

NATIONAL HEALTHCARE PREPAREDNESS EVALUATION PRESENTATION SUMMARY

CAPT Clare Helminiak, MD

HPP: Assessment and Vision for the Future:

National Healthcare Preparedness Program (NHPP) Session

Tuesday, July 21, 2009

About the Speaker: Dr. Helminiak is the Chief Medical Officer at the USPHS and Deputy Director for Medical Surge, working in conjunction with HHS/ASPR/ OPEO/HPP/NDMS/ECCC.

A) Discussion Topics/ Presentation Points: Helminiak

- How do we handle patients and displaced patients?
- Our mission at ASPR is: "Lead the nation in preventing, preparing for, and responding to adverse health effects of public health emergencies and disasters."
- Our vision and hope for the future is: "A nation prepared to prevent, respond to, and reduce the adverse health effects of public health emergencies and disasters."
- With the national health securities strategy (reviewed every 4 yrs.) the implementation plan will divulge all information on how the health of the U.S is, and how communities work together to respond to a specific event.
- We want to do as much as we can to maintain the health of a community so that we don't end up on the management end of the spectrum when a crisis occurs.
- Stakeholders in a community all need to be brought to the table so that you can keep the healthcare local-people at the local level really understand their systems best.
- National disaster medical systems, hospitals preparedness programs and emergency care coordination teams are the three teams within HHS/ASPR/OPEO designated to handle medical surge.
- The hospital preparedness program (HPP):
 1. Has 62 grantees with grants that focus on: surge capacity, communications, alternate care sites, hospital collaborations and exercises.
 2. HPP awardees experienced problems with: overwhelming influx of worried well/worried sick patients, EDs were quickly filling up, resources were an issue (alternate care sites vs. expansion of in-house capacity), staffing shortages and SNS MCM distribution to treatment facilities.

B) Results/ Key Findings/ Conclusions: Dr. Helminiak

- Hospital consortiums/partnerships
- Medical operations centers
- Mobile medical assets. These were the three most effective tools for improving preparedness.

C) Resources/Recommendations: Dr. Helminiak

- A dashboard to increase communication among communities, towns, state and other important stakeholders and responders and to promote communication at the local level and the Federal level.
- Situational awareness is a two -way street, from the local level all the way up to the federal level. Asking questions will help us understand what goes on in your community, state etc.
- White House has asked us to prepare for an H1N1 second surge in the fall and to define the gap between the estimated requirements for the second surge and what the current capabilities are.
 1. Care and protection of healthcare workers.
 2. We have been disseminating information from call centers and focusing on FAQs.
 3. We are engaging primary care providers to be more involved and helpful in the process.
 4. We have guidance out about how to get your ER ready for the fall surge
 5. We are identifying at risk populations, so that we can reduce preload and direct patients to the appropriate level of care before the surge.
 6. We are exploring web based self- triage that will help people determine if they should go to the ER.

7. We are also trying to reevaluate the guidance so that there is clarity for healthcare workers on the frontline about treatment guidance, infection control, home care guidance and EUA of medical products.

E) Questions Raised/Brainstorming Points: Dr. Helminiak

- What data elements are most useful for surveillance to identify health care system stress? What is going on in your community or state at a given time? Every region is a little different. We are not trying to gather data just to gather data-the goal of this is to pick out those elements that are key to finding answers
- What are the key triggers for hospital disaster system activation? If there is a way to know this you can tell your state and local officials quickly and get assistance.
- What are the issues that need to be addressed by CMS to most productively assist hospitals in disaster response? We have an open dialogue with CMS-how can they make life easier for hospitals in a disaster? They are willing to listen to you now about what they could do or enact to make your life better and easier in a disaster-be creative, but specific, be innovative because this is your opportunity to dialogue with CMS.

F) Question and Answer Session: Open to all participants

1. Q: Should we be looking more at community partnerships and transparency? What have you done within your communities to promote partnerships and increase transparency?
2. Q: What is the emergency coordination care process at the state level? R: It's a research arm of OPP. We want to better coordinate information and data from time of admittance through care and discharge. It's looking to address the 32 recommendations to HHS and the recommendations made to ERs about how they can be better managed. We want to look at the hospital setting from pre-hospital care to hospitalization and discharge.
3. Q: This vision for a web based interface, is it a national or local program? R: We envision it to be for any people who think they may have been exposed to H1N1. Can those people take steps to treat themselves outside of the healthcare system? Messages about hand washing and staying home when sick etc. It's important to target people at the local level-people usually want to talk to their provider so we need to track that. We have been using online chat rooms to create dialogue and create that transparency-it's a constant cycle of dialoguing and change. We need to tease out what the key questions are that we need to ask? It is a continuous cycle of dialogue and this is going on everywhere in the US.
4. Q: Is there a way to create a feedback report so that people can better understand the data that says where their specific state is in relation to other states? I have a hard time understanding the data and what that means for Texas specifically. R: (Helminiak) That is a great idea and we will take that under advisement. There is no attempt currently underway to grade anyone in this; we just want to see where we are as we move forward. It's important as a resource for states to look to other states that have been successful. So, for example, Texas can look to other people who have accomplished a goal of where we are trying to go and learn from that. This state information is being gathered to help everyone move forward, not pit states against each other
5. Q: The three questions that Dr. Helminiak asked about the HPP- if you could broaden that to hospitals I think that would be great-nurses have a lot of feedback in that area.
6. Q: Many of us have already built data collection systems and this request you are making about collecting only certain parts of the data -how are we supposed to do that? R: (Helminiak) What are the 5-10 things you would contribute to us about the status of your hospital or health center that you find to be most useful? We are trying to be proactive and go from a culture of failure to a culture of success. We want to anticipate when we won't be able to handle things before we get into an H1N1 crisis. Those 5-10 indicators should not be things that we make up, but things that you are already using as indicators of your successes/processes/goals etc.
7. Q: This is really more of a comment than a question, but when you talk about alternate sites of care, you have to remember that when people get to the door you cannot always send them elsewhere. Also, these call centers-the questions that are being asked need to be

looked at everyday so you can see where changes need to be made and what pieces would be helpful if they went to the healthcare community.

8. Q: Our state planning during an epidemic is dependent on our hospital staying open and gaps in dollar flow will not be tolerated? Are there back up plans to keep hospitals open when they cannot make payroll? R: CMS has been very proactive in resolving these issues before September 1. Engagement of private providers can help with this. It is being addressed.
9. Q: What about the issue of whether patients can be sent to other sites. I am an attorney and I am not sure that all ER doctors realize that there are exceptions to MTALA now that are permitted. MTALA is not the issue that folks think it is. R (Knebel): I think the issue is that that information is not getting out so how can we spread that word so that people are not fearing something they don't need to? When the government sends out alerts they need to constantly be putting this type of information on paper because that is really helpful.