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# King County Healthcare Coalition

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March 22, 2006

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# Agenda

- Public Health Perspective
    - Emergency Management
    - Public Health - Coalition Partnership
  - Pandemic Flu Planning
    - Plans & Priorities
  - Health Care Coalition
    - Roles & Responsibilities
    - Membership & Governance
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# Public Health Perspective

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# Public Health Perspective

- The Challenge - Catastrophic Disasters
    - Major earthquake or other natural disasters
    - Bioterrorist attack
    - Pandemic Flu
  - Scenarios
    - Overwhelm our normal capacity and capabilities
    - Require a coordinated community response
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# Public Health Perspective

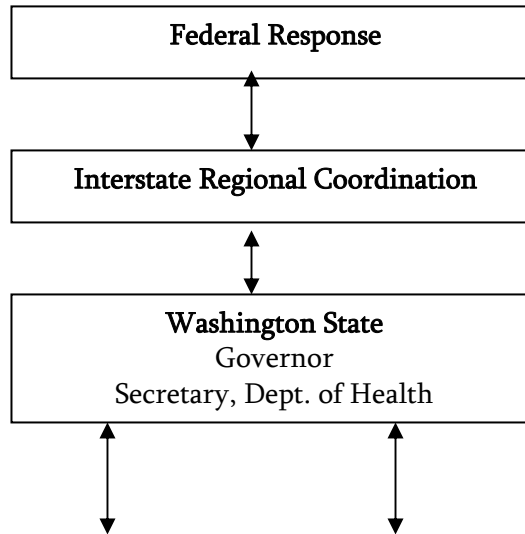
- Strengthening our Health Care Emergency Response System
    - All Hazards
    - Infrastructure
      - Command
      - Communications
      - Coordination
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# Public Health Perspective

- King County Emergency Response System
    - Chain of command - County Executive
    - Incident Command Structure
    - Coordination through Emergency Operations Centers (EOCs)
    - Communications through Joint Information Centers (JICs)
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# Current Response Structure

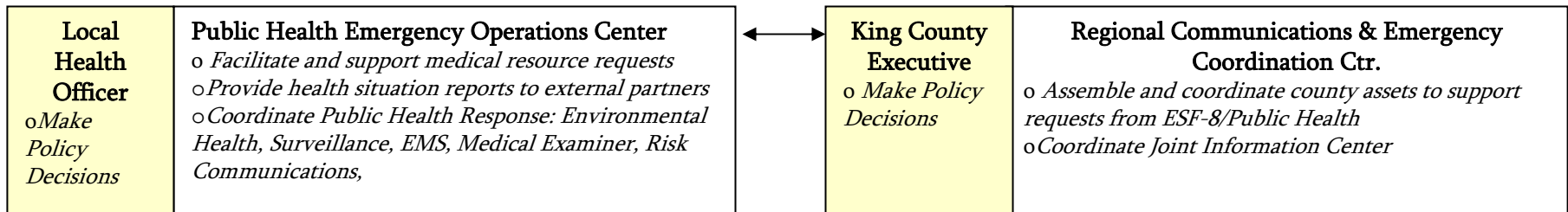


**tier 6:** Support to state and local

**tier 5:** Management, coordination & mutual support

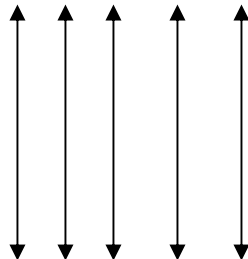
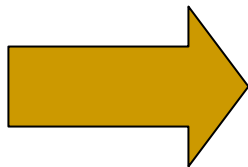
**tier 4:** Management, coordination and support to jurisdictions

**tier 3:** Jurisdiction incident management, medical IMS and emergency support



**tier 2:** Information sharing, cooperative planning & mutual aid

**tier 1:** Healthcare asset management



## Individual Healthcare Organizations EOC's

- o Manage care delivery and resources
- o Implement operations changes as advised
- o Provide resource needs and situational updates to resource center

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# Public Health Perspective

- Characteristics of successful health care emergency response system
    - Effective partnerships
      - Across jurisdictions - Federal, State, County, cities
      - Public-private
    - Clearly defined and understood authorities & accountabilities, roles & responsibilities
    - Adequate resources
    - Flexible plans
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# Public Health Perspective

