident Management Team training
ICS – Incident Command System Training
TECC – Tactical Emergency Casualty Care
ASTL – Ambulance Strike Team/medical Task Force Leader course

EBOLA & OTHER INFECTIOUS DISEASES

Ebola Grant Update

- Louisiana received funds intended to support an Assessment Hospital and Transportation Provider
  - At this time, no Assessment Hospital has been identified
  - One EMS provider will be awarded
- Hospitals in Louisiana have the capability to identify, isolate, and report suspected and confirmed cases of Ebola
- Currently developing a plan to coordinate with the Regional Ebola Treatment Center (ETC) in Texas to meet training and exercise requirements

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Health and Medical Response

Ebola Grant Update – Regional Planning

- LA ESF8 Leadership, including a new infectious disease coordinator, are actively involved in regional (FEMA Region VI) CONOPS planning
  - Jill Hulin, RN is the HPP Infectious Disease Planner
- An exercise is planned November 2015 to practice steps from confirmed Ebola patient through Transport to ETC

1

- Positive confirmed patient
- Bed availability at ETC

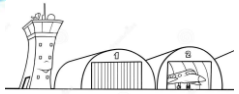
2

- In-state ground transport

3

- Process for hand-off at airport

4



5

- Process for receiving ground transport exchange

6

7

- ETC receives patient and begins treatment

Ebola & Other Highly Infectious Diseases

- State level planning focus areas
  - Active monitoring and direct active monitoring
  - Communication and coordination
    - Local and State Public Health
    - Federal (CDC) and Interstate Public Health Officials
    - Assessment Hospitals and EMS providers
    - Treatment Hospital
- Training focus areas for Clinicians
  - Modules specific to infectious disease identification, reporting, and response

Emergency Support Function - 8
Health and Medical Response

PLANNING RESOURCES & THE ESF8 PORTAL

ESF-8
Emergency Planning Resources

What's available for hospitals to continue to develop plans, stay connected within their regional coalitions, and understand their roles in large scale events?

- LHA-Foundation Website

- ESF-8 Documents Portal
  - State Plans
  - Regional Plans

ESF-8 Portal Resources

- **Goal**: Provide hospitals with the tools to become more self sufficient with using the ESF-8 portal
  - User guides, video tutorials, and help documents available (here) to assist hospitals and users
  - Complete List of guides available can be found (here) along with links directly to those resources

ESF 8 Portal
Maintaining *Users* and *People*

- Each organization is responsible to control and maintain lists of people with portal access.
- Limit number of facility level *People/Users*
- *How-to* video tutorials available on LHA-REF website
- Begin transition to *new* platform end of 2015!

HOSPITAL PREPAREDNESS PROGRAM (HPP) GRANT FY 2015-2016

HPP Grant FY 2015-2016

- Facility & Provider level recipients in all regions, except one
- Hospital Regional Project pre-determined for Region 4
- EMS Project pre-determined for LRAA Asset Management Services

Louisiana HPP Grant Funds (25/75 split)	**FY 2015-2016**	**FY 2014-2015**
Total Grant	**$ 1,415,439.00**	$ 1,762,334.00
- EMS	**$ 361,078.49**	$ 449,571.40
- Hospital	**$ 1,054,360.51**	$ 1,312,762.60

FY 2015-2016: Approach to Allocation of Funds

- All licensed and operating hospitals are offered an opportunity to receive grant funds.
- **Primary Goal: Preserve the ESF8 Regional Response Network**

HOSPITAL MODEL

- Funds for ESF8 Infrastructure allocated first.
  - ADRC role, Volunteer DRCs
- Variables applied to distribute remaining funds to participating facilities.
  - Participation in grant activities
  - Parish Population
  - Hospital Pressure Factor: Number of Hospitals, ED Volume
  - Size of Hospital (Licensed Beds)

Emergency Support Function - 8 Health and Medical Response

FY 2015-2016:
Approach to Allocation of Funds

- All licensed and operating EMS providers are offered an opportunity to receive grant funds.
- **Primary Goal: Preserve the ESF8 Regional Response Network**

EMS MODEL

- Funds for ESF8 Infrastructure allocated first.
  - CHEMPACK Host Site, Volunteer DRC, LRAA Project
- Variables applied to distribute remaining funds to participating facilities.
  - Participation in grant activities, i.e., Needs Assessment Survey
  - Provider Support (10%)
  - Unit Support (90%)

HPP Grant Participation Process

Phase 1

Step 1. Organization decides to accept grant funds.

