Health and Human Services Hospital Preparedness Program

Regional Healthcare Coalition Conference

March - April 2015

Joint Hospital & EMS Session

Agenda

Welcome & Introductions	Regional DRC
2014 in Review	HPP Grant Staff Regional DRC
Being Ready for an Emergency	HPP Grant Staff
All Hazards Preparedness	HPP Grant Staff Regional DRC
Resource Assessment	HPP Grant Staff Regional DRC
Next Steps	HPP Grant Staff
Announcements •ESF8 Portal - Facility Contacts •2014-2015 HPP Grant Phase 2 – Documenting Spending •2014-2015 Needs Assessment Survey •2014-2015 Facility Site Visits (In Progress)	HPP Grant Staff

Objectives

1. Provide an overview of ESF-8 activities in calendar year 2014 at both State and Regional levels.

2. Discuss "healthcare readiness" in Louisiana in the context of an all-hazards approach to emergency preparedness.

3. Review information and timelines for the current grant year and for future funding opportunities.

"Readiness" has always been important…

Why are we talking about this now?

- Experience with Ebola
- Importance of demonstrating effectiveness and accountability
- Emphasis on process improvement and efficiency

2014 Year in Review

What happened in Louisiana in 2014?

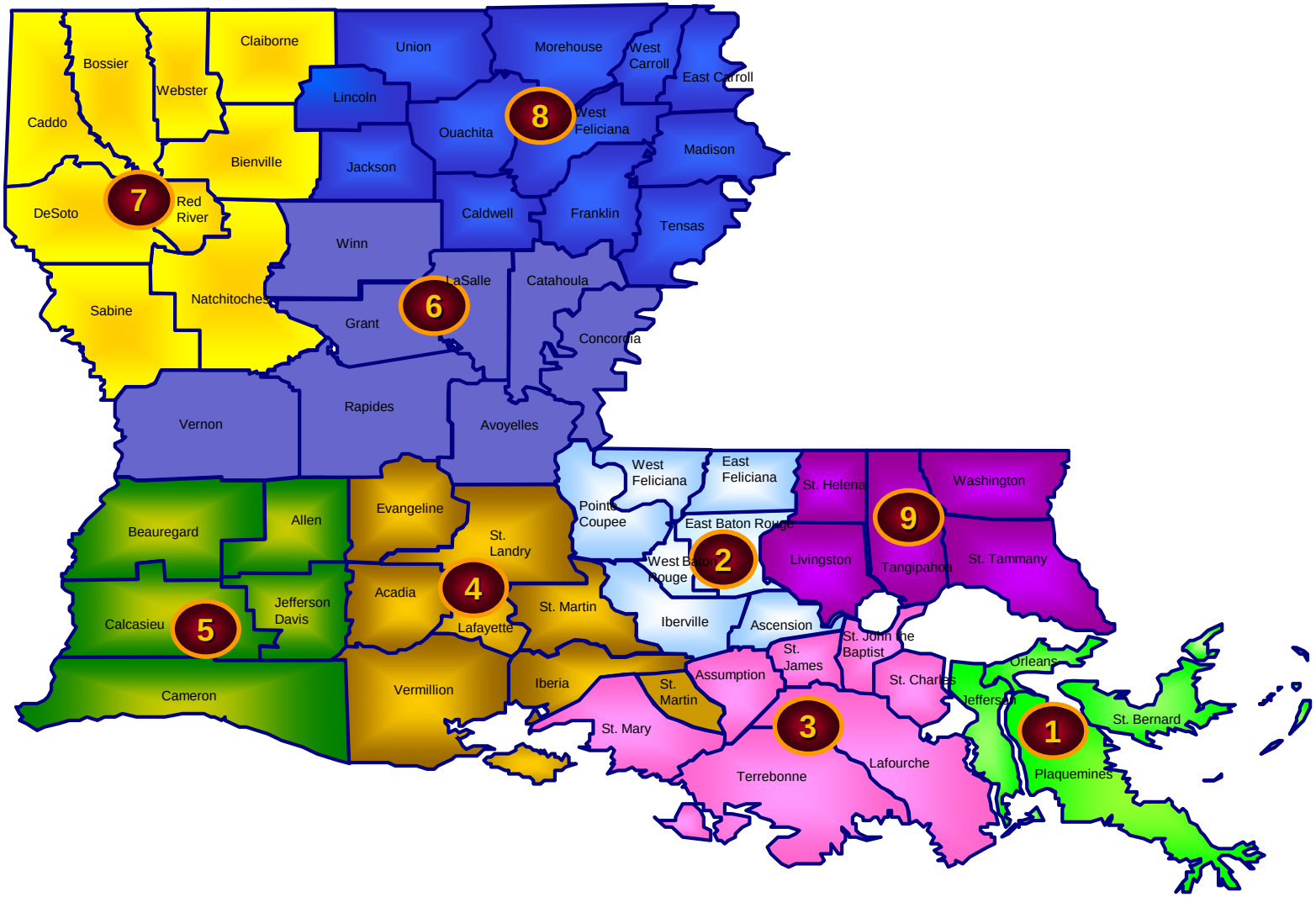
What happened in your Region in 2014?