## ■ Strengths

- ❑ County emergency management system is in place
  - ❑ Public Health, local hospitals, and emergency management partners have been engaged in planning and preparedness efforts
  - ❑ Strong health care assets, 911 and emergency medical system, Hospital Control
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# Public Health Perspective

## ■ Weaknesses

- ❑ Response system may be inadequate for catastrophic disasters
  - ❑ Planning has been hospital-centric, not health care system-oriented
  - ❑ Limited capacity in the healthcare system, not set up for surge in demand
    - capital intensive
    - professional staff shortages
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# Public Health Perspective

## ■ Objectives

- ❑ Build emergency response capability across all sectors of the health care system
  - ❑ Strengthen coordination and communications among health care providers
  - ❑ Create more effective structures and processes that strengthen the public-private partnership
  - ❑ Better prepare for catastrophic events
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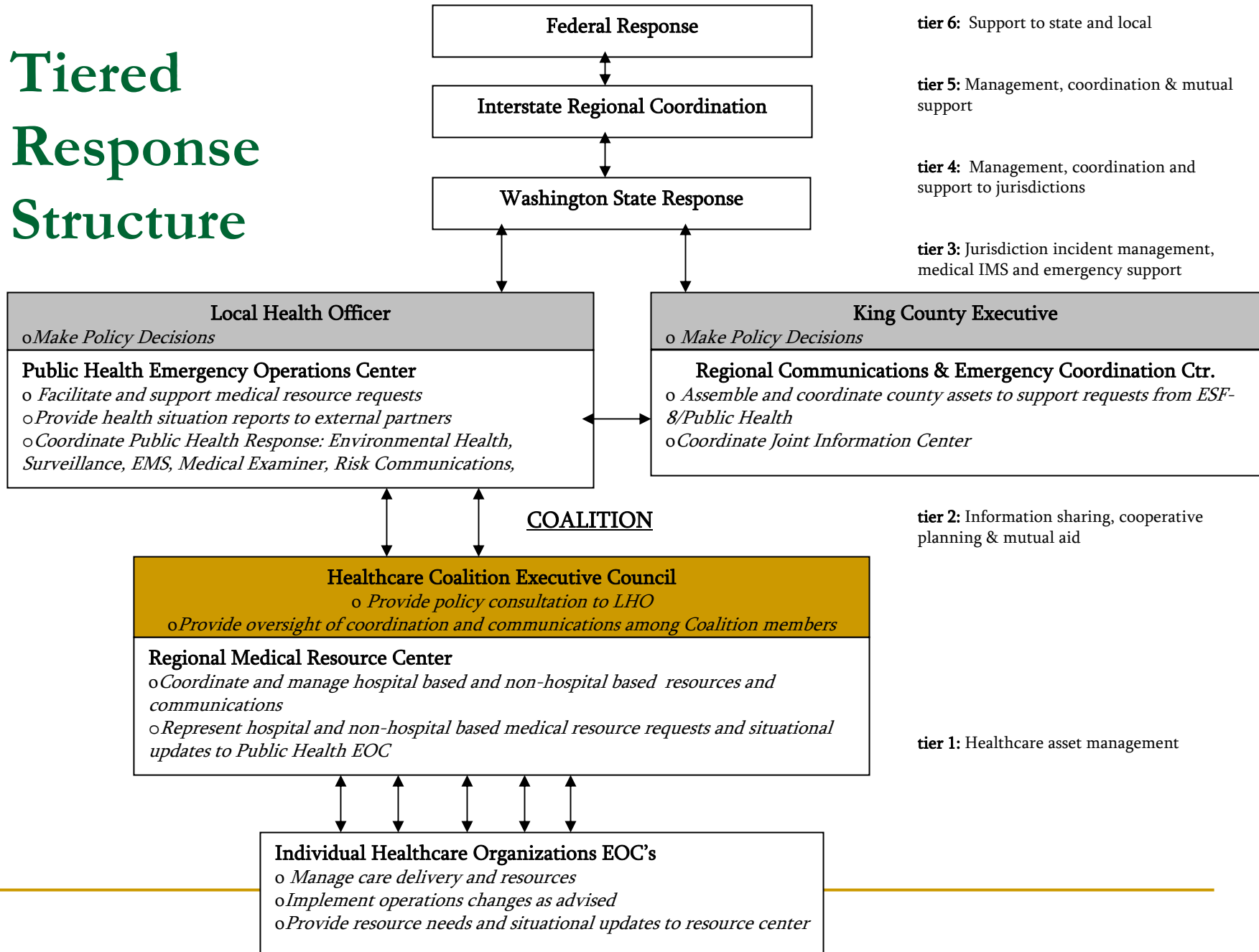
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# Public Health Perspective