Return signed Intent to Participate Form

Return signed NIMS Compliance Checklist

Attend mandatory Healthcare Coalition (HCC) Meeting

Step 2. Participation Agreements issued

Return signed Participation Agreement

Submit signed Budget Proposal

HPP Staff Review

Submit Organization Contact Form

Phase 2

Step 3. Submit spending documentation

Total Invoices and Proof of Payment should at least equal reimbursable limit

10% Match supporting documentation
Grant Summary Worksheet (signed by CFO)

Needs Assessment Survey (Certificate of Completion to be uploaded only)

Step 4. Issue Reimbursement

Acceptable documentation of spending submitted in Grant Management System

Select "Final Submission" button on or before final deadline

1. Reimbursement checks may take up to 60 days after the grant staff has marked your file complete. Consider your facility's fiscal deadlines when submitting documentation.
2. If the CEO/EMS Director is different from the person pre-printed on the Participation Agreement a change in administration letter must be submitted.
3. If someone other than the CEO/EMS Director signs grant documents, written documentation of signature authority must be provided.

HPP Grant FY 2015-2016
Organizational Decision to Accept Grant Funds

- ✓ **Step 1: Intent to Accept Grant Funds** collected in August 2015
  - Signed Intent to Accept Funds form
  - NIMS Compliance Attestation
  - Attend Fall Healthcare Coalition Workshop
  - ***Understand*** Audit Requirements

Emergency Support Function - 8
Health and Medical Response

Audit Requirements

Louisiana State Requirement (LA R.S. 24:513)

The following entities must submit an annual financial report to the Legislative Auditor no later than six months after their fiscal year ends.

- **Any not-for-profit recipients** that receive or expend any (from the first dollar) local or state assistance **including grants,** loans, transfers of property, awards, and direct appropriations from state or local public funds; and
- **Any organization, either for-profit or not-for-profit recipients** that are subject to the open meeting laws and derives any portion of its income from payments received from any public agency or body.

Federal (A-133 Audit) Requirement (OMB Circular A-133)

Non-Federal entities that expend or receive $500,000 or more in a year in Federal funds (excluding Medicare and Medicaid Awards) shall have a single or program-specific audit conducted for that year.

HPP Grant FY2015-2016
Participation Agreement to Accept Grant Funds

Step 2: Participation Agreements Issued by LHAREF

- Includes total allocated dollar amount
- Details 10% match requirements
  - Allowable per grant guidelines
  - Documented and verifiable
  - Included in the approved budget
  - NOT included in any other federally assisted program
- Spending guidelines

Emergency Support Function - 8
Health and Medical Response

HPP Grant FY2015-2016
Participation Agreement to Accept Grant Funds

Step 2 TO DO:

- Upload Documents and Accept Grant in GMS
  - CEO Signature Page
  - Budget Proposal (new form) – signed by CEO
  - Updated Facility Contact Form
  - Signed MOU (EMS only)

- All Budget Proposals will be reviewed.
  - Revised form
  - Details of intended purpose along with support for readiness

HPP Grant FY2015-2016
Document Spending

Step 3: Document spending.

- Track spending (beginning July 2015)

Collect :

- Invoices
- Receipts
- Matching documents

- Needs Assessment Survey will be due **March 31, 2016**

Emergency Support Function - 8
Health and Medical Response

HPP Grant FY2015-2016
Reimbursement Issued

Step 4: Reimbursement Issued

- Acceptable proof of spending and payment must be submitted for review.
- All purchases are reviewed
- HPP grant staff will request additional information if needed to clarify
- Documentation showing Needs Assessment Survey completed.

Recipients that submit complete, acceptable documentation prior to the deadline AND complete the Needs Assessment Survey will qualify for early reimbursement

Emergency Support Function - 8
Health and Medical Response

Announcements

- Look for LHA-Research & Education HPP Education Opportunities!
  - Training & Events Calendar
  - EP Newsletter

- October, 2015 *
  - ***When "IT" Hits the Fan: Critical Communications Before, During and After Your Crisis***,

    October 1, 2015, LHA Conference Center (Baton Rouge)
  - ***How Ready is Your Hospital to Meet the Proposed CMS Emergency Preparedness Requirements?***

    October 15, 2015, Webinar

** "LHA Member" rate available to Healthcare Coalition Members for these events.*

Hospital Preparedness Program

HPP HOSPITAL Grant Contacts

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Needs Assessment Survey Results
Region 2 Exercises & Gaps

Exercise & Event Types (54 Reported)		Gaps Identified	
39%	Natural	**38%**	**Communication**
17%	Manmade (including active shooter)	16%	Resource Availability
13%	Chemical	4%	Planning
11%	Biological	**20%**	**Staff Competency/Skills**
2%	Radiological	**22%**	**Other**
17%	Explosive		
2%	Nuclear		