Storm PAPR Natural Incident
Disaster Hurricane Partners
Health PPE Community Infectious
Shelter
Healthcare Evacuation ESF
Hospital Recovery Ice Ready EMS Nuclear
Ebola Radiological Command Safety
Pandemic FEMA
Influenza Medical Public Planning
Preparedness Terrorism COOP
Explosive Decontamination

ESF8 Across the State…

- Severe Weather (Ice): January & February 2014
- Severe Weather (Tornado): April & May 2014
- Ebola Readiness: September 2014 (ongoing)
- Hazardous Materials Events: October 2014
  - Region 2: CHEMPACK Cache (2PAM)
  - Region 8: Train Derailment
- Burkholderia Pseudomallei: January 2015 (ongoing)
- Minden Superfund Site: January 2015 (ongoing)

In your Region…



Region 6 – Exercises, Drills, Events

What does this tell us?

- Emergency events can happen at any time, in any location.
- Hurricanes are NOT our only threat!
- If people are involved, healthcare providers will have a role in the response.

Hospitals and EMS providers must be ready.

Being “Ready” for an Emergency

What does “healthcare readiness” mean?

How do we know when we’re “ready”?

Readiness is… ???

- Knowing the risks to your organization.
- Having a plan to mitigate and/or respond to those risks.
- Having the resources for the plan.

Regulatory Readiness Requirements

The Joint Commission (TJC)

Emergency Management Chapter

- Identify potential hazards, threats and adverse events
- Plan for managing critical areas including communications, resources and assets, safety and security, staff responsibilities, utilities, patient clinical and support activities.
- Test plans and resources to identify opportunities for improvement.

Regulatory Readiness Requirements

Centers for Medicare & Medicaid Services (CMS)

<u>Proposed</u> Conditions of Participation

- Develop and maintain an emergency plan
  - Based on an assessment of risks and addresses an "all hazards" approach
  - Include an emergency communication and training/testing program
  - Ensure emergency power
- CMS expects hospitals to use a comprehensive, collaborative approach to preparedness.
- Anticipate final rule December, 2015

Hospital Preparedness Program (HPP)

HPP Program Purpose:

"Improve surge capacity and enhance community and hospital preparedness for public health emergencies, including, as appropriate, capacity and preparedness to address the needs of children and other at-risk individuals"

Capability Planning Guidelines

1	Healthcare System Preparedness	Ability to prepare, respond and recover from incidents that have a public health and medical impact.
2	Healthcare System Recovery	Collaborate with community partners to develop efficient processes and [recover systems] to pre-incident levels where possible.
3	Emergency Operations Coordination	Engage with incident management to coordinate information and resource allocation for affected healthcare organizations.
5	Fatality Management	Ability to coordinate to ensure proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services.
6	Information Sharing	Ability to exchange public health and medical related situational awareness between HC system and community partners.
10	Medical Surge	Ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure.
14	Responder Safety & Health	Ability to protect the safety and health of healthcare workers from hazards during emergencies and disasters.
15	Volunteer Management	Ability to coordinate the identification, recruitment, registration, credential, training, engagement and retention of volunteers to support HCO with medical preparedness and response.

Emergency Support Function - 8
Health and Medical Response

Can HPP help hospitals comply with regulatory requirements?

- Collaborative, integrated strategy to engage healthcare providers across the industry
- Risk-based approach
- All-hazards plans
- Defined communication and resource processes

Is Louisiana's ESF-8 effective?