## ■ Strategies

- ❑ Support the creation of the Healthcare Coalition and a Regional Medical Resource Center to ensure more effective communications and coordination
  - ❑ Engage broad array of health care organizations in emergency preparedness efforts
  - ❑ Lead community-wide planning for pandemic flu
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# Tiered Response Structure



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# Coalition's Role in Emergency Preparedness and Response

- **Communications**
    - Providers, patients, employees
    - Across health care organizations
  - **Coordination**
    - Resource sharing
    - Systems approach to problem-solving
  - **Consultation**
    - Advisors to public officials
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# Pandemic Flu Planning

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# Pandemic Flu

## ■ Threat - Avian Influenza

- Since December 2003, Influenza A (H5N1) virus has appeared in wild birds or poultry in 44 countries in Europe and Eurasia, East Asia & the Pacific, South Asia, Near East, and Africa.
  - Confirmed human cases in Vietnam, Indonesia, Thailand, China, Turkey, Cambodia, and Iraq
  - 176 human cases, 97 deaths
  - no human to human transmission yet
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# Pandemic Flu

- Planning Assumptions
    - Many unknowns
    - Plan for a severe pandemic scenario
    - Vaccines will not be available for at least 6 months
    - Influenza outbreak will come in multiple waves
    - Outbreak will not be limited to one locale
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# Pandemic Flu

	Moderate 1958, 68-like		Severe 1918-like	
	<u>US</u>	<u>King County</u>	<u>US</u>	<u>King County</u>
Illness	90 million	540,000	90 million	540,000
Outpatient	45 million	270,000	45 million	270,000
Hospital Care	865,000	5,190	9,900,000	59,400
ICU Care	128,750	773	1,485,000	8,910
Mechanical Ventilation	64,875	389	742,500	4,455
Deaths	209,000	1,254	1,903,000	11,418

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# Pandemic Flu

- Implications for Disaster Planning
    - Length of time of impact
    - Potential for demand to overwhelm all parts of the healthcare system
    - Insufficient resources - especially staffing
    - Limited or no help from other jurisdictions
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# Pandemic Flu

## ■ Planning Objectives

- ❑ Build infrastructure and strengthen relationships
  - ❑ Develop flexible plans that address worst-case scenarios
  - ❑ Engage all sectors of health system in planning and a broad range of stakeholders in developing and reviewing plans
  - ❑ Communicate plans to stakeholders and the public
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# Pandemic Flu - Current Status

- ❑ Public Health has begun to engage the health care and business communities in planning.
  - ❑ King County Pandemic Flu Plan has been presented to the Board of Health and is available on the Public Health web site.
  - ❑ King County Executive has allocated funds to support planning, stockpile antiviral medications
  - ❑ Area hospitals have allocated HRSA dollars to hire staff to develop the Regional Medical Resource Center
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# Pandemic Flu - Plan Elements

- Public Health Activities
    - Disease surveillance
    - Mass vaccinations and antiviral usage
      - Priority-setting
      - Stockpiling
      - Distribution
    - Disease control through non-medical measures
      - Isolation and quarantine
      - Social distancing strategies
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# Pandemic Flu - Plan Elements

- Communications and Education
    - Content
      - Information about the disease
      - Prevention and preparedness
      - Information about health care delivery
    - Audiences
      - General public
      - Providers
      - Elected officials and community leaders
      - Media
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# Pandemic Flu - Plan Elements

- Maintenance of Essential Services
    - Maximizing the capacity of available health care resources
      - Surge planning - mass casualties and mass fatalities
      - Staffing, supplies, and equipment
    - Maintaining essential community services
      - Planning for business continuity
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# Pandemic Flu Preparedness Activities

## ■ **Public Health**

- *Alternate Facilities*
- Business Continuity
- EMS - 911 System
- Mass Fatalities
- Mass Vaccination Dispensing
- Public Health Staffing
- Public Information & Education
- Schools
- Surveillance
- Vulnerable Populations

