

“Communications Optimization for Regional Emergency Response”

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Lee Groff, Carla Perry, Nancy Flint

HCF Partnership of south central PA

Funded through a grant by the
Department of Health & Human Services
Office of Preparedness & Emergency Operations
Division of National Healthcare Preparedness Programs
Grant No. HFPEP070002-01-01



The HCF Partnership of South Central PA

Hospitals & Preparedness ~635 ventilators; ~500 person 'drug caches'; radio-communication dependency; limited inter-hospital communications; Hospital & Healthcare subcommittee of SCTF_– quarterly meetings.



Susan Dutko, Exec. Comm. Chair
South Central Pennsylvania
Counterterrorism Task Force

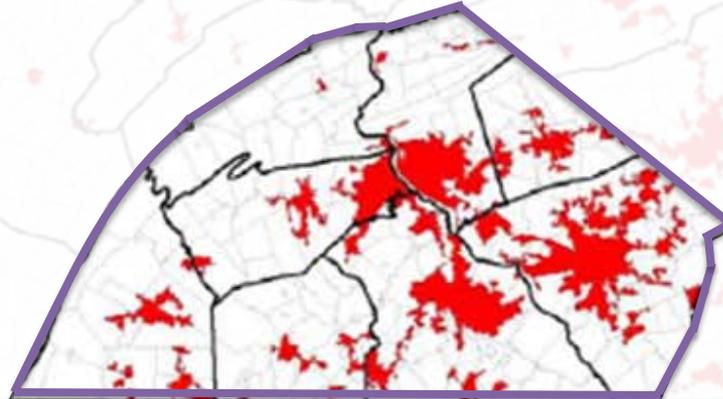
- 8 County EMA's
- Regional decon. teams
- 5 Hazmat teams



Steve Lyle, Exec. Director

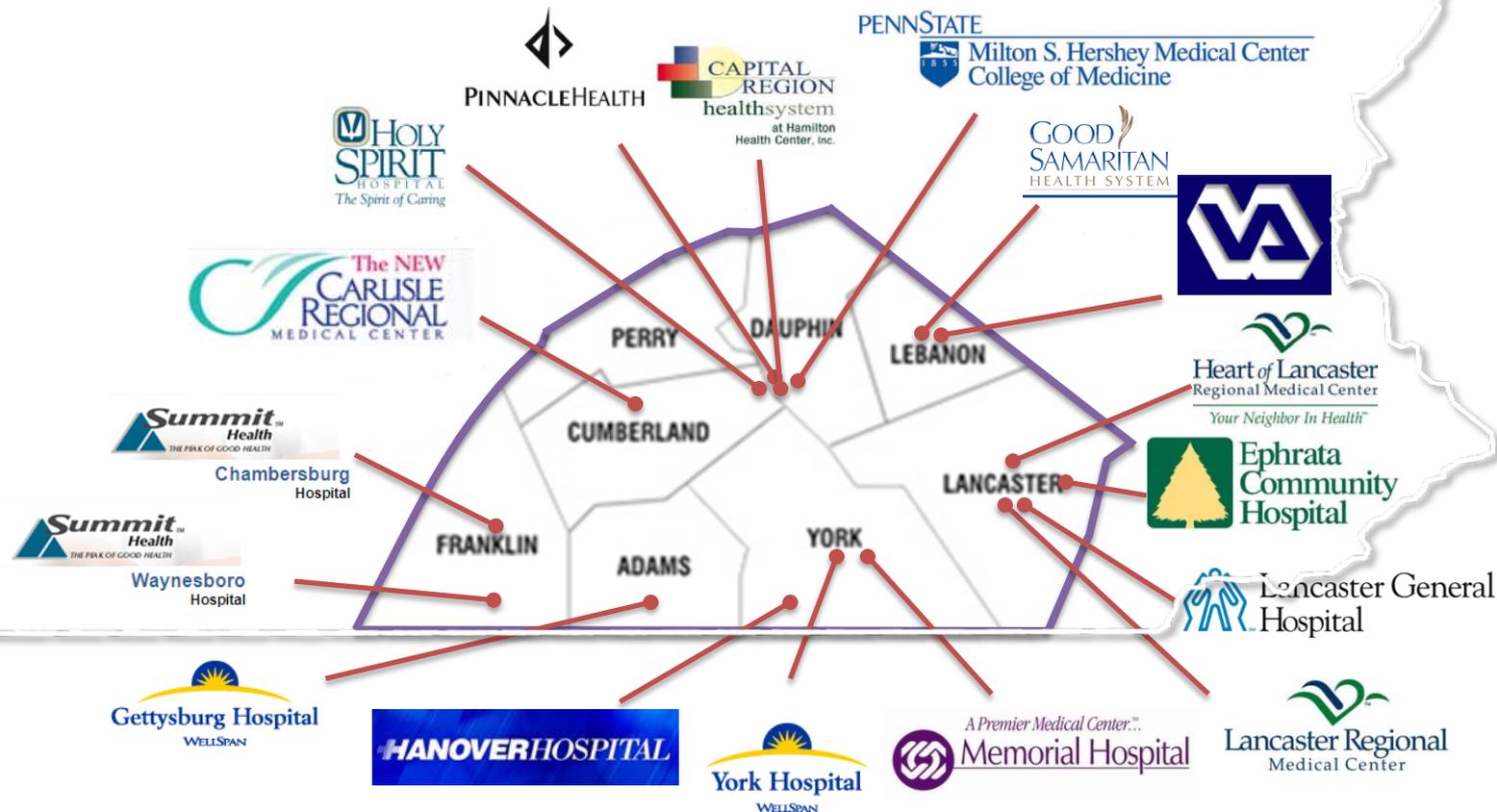
- 137 EMS agencies
- 172,179 transports ('06)
- 911 dispatch

