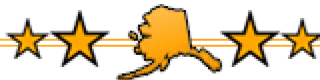
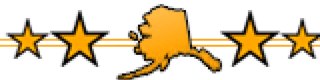
Statewide Healthcare Coalition Meeting

Sondra LeClair
Heidi Hedberg
Todd Lecours
Jessica Gould
Charles Pelton



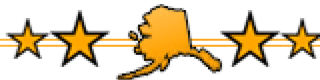
Purpose

- Planning, organizing, equipping, training coalition members to effectively prepare for and respond to disasters
- Forum for healthcare entities statewide to communicate preparedness gaps and mitigation strategies
- Opportunity for facilities to share effective approaches to disaster preparedness and response
- Clear information re: State preparedness, response, and recovery efforts



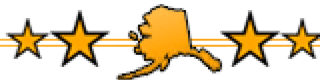
Current Membership

- All Alaskan hospitals
- Alaska Native Tribal Health Consortium (ANTHC)
- Local Health Department: Municipality of Anchorage
- State of Alaska, Section of Emergency Programs



Coalition Structure

- Quarterly Teleconferences
  - Review of hospital exercises and lessons learned
    - South Peninsula Hospital
    - Central Peninsula Hospital
    - Mat-Su Regional Medical Center
  - Resource review
    - Alaska Trauma Registry
    - ASPR TRACIE “Medical Surge in a Box”
  - Statewide healthcare planning/preparedness
    - Ebola transport planning
    - HICS trainings
- One in-person meeting annually



Future Development

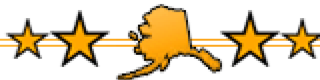
- Maintain facility exercise briefings and lessons learned
- Include additional best practice briefings
- Inclusion plan and strategy based upon new CMS regulations
- Respond to changing ASPR Hospital Preparedness Program requirements
- Joint State/Hospital leadership of coalition

Agenda

- Coalition Review
- Ebola/Infectious Disease Planning and Preparedness (Todd Lecours)
- Resource Availability (Heidi Hedberg)
- Training (Charles Pelton)
- Grant Management (Jessica Gould)
- Additional Updates (Sondra LeClair)
- Member Preparedness/Response Highlights
- Questions/Comments

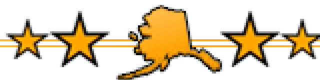
Ebola Preparedness Efforts

Todd Lecours, Public Health Specialist



Highly Infectious Disease "Go Kits"

- A Go Kit consists of two triple wall containers measuring 4ft x 3ft by 4ft that can be easily shipped anywhere in the state.
- Requests: Medical Duty Officer Phone (24/7) (907)903-3721



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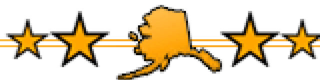
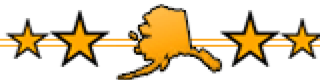
HID Go Kits Contents

- Gloves (S, M, L, XL & XXL) 1 box each
- Surgical Gowns 1 case
- Surgical Caps (S, M & L) 1 box each
- Shoe Covers 4 cases
- Face Shields 4 boxes
- N95 Masks 120
- Surgical Masks 1 box
- Absorbent Pads (Chucks) 1 box
- Disinfectant Wipes 15 boxes
- Hand Sanitizer 6
- Duct Tape 26 Rolls
- Trash Bins 4



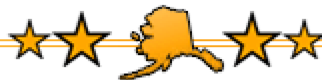
Resource Availability

Heidi Hedberg, Response Program Manager



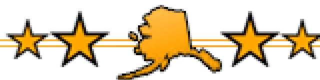
Training

Charles Pelton, Training and Exercise Manager



Updates

- Alaska Shield is now a three year program
- Changes the communities planning cycle
- Allows for more local training and exercises