## ■ **Coalition**

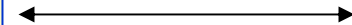
- Acute Care
  - Critical Care Work Group
  - Ambulatory Care & Triage Work Group
  - Regional Medical Resource Center
  - *Communications*
  - *Staffing*
  - *Finance & reimbursement*
  - *Long Term Care*
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# Public Health

# Coalition

**Public Health Leadership**  
Teeter, Duchin, Loehr

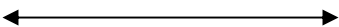
**Executive Council**  
Graham, Spisso, Teeter



**Public Health -Coalition  
Coordinating Team**  
Duchin, Dold, Marks,  
Goldbaum, Koelymay,  
Welch, Alvarado



**PH Preparedness Workgroups**



**Coalition Workgroups**

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# Priorities - Pandemic Flu

## ■ Coalition Priorities

### □ Surge Capacity Planning

- Acute and critical care
- Ambulatory, home health, and mental health care
- Alternate facilities

### □ Communications

- Inter-organizational and public

### □ Regional Medical Resource Center

- Coordination
  - Information management
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# Priorities - Pandemic Flu

- Surge capacity - changes in care delivery
    - Concerns
      - Inadequate supply of hospital resources
      - Bottlenecks, e.g. emergency rooms
      - Disease control
    - Evaluate the need for and feasibility of -
      - alternate care facilities for triage or inpatient care
      - designated outpatient “flu clinics”
      - community-wide 24/7 telephone consulting nurse services
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# Priorities - Pandemic Flu

- Surge capacity -- changes in clinical practice
    - Concerns
      - Inadequate staffing and other resources to provide normal standards of care
      - Rationing
    - Develop standardized criteria for -
      - Altering standards of care
      - Canceling elective surgeries
      - Modifying admission and discharge criteria
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# Priorities - Pandemic Flu

- Surge capacity

- Acute Care

- Region 6 Hospital Preparedness Committee
      - Emergency managers from all area hospitals
      - Public Health lead - Cynthia Dold
      - Conducting a detailed survey of existing and surge capacity
      - Developing additional surge strategies
      - Scope includes all operational aspects of hospital care
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# Priorities - Pandemic Flu

- Surge capacity

- Critical Care

- Critical Care Work Group
      - Comprised of critical care directors from local hospitals
      - Public Health lead - Dr. Jeff Duchin
      - Held several meetings to discuss surge capacity issues, triage, rationing, ethical considerations, and altered standards of care
      - Dr. Mark Tonelli, from UW Medicine, will be drafting guidelines for altered standards of care
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# Priorities - Pandemic Flu

- Surge capacity
    - Ambulatory Care & Triage
      - Ambulatory Care Work Group
      - Public Health lead - Dr. Gary Goldbaum
      - Stakeholders include medical groups, community health centers, mental health, home health, alternative medicine
      - Developing ambulatory care surge strategies, including phone advice and triage strategies
      - Assessing levels of preparedness in non-hospital sectors of the health system
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# Priorities - Pandemic Flu

## ■ Communications

### □ Public information and education

- Public Health lead - James Apa
- Work with hospital PIOs
- Public Health and CDC web sites

### □ Gaps

- Need to develop a comprehensive strategy
  - Multi-media approach
  - Reaching vulnerable populations
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# Priorities - Pandemic Flu

## ■ Communications

### □ Providers

- Hospital Control - system to communicate bed capacity
- Epi - Log - communications from Public Health to community medical providers

### □ Gaps

- Systems to facilitate coordination and the ability to gather, send, and manage information among health care organizations and providers
  - Expanding communication web beyond hospitals
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# Priorities - Pandemic Flu

- Regional Medical Resource Center
    - Goal - to develop the RMRC as a coordination and communication hub for maximizing use of health care assets in emergency response
      - Public Health lead - Cynthia Dold
      - Region 6 Hospital Emergency Preparedness Committee current sponsor
      - Recruiting project manager
      - Need to expand to include ambulatory care
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# Planning Issues - Pandemic Flu

## ■ Alternate facilities

- Public Health recruiting staff to develop plans for alternate facilities

## ■ Altered standards of care

- Need to engage multidisciplinary groups of clinicians in discussions about altered standards of care
- Need to engage public in discussions

## ■ Staffing

- Assess requirements of Medical Reserve Corps strategy
  - Strategies to mobilize non-professional resources
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# Planning Issues - Pandemic Flu