Hospital Beds	3,814
ICU Beds	307
Ped/Neonate Beds	220
Hosp. occupancy	~75%
EMS Providers	5,588
ED visits annual	518,244



The Healthcare Facilities Partnership of South Central Pennsylvania

To improve surge capacity and enhance community and hospital preparedness for public health emergencies



Mission Statement, adopted Oct '07

- “to improve surge capacity and enhance community and hospital preparedness for public health emergencies in south central Pennsylvania”
= the staffed hospital bed.
- Enhance situational awareness
- Strengthen partnership relationships
- Develop and pilot test advanced planning and exercising of plans
- Update medical mutual aid agreements
- Ensure NIMS compliance
- Develop and test ESAR-VHP

Are We Well Prepared to Respond?

No...

- Sec. Thompson, October 3, 2001
 - “we are prepared to move rapidly to contain and treat any problematic disease...granted, we did not find any signs of bioterrorism.”
- TOPOFF exercise - plague outbreak (5/00)
 - by day 4, 3,700 cases and 950 deaths
- Dark Winter - smallpox outbreak (6/01)
 - day 13, spread 25 states & 15 countries

Communication Methods and Pathways

Areas addressed to date

Goal 1- Enhance situational awareness

- Web Portal
 - NIMS Compliance
 - Resources
 - Contact information
- Enhanced communications
 - Webinar
 - State 800 MHz Radio System
 - FRED System

DEPARTMENT OF HEALTH
FRED Alert Monitoring - Froment, Frank

Page generated on: 4/2/2004 7:57:56 AM

Current Homeland Security Level	Elevated
EXERCISE ONLY Test (No New Alert Information Available Since Last Login)	Last Updated: 4/1/2004 10:41:41 AM
EXERCISE test of FRED	
EXERCISE ONLY -BIOLOGICAL SENSORS TRIGGERED (No New Alert Information Available Since Last Login)	Last Updated: 4/1/2004 10:12:52 AM
Anthrax Detected by Biological Sensors in Baltimore City	