State Health Training Calendar

State Health Coalition Exercise Calendar

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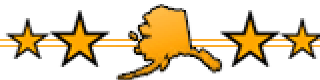
	2016 - 2017 Calendar							2017			
Request a Training/Exercise Event	OCTOBER			NOVEMBER		DECEMBER		JANUARY	FEBRUARY	MARCH	APR
Training / Exercise Details	Hale Borealis Conference (October 18 - 20)									Proposed Month for Full Scale Exercise (TBD)	Proposed M Full Scale E (TBD
Requirements Covered in Training/ Exercise: Healthcare System Preparedness		X									
Healthcare System Recovery		X									
Emergency Operations Coordination		X									
Fatality Management		X									
Information Sharing		X									
Medical Surge		X									
Responder Safety		X									
Volunteer Management		X									
Individual Training (State or Fed Sponsored)	E0449 Incident Command System TtT (October 3-6)	E0963 Planning Section Chief TtT (October 17-20)	MGT318 Public Information in an All-Hazards Incident (Anchorage: October 25-26; Mat-Su: October 27-28)	ICS 300 Training and Intro to CST (November 1-2)	E0951 Incident Commander TtT (November 14-18)	Medical Preparedness and Response for Bombing Incidents (ANTHC in Anchorage: December 3-4)	E0957 Liaison Officer TtT (December 12-13)	E0449 Incident Command System TtT (January 9-12)	E0968 Logistics Section Chief TtT (February 27-March 3)		Safety Officer 24-27
	FEMA P-154, Rapid Visual Screening of Buildings for Potential Seismic Hazards (pre-disaster), and ATC-20, Postearthquake Safety Evaluation of Buildings (post-disaster) (October 3, 0800-1700)		FEMA P-767, Earthquake Mitigation for Hospitals (October 4, 0800-1700)	Basic Disaster Life Support (November 12, 0800-1700, AK Regional)	L-959 Operations Section Chief Train-the-Trainer (November 14-17)			ICS 300 (PAMC Fireweed Room: January 30-February 3)	ICS 400 (PAMC Willow Room: February 27-March 3)		

2016-2017 | NFA: Incident Safety Officer (ISO) | Screening of Buildings Earthquake | Earthquake Mitigation for Hospitals | Basic Disaster Life Support | Medical Preparedness and Response for Bombing | Trauma Drama II

[Link](#)

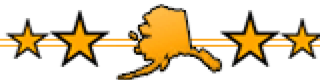
Resources

- DHSS
  - Section of Emergency Programs
  - Trauma
  - EMS
- Outside Sources
  - FEMA
  - Center for Domestic Preparedness (CDP)
  - Rural Domestic Preparedness Consortium (RDPC)



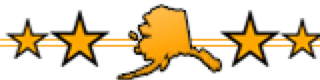
What do you need?

- Requirements
- Training Plans
  - Individual
  - Organizational
- Courses
  - What do you want to come here
  - WEBINAR Based (HICS Training)



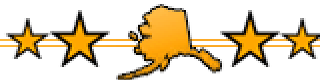
Feedback

- Will call out prior to State Coalition Meetings
- Request your input on what needs to occur
- Any of the DHSS Staff may field a request



Grant Management

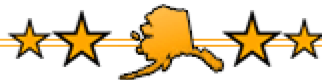
Jessica Gould, Grants Program Coordinator



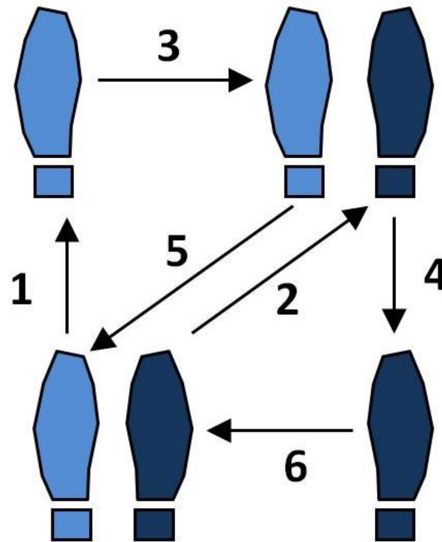
Change Control

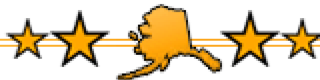
- Changes in the grant are done in a controlled and coordinated manner
  - Gap/need is identified by the grantee
  - Communicate gap/need to grantor

- Creates standard work so that everything is done the same way every time.



LET'S WALK THROUGH THE STEPS OF A GRANT CHANGE





Steps – Part 1

1) Is the request for a new item or for an existing item in the application?

2) Is the request linked to an activity in the application?

3) Has the applicant provided a clear justification for the item?

Steps – Part 2

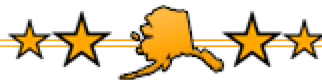
4) Is the request supported by the current funding available to the facility?

5) Can the requested change be reasonably completed by the end of the grant period

6) Is the requested item considered an allowable type of purchase for the grant?

