

NATIONAL HEALTHCARE PREPAREDNESS EVALUATION PRESENTATION SUMMARY

Dr. Richard Waldhorn, MD
UPMC Evaluation Report
Tuesday, July 21, 2009

About the Speaker- Dr. Waldhorn is the Co-Principal Investigator for the HPP Project Team at the Center for Biosecurity of UPMC.

A) Discussion Topics/Presentation Points: Dr. Waldhorn

- We were asked to do a retrospective look back at the first five years of the U.S. hospital preparedness program.
- We asked people what were the most helpful aspects of the program.
- First we did literature review to learn what the level of preparedness was prior to this program and then we choose our methodology.
- We choose as our methodology a virtual working group of 133 people from 91 sites (all 50 states and major cities). We tried to get a balanced base so that not everyone was from hospitals. We then had discussion with each and posed questions for discussion derived from the descriptive framework, using an evaluation report.
- After this set of interviews of all 133 participants, we brought about 30 to our site in Baltimore.
- Lastly, we had input from colleagues at ASPR.

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

- Key indicators of progress towards preparedness:
 1. Leadership and organization-engagement of senior leadership and flow of funding sources.
 2. Leadership Methods for continuous improvement and accountability-drills and exercises and application of lessons learned as well as healthcare coalition participation.
 3. Community engagement and collaboration-MOUs and other agreements, community hazard assessment and planning, participation in healthcare coalition
 4. Situational awareness and communication tracking of resources, staff and beds.
 5. Patient care-surge capacity and allocation of scarce resources.
 6. Catastrophic health emergency planning. MOUs to show support.
- Findings:
 1. The state of preparedness has improved over the past 6 years. Hospitals are better prepared for the common disaster and this is a direct result of the HPP.
 2. Coalitions consisting of healthcare institutions and local and state agencies are emerging across the U.S. and are the most significant accomplishment of the HPP.
 3. Situational awareness and communication tools are improving.
 4. There is now more emphasis on doing drills and exercises.
 5. Planning for catastrophic health events is still in the infant stage and the U.S. healthcare system is not yet well prepared for catastrophic health events.

C) Questions Raised/Brainstorming Points: Dr. Waldhorn

- There are challenges with the grant funding cycle.
- Coordination with CDC and DHS guidance and reporting requirements is difficult.
- There are frequent changes in goals, benchmarks and performance measures so there is no consistency.
- There are questions and issues that arise around NIMS compliance.

D) Question and Answer Session: Open to all participants:

1. Q: Coalitions require bringing together resources for studies, did you look at the strategic issues that need to be examined, especially considering the funding issues associated with coalitions? R: (Waldhorn): [We did look at the funding sources and](#)

activities, and we found that it would most effective to set aside funding for a regional coalition.

2. Q: Can you use HPP dollars for operational response? Did you poll your group on this?
R: There was discussion on this, and it came down to can we use the funds for staff or only for people? It was a source of tension and people tried to use multiple sources of funding for an entity that had operational and response needs.
3. Q: How can we measure the effectiveness of these coalitions? Having coalitions is progress but we need to measure the effectiveness of them. R (Waldhorn): What is most effective in how you perform in a real event? That is the best measure of how you perform in an emergency. Not testing that measure is unpredictable and therefore we turned to measuring small everyday events to measure the effectiveness of coalitions. It has triggered the response arm for many coalitions and has let them "test driver" their response.
4. Q: Where and how will this report be distributed? Did it go to DHS? R: We have distributed copies of it to key leaders throughout the country because it does validate the hard work that has been done, and we need to point it out to more people where it can be valued at the local and state level. Yes, it did go to DHS?