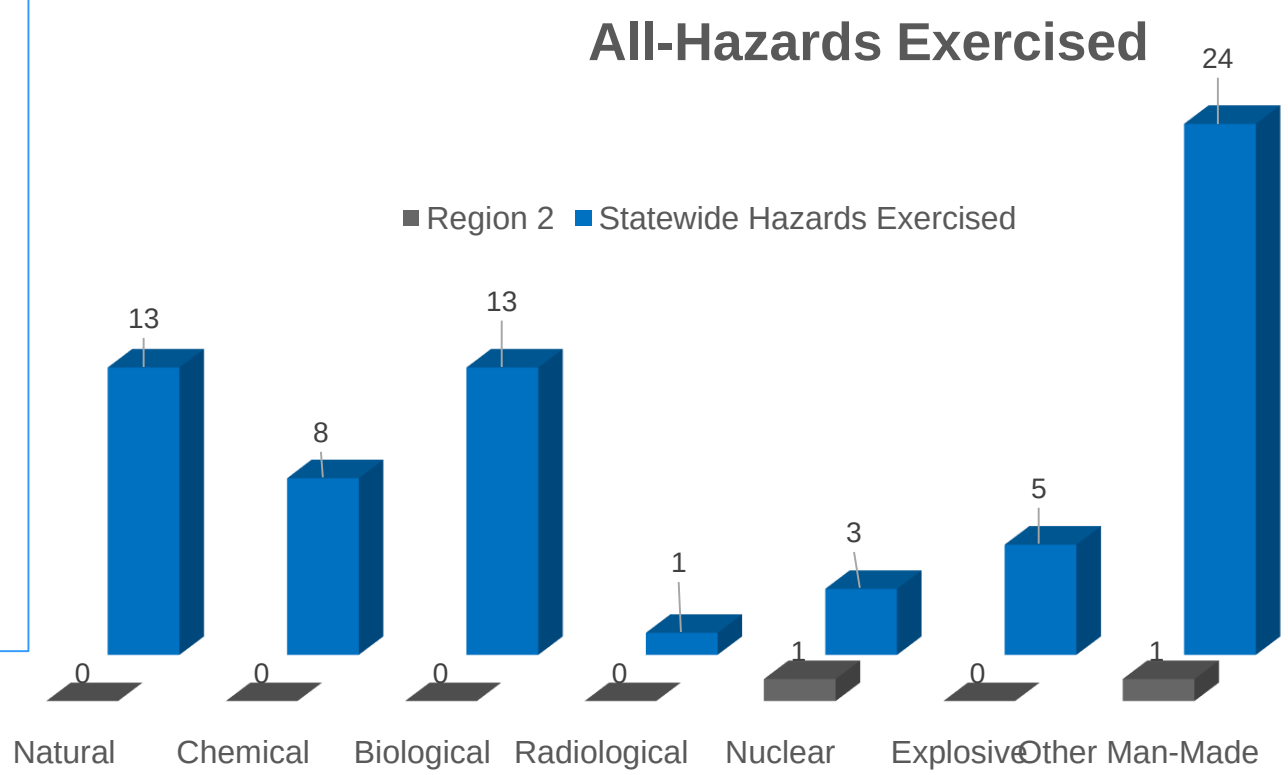
Needs Assessment Survey Results
Region 2 PPE & Pharmaceutical Caches

Pharmaceutical Caches projected to expire by end of 2015	Projected weeks of PPE in hospital cache (as of Spring 2015)
30% of hospitals → More than 50% will expire	30% of hospitals → Less than 2 weeks
13% of hospitals → Approximately 50% will expire	43% of hospitals → Approximately 2-4 weeks
22% of hospitals → Approximately 25% will expire	22% of hospitals → Approximately 4-6 weeks
35% of hospitals → Less than 25% will expire	

Emergency Support Function - 8
Health and Medical Response

EMS Exercises & Events
Region 2

- 4 Providers responded
  - Two are Correctional facility EMS providers
- 2 Reported Full-scale Exercises
  - Both exercises tested *more than one capability*
  - AAR and IPs were conducted
  - Only one exercise was coordinated with a hospital



EMS Needs Assessment Survey Results State Overview

- 49 EMS Providers completed the survey
  - Regional HVA development participation
    - 41% Participated
    - 31% Did not participate
    - 28% Unsure if they participated
  - 67 Exercises and Events were reported
    - 36% Tabletop
    - 34% Full-scale
    - 18% Functional
    - 12% Real Events