Answers

- As much detailed information as possible.
- This is a dialogue and we may request additional information



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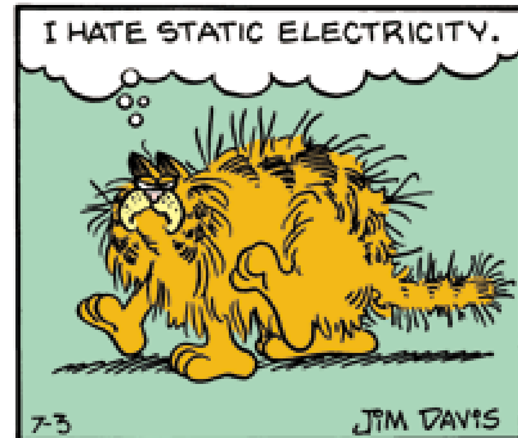
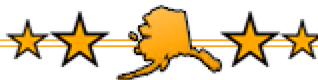
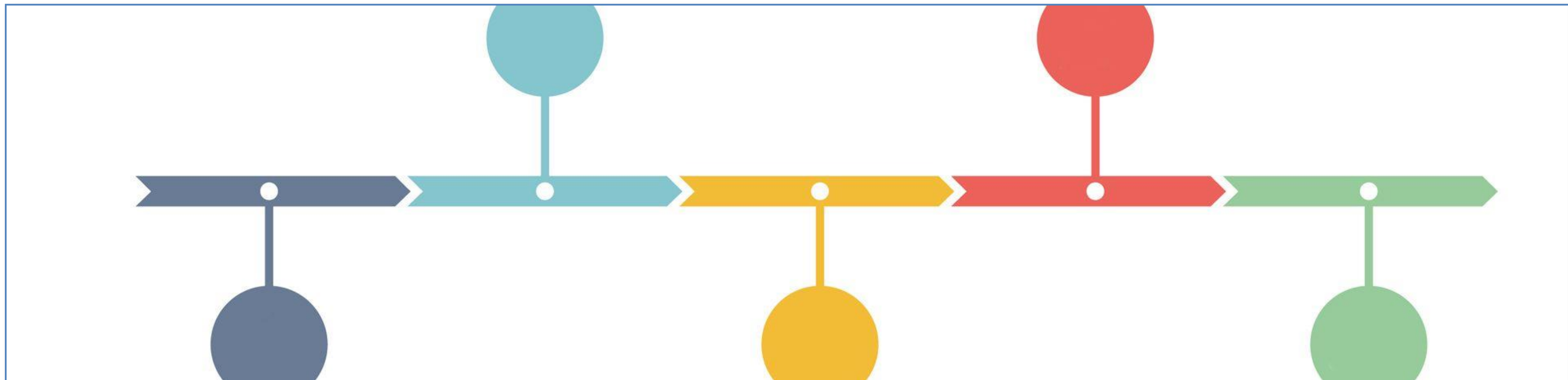
STATE of ALASKA Department of Health and Social Services

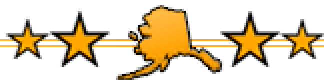
- The process of standard work is not static.
- Continuous improvements will be made.





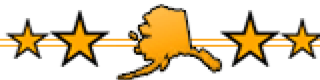
GRANT TIMELINE REMINDERS





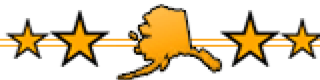
Deadlines

Date	Event
November 15th	Receive Mid-Year Progress Report Template
December 31st	Deadline to submit Mid-Year Report
January	Grantor will process mid-year receipts
March 15th	Receive End-Of-Year Progress Report Template
April 30th	End of HPP grant period
May 31st	Deadline to submit end-of-year report, receipts, and inventory forms
June	Grantor will process end-of-year receipts



Additional Updates

Sondra LeClair, Preparedness Program Manager



CMS Regulation Changes

- Emergency Preparedness Requirements final rule posted on 9/8/2016
- National requirements for Medicare and Medicaid providers
- Goes into effect November 16, 2016
- Providers and suppliers must comply and implement regulations by November 16, 2017

CMS Regulation Changes

- Establish national emergency preparedness requirements
  - Stress coordination with federal, state, tribal, regional, and local emergency preparedness systems
- Apply to all 17 provider and supplier types

Provider Types Impacted

- Hospitals
- Religious Nonmedical Health Care Institutions
- Ambulatory Surgical Centers
- Hospices
- Psychiatric Residential Treatment Facilities
- All-Inclusive Care for the Elderly
- Transplant Centers
- Long-Term Care Facilities
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Home Health Agencies
- Comprehensive Outpatient Rehabilitation Facilities
- Critical Access Hospitals
- Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
- Community Mental Health Centers
- Organ Procurement Organizations
- Rural Health Clinics and Federally Qualified Health Centers
- End-Stage Renal Disease Facilities

Table Requirements by Provider Type

Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Requirements by Provider Type