- **American College of Emergency Physicians (2013)** ranks **Louisiana #**3 in the nation.
- **HPP Federal Site Visit (2014)** noted **excellent progress** toward strengthening **healthcare system recovery** and the development of **Crisis Standards of Care protocols**
- **Disaster Accountability Project (DAP).** In Crisis Standards of Care planning, Louisiana has effectively engaged community leaders and stakeholders to develop a comprehensive plan.
- **Best practice plans vetted through real life events**. Successful response to chemical plant accidents, Mass Casualty Incidents and vulnerable citizen evacuation

All Hazards Preparedness

Know the Risks

Review of State and Regional Plans

Know the Risks

- Hazard Vulnerability Analysis (HVA)
  - A systematic approach to identify hazards/threats to your organization, evaluate the risk and prioritize planning and mitigation efforts.

A routine risk assessment is part of <u>both</u> the Joint Commission and CMS emergency preparedness requirements!

ESF8 HVA Tool Summary

- Published on the ESF8 Portal in February 2015.
- Based on the excel template developed by the Kaiser Permanente system.
- Dashboard view supporting data analysis within regions and at the state-level.
- Access through the ESF8 Portal.

- Contact your DRC with questions about using the HVA Tool!

NEW in 2015! ESF8 HVA Tool

HVA
Hazard and Vulnerability Assessment

Welcome

Home Refresh Contact Help Logout

Hazard Reports

Hazard Inputs

Hazard Category tabs

Facility Type : Hospital **Region :** Region **Facility Name :**

Hazards Inputs - Facility Name:

Natural Hazard | **Technological Hazard** | **Human Hazard** | **Hazardous Material**

1 **Last Updated User: Last updated date:** **Hazard Level Risk :**

2 * : 0 - N/A, 1 - Low, 2 - Moderate, 3 - High, 4 - Very High, 5 - Critical ** : 0 - Critical, 1 - Very High, 2 - High, 3 - Moderate, 4 - Low, 5 - No Preparedness

Event Name	Probability *	Human impact *	Property impact *	Business impact *	Warning Time *	Duration *	Preparedness **	Internal response **	External response **	Risk
Blizzard										
Dam Inundation										
Drought										
Earthquake										

Data input area

Emergency Support Function - 8 Health and Medical Response

Regional HVA

- All regions have performed a risk assessment to identify specific threats to the region, impact and readiness.

- What are the biggest threats in your Region?

Region 6

Top Hazards	Types	Risk
Communications Failure	Technological	44% - High Probability, Low Impact
Hurricane	Natural	39% - Moderate Probability, Low Impact
Epidemic	Natural	37% - Moderate Probability, High Impact
Fire, internal	Technological	37% - Moderate Probability, Moderate Impact
Flood, Internal	Technological	37% - Moderate Probability, High Impact
Other Hazards		
Mass Casualty, Medical/Infectious Disease	Human	26% - Moderate Probability, Moderate Impact
Ice Storm	Natural	11% - Low Probability, Low Impact

What are the common threats?

Top Risks:

- **100%** regions included **severe weather** (hurricanes, tornados, severe thunderstorm)
- **60%** regions included **Mass Casualty Incidents**
- **40%** regions included **Epidemic**

Are we ready for these threats?

Do we have a plan?

Louisiana ESF8 Network Response Plan

- Available on the LHA Research & Education Foundation website www.lha-foundation.org