## ■ Finance and Reimbursement

- Funding sources for on-going staffing, additional equipment, stockpiling of pharmaceuticals and supplies
- Reimbursement and health insurance coverage rules and restrictions

## ■ Ethics

- Ethical framework for decision-making
- Clear understanding of process for rationing

## ■ Palliative Care

- Strategies to care for the dying
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# Summary

- We can't

- plan for every scenario
- stockpile every needed resource
- control all the variables

- We can

- build relationships that foster trust
  - establish systems and processes that facilitate information and resource sharing
  - educate the public and each other about what can happen and what we can do about it
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# Healthcare Coalition

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# Healthcare Coalition Purpose

- ❑ The Healthcare Coalition is a network of health care organizations and providers in King County.
  - ❑ The mission of the Coalition is to reduce the burden of illness, injury, and loss of life in the event of an emergency or disaster through coordinated emergency preparedness and response.
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# Coalition Responsibilities

- ❑ Expand the health system's emergency response capacity through information and resource sharing
  - ❑ Coordinate the health system's emergency response through effective communications
  - ❑ Integrate the health system's response into the larger regional emergency response
  - ❑ Advise public officials on health policy matters during emergencies
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# Coalition Membership

- ❑ Inclusive model - open to all health care organizations providing services in King County
  - ❑ Initial membership
    - acute care hospitals, large medical groups, selected associations
    - 30 invitations, 26 formal acceptances
  - ❑ Additional members
    - add organizations, encourage representative participation, e.g. local chapter of Washington Association of Homes & Services for the Aged
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# Membership Roster

- Auburn
  - Children's
  - Community Health Council
  - Evergreen
  - Enumclaw
  - Group Health
  - Harborview
  - Highline
  - King County Medical Society
  - Northwest
  - Overlake
  - Pacific Medical Centers
  - Poly Clinic
  - Public Health
  - Puget Sound Blood Center
  - Regional Hospital
  - SCCA (Cancer Alliance)
  - St. Francis
  - Swedish
  - UW Medical Center
  - UW Physicians Network
  - Valley
  - VA Puget Sound
  - Virginia Mason
  - Washington Poison Center
  - WSHA (Hospital Association)
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# Coalition Membership

## □ Benefits for Members

- Opportunity to participate actively in county-wide emergency preparedness planning
  - Opportunity to advise local public officials about policy matters in emergency planning and response
  - Strengthened ability to advocate for resources and regulatory changes to support effective emergency preparedness and response
  - Access to timely information
  - Access to an organized system for resource sharing
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# Coalition Membership