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Webinar

Mar 20, 2008.doc [Compatibility Mode] - Microsoft Word

The Healthcare Facilities Partnership of South Central PA

AGENDA

MEETING INFORMATION	
Name	South Central PA Healthcare Facilities Surge team meeting
Date	Mar 20 2008
Time	12:00 PM
Location	Webinar
Facilitator	Lee Groff
Recorder	Carla Wilhelm

ATTENDANCE				
Jerry Adams	X	Joshua Hale		Larry Phillips
Robert Adams		Christopher Hatzi	X	Walter Roth
Jason Brown	X	Frank Hess	X	Melissa Shilling
Kimberly Crosson		Marla Hoffmann		George Steckert
Dennis Damore	X	Georgeann Laughman	X	Thomas Terndrup, MD
Elizabeth Deffinbaugh		James Leaming, MD	X	Carla Wilhelm
Dan Famer		Jeffrey Manning	X	Scott Witmer
Nancy Flint	X	Scott Marks		Lisa Ziegler
Gloria Fluck	X	Tom Mason		
Lee Groff	X	Christie Muza		
Vickie Negley				

AGENDA			
Item	Subject	Time	Presenter
1.	Call To Order – Attendance	1	Carla Wilhelm
2.	Determination of Organization's Threshold/Surge Capacity, symptoms of surge	20	Dr. Leaming

File Tools Help

Screen Sharing

Stopped: no one sees your screen

Show My Screen

Stop Showing Screen

Give Keyboard & Mouse

Attendee List (1 | Max 16)

Chat

Invite Others

Meeting Info

Meeting ID# 610-874-365
(605) 990-0110, access code 610-874

GoToMeeting™

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Slides

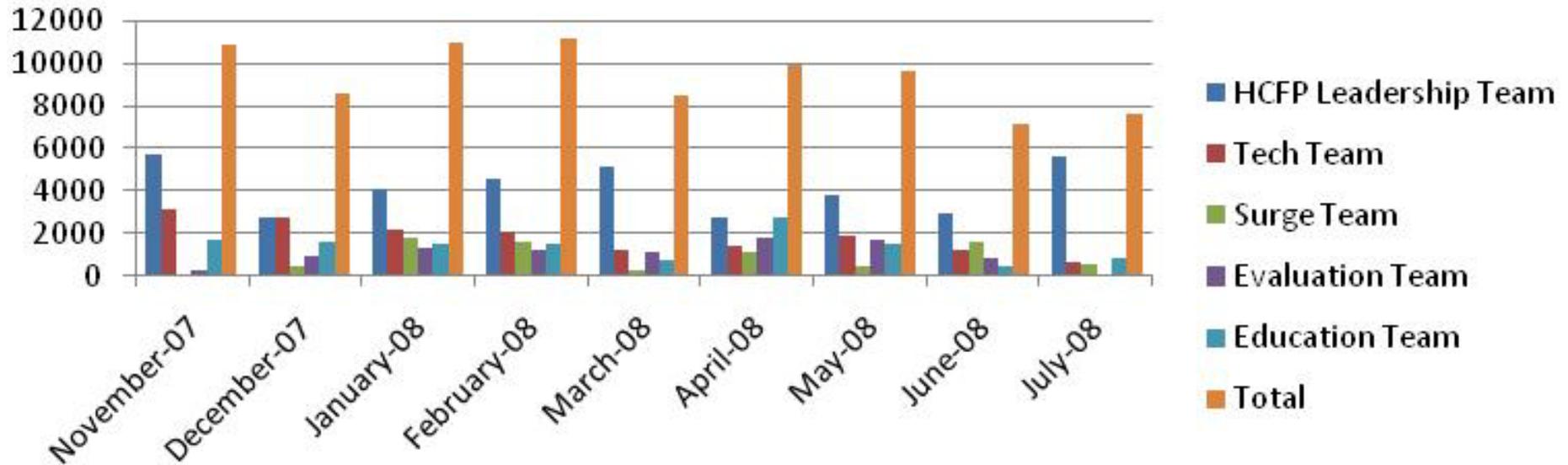
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Steps in Defining Hospital Surge