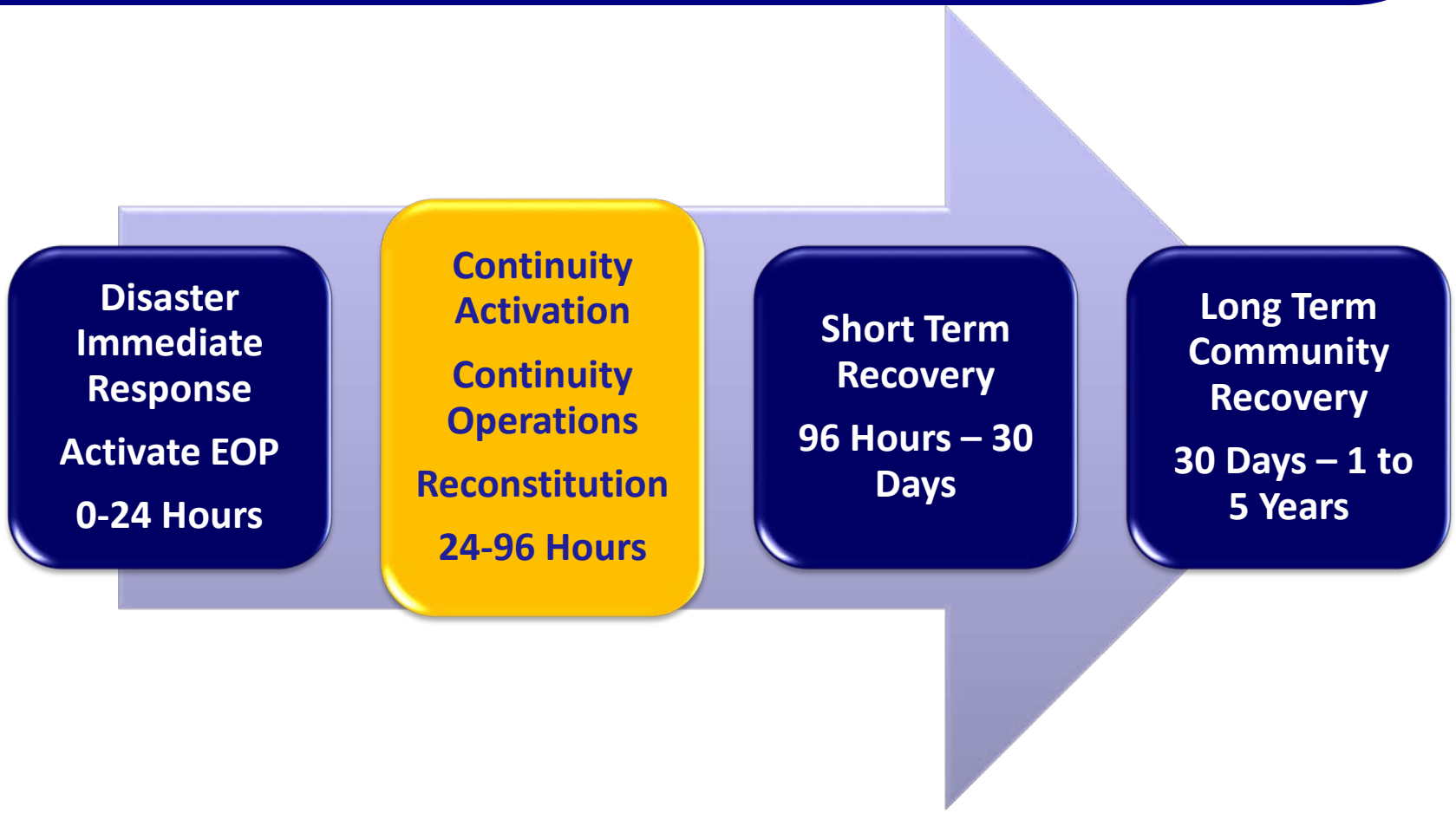
- All-hazards, collaborative approach with defined communication and resource request pathways
- Frontline providers work with a Designated Regional Coordinator to facilitate information and resource sharing within the State
- State-level support is in place to coordinate with state agencies and federal partners.

Continuity of Operations Plan (COOP)

- Purpose of COOP is to define a process which initiates organizational recovery efforts

- Key components of COOP
  - Risk Assessment
  - Determining what is “Mission Essential”
  - Identification of leadership and decision authority

When would COOP be used?



Source: ASPR Document "*Healthcare COOP & Recovery Planning. Concepts, Principles, Templates & Resources*" (Mangieri, Published January, 2015)

Does ESF8 have a COOP?

Louisiana's ESF8 network has a state-wide COOP as well as regional COOP to

- Ensure the ongoing viability of the ESF8 network in community-wide events.
- Support the ESF8 network with a virtual structure when needed
- Support coalition members to begin recovery efforts for their organization

Regional COOP Overview

- What does the Regional COOP include?
- Where is this document posted?
- How does the Regional COOP apply to individual facilities and EMS providers?

Resource Assessment

Do we have what is needed to be ready?