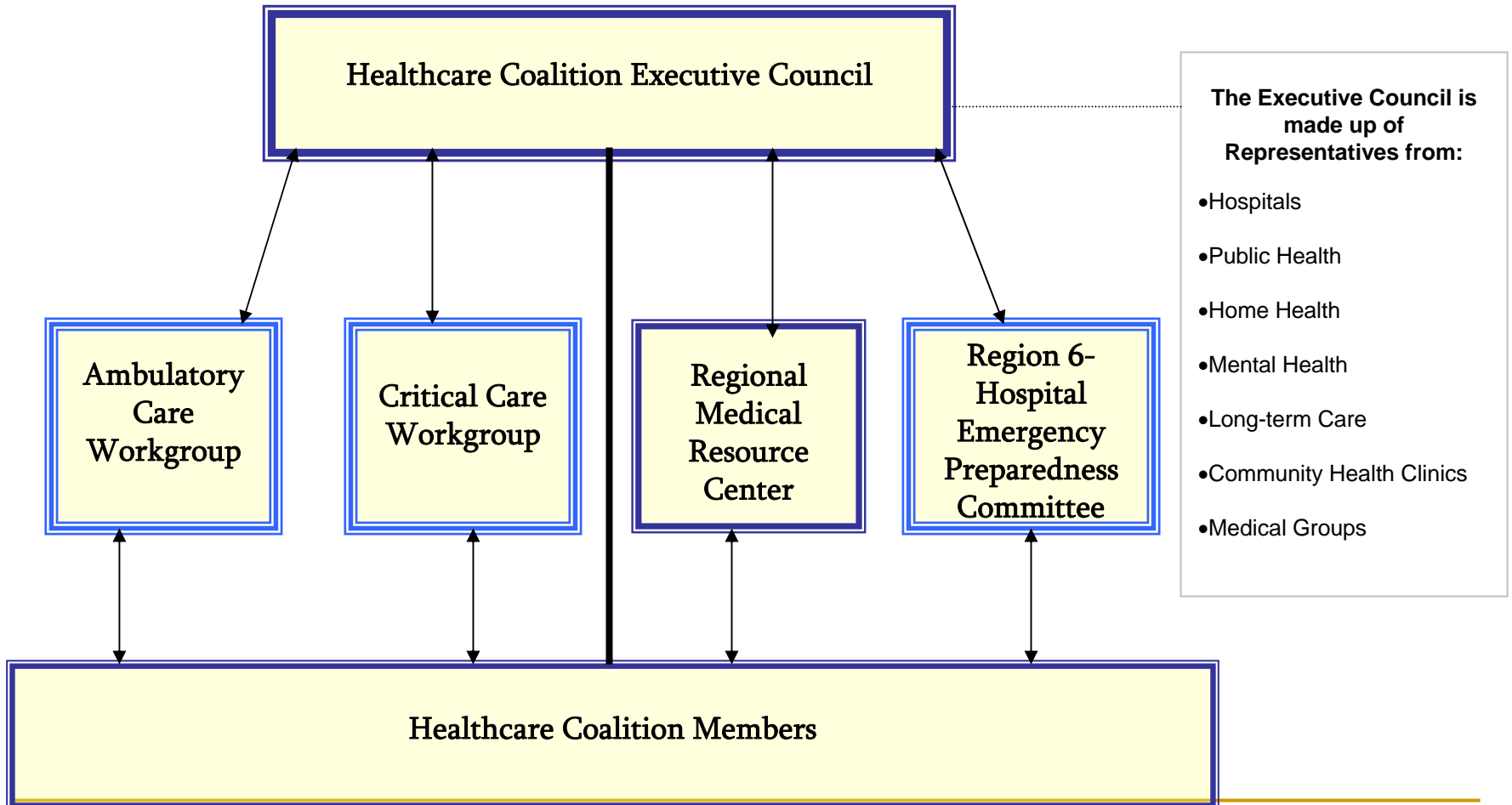
- Expectations of Members
    - Share information that is relevant for emergency planning and response, including information about available capacity and resources
    - Participate in coordinating and sharing resources through the Regional Medical Resource Center or other Coalition-sponsored mechanisms
    - Participate in Coalition-sponsored preparedness activities, including training and drills
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# Coalition Membership

- ❑ Expectations of Members
    - Have current emergency preparedness plans
    - Operate under an Incident Command Structure during emergencies
    - Have a designated person who is responsible for emergency preparedness and response efforts
  
  - ❑ Financial contributions may be needed to support planning and/or Regional Medical Resource Center
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# Healthcare Coalition Governance



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# Coalition Governance

## □ Current Structure

- Executive Council - governs Coalition, provides oversight to Regional Medical Resource Center and work groups, reviews preparedness activities in health care sector, advises public officials on emergency health policy matters
  - Council members - executive-level representatives from Coalition member organizations
  - Chairs - volunteers
  - Meetings - 4 - 6 times a year
  - Steering Committee - initial organizing, members selected by Public Health Officer, meets as needed
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# Coalition Governance

- Proposed Future Structure
    - Executive Council - no change in responsibilities
    - Council members - executive-level representatives from “sectors” of health care system, e.g. hospitals, multi-specialty medical groups, single-specialty and solo practitioners, mental health, home health, long-term care, dental
    - Chairs - elected by Executive Council members
    - Steering Committee - will not be needed
    - Coalition will hold full membership meetings 2-3 times a year, or as needed
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# Feedback

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# Next Steps

- ❑ Steering Committee will continue to meet over the next three months to provide oversight to the Coalition work groups.
  - ❑ The Steering Committee and staff will work to broaden participation in the Coalition, especially among non-hospital health care organizations.
  - ❑ The Coalition will probably meet in June to review progress of Coalition work groups.
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# Next Steps

- ❑ Work groups will continue to address hospital, ambulatory, and triage surge capacity, altered standards of care, and communications.
  - ❑ Additional staff will be hired to develop plans for the Regional Medical Resource Center and alternate facilities.
  - ❑ Staff will develop strategies to address the issues of staffing, finance and reimbursement, ethics, palliative care, and other concerns.
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Thank You

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