

*NATIONAL HEALTHCARE PREPAREDNESS EVALUATION PRESENTATION SUMMARY*  
**CDR Sumner Bossler, Moderator**  
**Assessing Partnerships**  
**Wednesday, July 22, 2009**

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**About The Speaker-** Cynthia Dold – King County Healthcare Coalition, Seattle King County; Dr. Thomas Terndrup, MD – Communication Optimization for Regional Emergency Response, Pennsylvania

A) Discussion Topics/Presentation Points:

- ASPR funded 11 partnerships/projects in 2007.
- We knew this was big enough to be a challenge, but small enough to be manageable.
- We have two tribal communities in our system plus we are really diverse.
- We are trying to create structure to fold in the various components of the healthcare system.
- We are trying to shift the work from these staff committees to other things that are less staff intensive.
- We want to serve as a facilitator to promote partnerships and communication within the community. We have been active since November of 2005. We are a blended tier 2-tier 3 structure.
- Evacuation planning is done with hospitals in our region.
- We link call centers both private and public to manage that public desire for information.
- Our grant was for \$1.8+ and we developed various projects.
- The objectives of the grant were:
  1. Develop a backup health and medical command center.
  2. Develop a Volunteer Management System (VMS).
  3. Provide business resiliency workshops and grants.
  4. Build resiliency with palliative care providers.
  5. Integrate obstetrics and pediatrics planning regionally.
  6. Develop a regional medical evacuation plan.
  7. Implement a regional healthcare staff survey.
  8. Perform healthcare collation evaluation.
- The evaluation questions that were used to measure the effectiveness of the grant objectives were:
  1. What were the major accomplishments of the individual projects and what outcomes were achieved?
  2. To what extent did the Coalition and the funded projects contribute to building the infrastructure necessary to support a coordinated response across the continuum of healthcare?
  3. To what extent did the Coalition and the funded projects contribute to strengthening healthcare organizations' capacity related to continuity of operations around emergency preparedness?
  4. To what extent have the exercises and technical support built the capacity of healthcare organizations to respond to emergencies?
  5. What has been learned from the King County experience that might be of value to others engaged in this work?
- So following the logic model guided by the five evaluation questions we developed the evaluation methods to be used to track information and results for each project.
- We developed the evaluation methods to be used to track information and results for each project. Those methods included:
  1. 32 individuals who had some knowledge of the King County Coalition.
  2. Interviews with these 32 individuals were conducted so we could learn what people knew about the Coalition.
  3. A self -assessment survey was used to evaluate how the Coalition was doing in comparison to other people and programs so that we could see how we could improve.
- Conclusions and Results:

1. There was a high level of satisfaction with the Coalition decision- making process roles and outcomes.
2. We met the grant deliverables and that it had a positive impact on the healthcare systems preparedness for public health emergencies.
3. A big next step for the King County Coalition is to look at sustainability and how will we keep this work alive after the Federal money runs out? We need to address that value question and use that to move forward with this platform.

C) Discussion Topics/Presentation Points:

- The goal of the Healthcare Facility Partnership of South Central Pennsylvania is "To improve surge capacity and enhance community and hospital preparedness for public health emergencies, and to examine ways to improve the issue of people going to ER departments for healthcare.
- Our ERs are overwhelmed, so we theorized in our response that we are fairly typical to the rest of the US.
- To accomplish our mission we knew we needed to supply people with a hospital bed.
- After forming our Coalition in October of 2007, we accomplished 97 percent of our mission in the first nine months so we had to adapt and redevelop our mission and objectives.
- Communication pathways we used were: a web portal that is the place where we documented everything we did in some fashion, we wanted to send out our communication to people outside of the Coalition.
- Key Findings/Results:
  1. There were tools out there that people did not know how to use very well, for example we had these big radios but hospitals didn't even have them on.
  2. We also found that we had a webinar on our desktops that was available so that people could communicate via computer about the status of a hospital or provide pictures etc.
  3. We also found that the webinar system was a huge savings in terms of money. This is not a simple communication pathway (FRED) but it is the standard that is used.
- Conclusions: The HCF Partnership enhanced regional surge capacity through better communications:
  1. Optimization of activation methods.
  2. Refining contemporaneous data fields for standardized hospital MCI activation.
  3. Improving routine communications.
  4. Exercising of plans through abbreviated web-based tools.
  5. Cost effective method of development implementation.

D) Question and Answer Session: Open to all participants

1. Q: I was impressed with the number of exercises you are working on. How have you incorporated the exercise results? R (Terndrup): We asked our contacts in all of the 70 hospitals to identify a site close to theirs that they could use as an alternative care site to (pass out pills, give injections, distribute information etc). That is just one example of a study that we did.
2. Q: I'm Doug from the Medical Operation Center out of Houston, and we believe that the bellybutton is no longer the hospital bed. Do we have a medical command structure that serves the community? R (Terndrup): No we do not. One of the challenges in South Central Pennsylvania is that the emergency preparedness personnel are not doctors and nurses. We need nurses and doctors involved directly. There may be some variance in this because of the distribution of our population and hospitals but there is a need to insert more medical expertise into the command structure.
3. Q: Is your program incorporated with ESAR-VHP? R (Dold): The longer- term management system is set up to integrate corporate volunteers and others.
4. Q: Have there been any real events where the resources and staff have been activated? R: (Dold) Our coalition is designed to interface into a response structure if needed. We've activated for a snowstorm in 2006 and for H1N1 recently and we learn every time what we did not get right. R (Terndrup): In Pennsylvania we have had four incidents to practice on.

January 29<sup>th</sup> we had car crashes with over 200 people involved, 7 of whom required surgical intervention. So only 2 out of the 17 hospitals were the only ones that could handle the surge; We had two carbon monoxide incidents with fatalities. We did a FRED activation and used our webinar communication tools. The things that came up were, "where is the nearest hyperbaric chamber if needed?"; We had a blast in Lebanon, Pennsylvania, above a factory, and someone took a photo and shared it, so that was cool, it was a better way to inform us about the events that actually occurred.