State & Regional Response Resources

Type	Examples
System	ESF8 Network Infrastructure DRC Roles LERN Call Center
Plans	ESF8 Network Plan MIEP (Medical Institution Evacuation Plan) Pandemic Influenza and Crisis Standards of Care Plans Ebola Plan
Tools	ESF8 Portal / Resource Management, At Risk Registry HVA Tool
Materials	CHEMPACK Regional Decon Trailers (Equipment, PPE) Regional Pharmaceutical Cache

Facility-based Resources

Based on the 2013-2014 Needs Assessment,

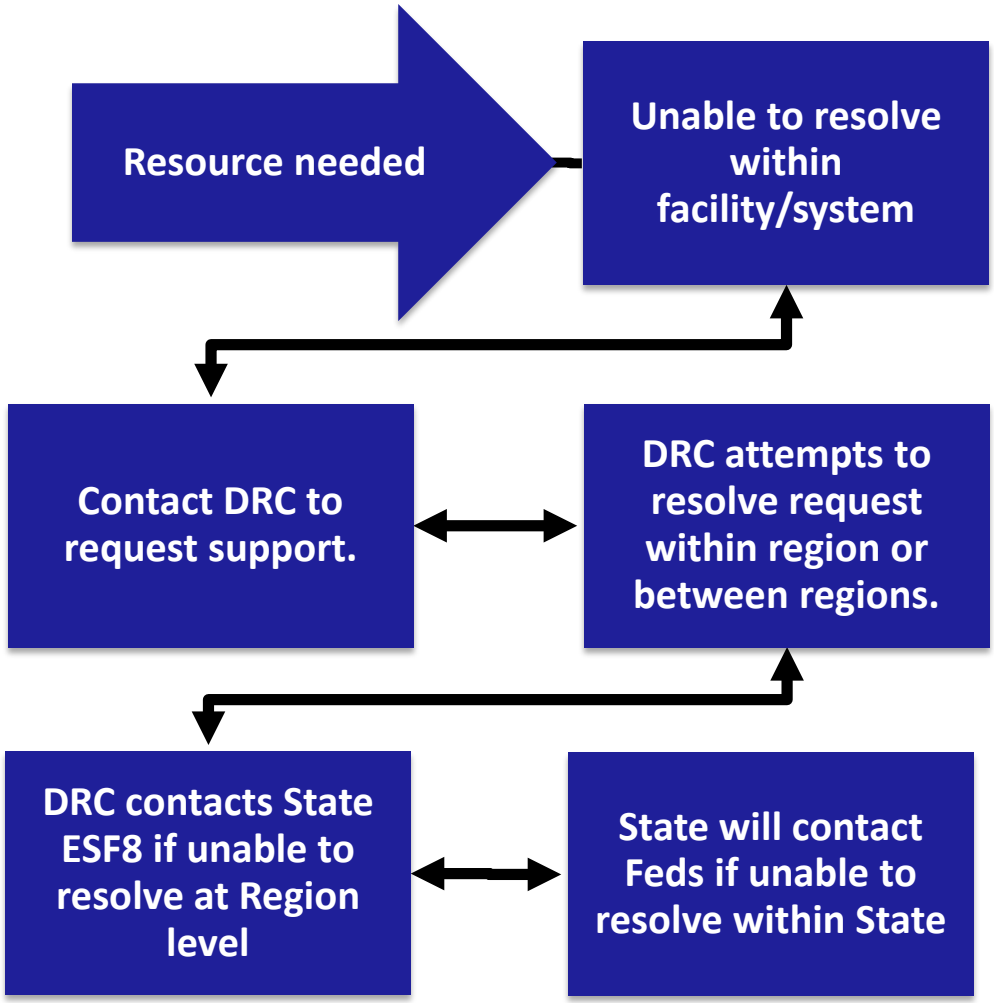
- Organizational Cache
  - Pharmaceuticals: **91%** Hospitals have a biological cache
  - Personal Protective Equipment (PPE): **83%** have 6-8 weeks supply

    Includes both Tier 1 and Tier 2 Hospitals!

- Medical Surge Equipment, Supplies
  - Inventory of HPP-purchased items is available in the Grant Management System (GMS) application!

Emergency Support Function - 8
Health and Medical Response

Resource Request Process



STEPS

- Contact your DRC
- DRC will assist to facilitate sharing within a region
- If necessary, DRC will forward request to State ESF8
- If necessary, State ESF8 will request support from other State Agency or Federal level.

IMPORTANT!

- Providers may be billed for the cost of resources/support received through a State or Federal-level sources.

Next Steps

How can we improve healthcare readiness in Louisiana?