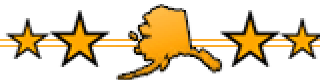
Inpatient					
Provider Type	**Emergency Plan**	**Policies and Procedures**	**Communication Plan**	**Training and Testing**	**Additional Requirements**
Hospital	Develop a plan based on a risk assessment using an "all hazards" approach, which is an integrated approach focusing on capacities and capabilities critical to preparedness for a full spectrum of emergencies and disasters. The plan must be updated annually.	Develop and implement policies and procedures based on the emergency plan, risk assessment, and communication plan which must be reviewed and updated at least annually. System to track on-duty staff & sheltered patients during the emergency.	Develop and maintain an emergency preparedness communication plan that complies with both federal and state laws. Patient care must be well-coordinated within the facility, across health care providers and with state and local public health departments and emergency systems. The plan must include contact information for other hospitals and CAHs; method for sharing information and medical documentation for patients.	Develop and maintain training and testing programs, including initial training in policies and procedures and demonstrate knowledge of emergency procedures and provide training at least annually. Also annually participate in: • A full-scale exercise that is community- or facility-based; • An additional exercise of the facility's choice.	Generators—Develop policies and procedures that address the provision of alternate sources of energy to maintain: (1) temperatures to protect patient health and safety and for the safe and sanitary storage of provisions; (2) emergency lighting; and (3) fire detection, extinguishing, and alarm systems.
Critical Access Hospital	*	*	*	*	Generators
Long Term Care Facility	Must account for missing residents (existing requirement).	Tracking during and after the emergency applies to on-duty staff and sheltered residents.	In the event of an evacuation, method to release patient information consistent with the HIPAA Privacy Rule.	*	Generators Share with resident/family/ representative appropriate information from emergency plan.
PRTF	*	Tracking during and after the emergency applies to on-duty staff and sheltered residents.	*	*	

*Indicates that the requirements are the same as those for hospitals. Exceptions are noted for individual provider/suppliers.

NOTE: **This table is an overview of the regulation with key differences summarized. This is not meant to be an exhaustive list of the requirements nor should it serve as substitute for the regulatory text.**

CMS Potential Impacts

- Exercise requirements
  - 2 exercises required
  - One coordinated with health care community, local/state emergency management
  - More facilities may request engagement in planning, exercising annually
- Technical assistance
  - Planning
  - Training
  - Exercises
- Develop strategy for response
  - Statewide Healthcare Coalition
  - Local coalitions



CMS Change Resources

- Centers for Medicare and Medicaid Emergency Preparedness Rule Page
- ASPR TRACIE Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers
  - Technical Assistance
  - https://asprtracie.hhs.gov/cmsrule

Section of Emergency Programs Changes

- Section of Rural and Community Health Systems
- Comprised of 4 units:
  - Health Emergency Response Operations
  - Trauma
  - EMS
  - Office of Rural Health

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SRCHS Organizational Chart

Department of Health and Social Services
RDU: Public Health (502)
COMPONENT: Rural and Community Health Systems (2877)
PFT: 25

Andy Jones
Emerg Prog Mgr II
Section Chief
Anchorage

Administrative

Heather Rogers
Admin Officer II
Unit Manager
Anchorage

- Sonya Finney, Admin Assist II, Anchorage
- Persephone Bodine, Office Asst II, Juneau

Health Emergency Response Operations

Response

Heidi Hedberg
Emerg Prgm Mgr I
Unit Manager
Anchorage

- George Mayberry, H&SS Planner II, Anchorage

Preparedness

Sondra LeClair
Emerg Prgm Mgr I
Unit Manager
Anchorage

- Jessica Gould, Prog Coordinator I, Anchorage
- Mariel Fonteyn, H&SS Planner II, Anchorage
- Todd Lecours, Pub Health Spec II, Anchorage
- Charles Pelton, Emerg Prgm Mgr I, Anchorage
  - Karie Hawk, Prog Coordinator I, Anchorage

Trauma

Julie Rabeau
Nurse Consultant II
Unit Manager
Anchorage

- Ambrosia Romig, Epidemiologist Spec II, Anchorage

Emergency Medical Services

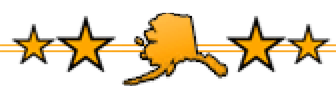
Mark Miller
EMS Officer II
Unit Manager
Juneau

- Renee Escamilla, Pub Health Spec II, Juneau
- Ron Quinsey, EMS Officer I, Juneau
- Carin Marter, EMS Officer I, Juneau
- Todd McDowell, EMS Officer I, Juneau
- Jopeel Quimpo, Office Asst II, Juneau

Office of Rural Health

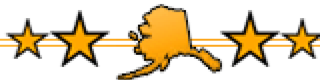
Shellie Smith
HPM III
Unit Manager
Anchorage

- Susan Maley, H&SS Planner II, Anchorage
- Susan Mason-Bouterse, HPM III, Juneau
  - Robert Sewell, HPM II, Juneau
  - Eric Peter, HP Associate, Juneau



Coalition Member Preparedness and Response Highlights

Coalition Members



Questions/Comments