Funding Opportunities in 2015-2016

What are our priorities?

Survey performed in Fall, 2014 (N=26) to prioritize program activities in light of reduced federal funding.

1. ESF8 Infrastructure –DRCs
2. ESF8 Information Systems (Portal, At Risk Registry, Resource Management, etc.)
3. Training/Education
4. Develop/Maintain PPE and Pharmaceutical Caches.

What are our funding opportunities?

2015-2016 Hospital Preparedness Program (HPP) Grant

- "Traditional Grant"

  Louisiana's total award $3,137,439

  $12,895 (0.4%) reduction from the FY 2014-15 grant.

- Capabilities and grant deliverables remain the same.

Ebola Grant

- Louisiana's total award is $1,381,293
- Deliverables defined to enhance readiness for Ebola, but may also support preparedness for "Emerging Infectious Disease"

Ebola Funding Opportunity Details

Grant is intended to establish/support Ebola Treatment Centers and Assessment Hospitals

- "Part A" funds include specific requirements for facilities and coalitions to improve "real" readiness for Ebola.

- "Part B" funds are for designated Ebola Treatment Centers

NO hospital in Louisiana has been designated an "Ebola Treatment Center"

Updates & Announcements

Hurricane Season 2015

2014-2015 HPP Grant "Phase 2"

Needs Assessment Survey

Facility Site Visits

Hurricane Season 2015

- **Review and update facility contact information** in the ESF8 Portal.

- **Assess your plan and resources** now.

  Take action if needed so you'll be ready!

- **Participate** in the state-wide bed poll!

  To be scheduled as part of the MIEP Exercise April 14 – 18, 2015!

"Phase 2" Reminders 2014-2015 HPP Grant

- Spending must be completed within the 2014-2015 grant period **July 1 2014 – May 29, 2015**.

  - Deadline for submitting documentation of purchase and proof of payment is **May 29, 2015**.
  - Early reimbursement is available if submit complete documentation by **March 31, 2015**.

- Documentation of purchase and payment must be uploaded into the **Grant Management System** and a hard copy provided to LHA.

Acceptable Documentation

- **Acceptable Documentation** showing **Proof of Payment** includes the following:
  - Receipts stamped "Paid" along with the "check number" and "date paid".
  - Copies of the corresponding check(s) used to pay invoice/receipt.
  - Invoice(s) indicating items have been paid with a credit card.

    Credit card payments must be accompanied by the credit card statement <u>and</u> proof of payment of the credit card statement.
  - If claiming sales taxes <u>not</u> listed on the invoice/receipt, documentation supporting your tax percentage must be submitted.

The 10% Match

- All facilities receiving HHS Grant Funds must demonstrate a 10% match of the reimbursable amount.

- Either Cash or In-Kind expenses may be used to demonstrate the 10% match.

- **IMPORTANT!** Per 42 CFR 74.23 Matching Expenses must be
  - Allowable per grant guidelines
  - Documented and verifiable
  - Included in the approved budget
  - NOT included in any other federally assisted program

Contact the HPP Grant Staff with questions!

2014-2015 Site Visits

- **Purpose of the Site Visit**
  - Review inventory of equipment/supplies purchased with grant funds during the defined grant cycle.
  - Verify data submitted on the annual needs assessment (survey).
  - Assess status of NIMS implementation activities.
  - Asses status of Surge Planning – i.e. Beds, pharmaceuticals, PPE.

- **Approximately 20% of facilities (Hospital and EMS) are scheduled for site visits each year.**
  - Facility will be notified before the site visit is scheduled.
  - Every hospital and EMS provider will be visited, regardless of whether they received funds in the last grant cycle.

  - **What if a facility did not receive funds during the defined grant cycle?**
  - The site visit will assess compliance items, the status of planning and provide consultation.

Questions?

Resources & Reference Information

- www.lha-foundation.org
  - Sample Forms and Grant Documents
  - Grant Policies
  - Current Events Information
  - **Regional Coalition Conference Minutes & Sign-In Sheets will be posted here!**

- www.DHH.LA.gov

  Go to Public Documents to find
  - ESF8 Plans
  - Grant Management System Documents
  - Region-specific Information

Hospital Preparedness Program

HPP HOSPITAL Grant Contacts

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EMS Preparedness Program

HPP EMS Grant Contacts

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Public Health Preparedness Program

PHEP Public Health Grant Contacts

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