- Pre-incident
 - 350 adult; 150 peds
- ED surge capacity
 - 40 nl.; ~57 surge
 - #beds; staff; 'hallways'
 - Extra staff & tweak op
 - Delay, degrade, deny
- Hospital surge
 - Reduce LOS
 - Behaviors & expectat
 - Normal operations
 - Use PACU, d/c suite

Monthly Usage Of Webinar



- 1,417 hours on Webinar over 3 quarters
- Over 10,000 minutes monthly
- Mechanism utilized by EMA, DOH, OPHP, EMS for interaction with HCFP

Expense Avoidance

Traditional face-to-face

- Personnel & Travel time, \$291,000 /year
- Mileage, \$120,640/year
- Face-to-Face cost approx.

- \$411,640

Telephony/Web Conferencing

- Webinar™ + 800-phone ~\$6,400/year
- Personnel time, \$156,000/year
- Teleconferencing cost approx.

- \$162,400

- Annual savings estimates of approximately **\$249,240**

Partnership Goals:

OUR COMMUNITY IS PREPARING ... HERE IS HOW AND WHY

Covering eight counties with over 1.8 million people in small towns and cities with rural communities, the South Central Pennsylvania Healthcare Partnership includes all 17 acute care hospitals...

The Healthcare Facilities Partnership of South Central Pennsylvania is a coalition supported through funding made possible by the United States Department of Health and

Preparedness and Emergency Operations, Division of National Healthcare Preparedness Programs (Grant No. HFPEP070002-01-01).

The goals of the Healthcare Facilities Partnership of South Central Pennsylvania are:

- 1 To enhance situational awareness of capabilities and assets in the South Central Region of Pennsylvania
- 2 To develop and pilot test advanced planning and exercising of plans in the Region
- 3 To complete written Medical Mutual Aid Agreements between healthcare facilities in the Region, with a special emphasis on hospitals
- 4 To develop and strengthen Partnership relationships through joint planning, frequent communications, simulation, and evaluation

Partnership News

Recent News, Media & Partnership Presentations

Healthcare Facilities Partnership of South Central Pennsylvania Acute Care Council



Building a Healthcare Facilities Partnership in South Central Pennsylvania



Media Coverage of the Partnership News Conference November 2007

Media Alert 11-19-2007

Media

Quick Links

Current sources of information for surge and preparedness related the Partnership mission to improve and enhance capacity and enhance public health emergencies.

[Pandemic Flu.gov](#)

[PEMA](#)

[AHRQ News](#)

[NIMS Online](#)

[USFDA Handbook](#)

[NIMS Downloads](#)

Current sources of information for surge and preparedness developed by the State of Pennsylvania and the Pennsylvania Department of Health.

[PA PanFlu Preparedness](#)

[SouthCentral TaskForce](#)

[PA Response Plan](#)

[SERV PA Network](#)

[HAP News](#)

[Health Alert Network LOGIN](#)

[FRED Alert Network LOGIN](#)

The Healthcare Facilities Partnership Of South Central Pennsylvania is not responsible for information available in newsfeeds from sources not developed by the Partnership.

Methods – Existing Communications

- 800 MHz Systems
 - Groups organized into different talk-groups regionally and statewide (includes EMA's and DOH)
 - **Issue:** Are radios monitored 24/7 by facilities/operators?
- Facilities Resources Emergency Database (FRED)
 - Designed to alert identified emergency responders according to established criterion
 - Provides details to providers in affected areas and enable to the providers to report information about available resources
 - **Issue:** Is provider and hospital data accurate & up to date?

Facility Resource Emergency Database

FRED



FRED Activation Threshold Standards

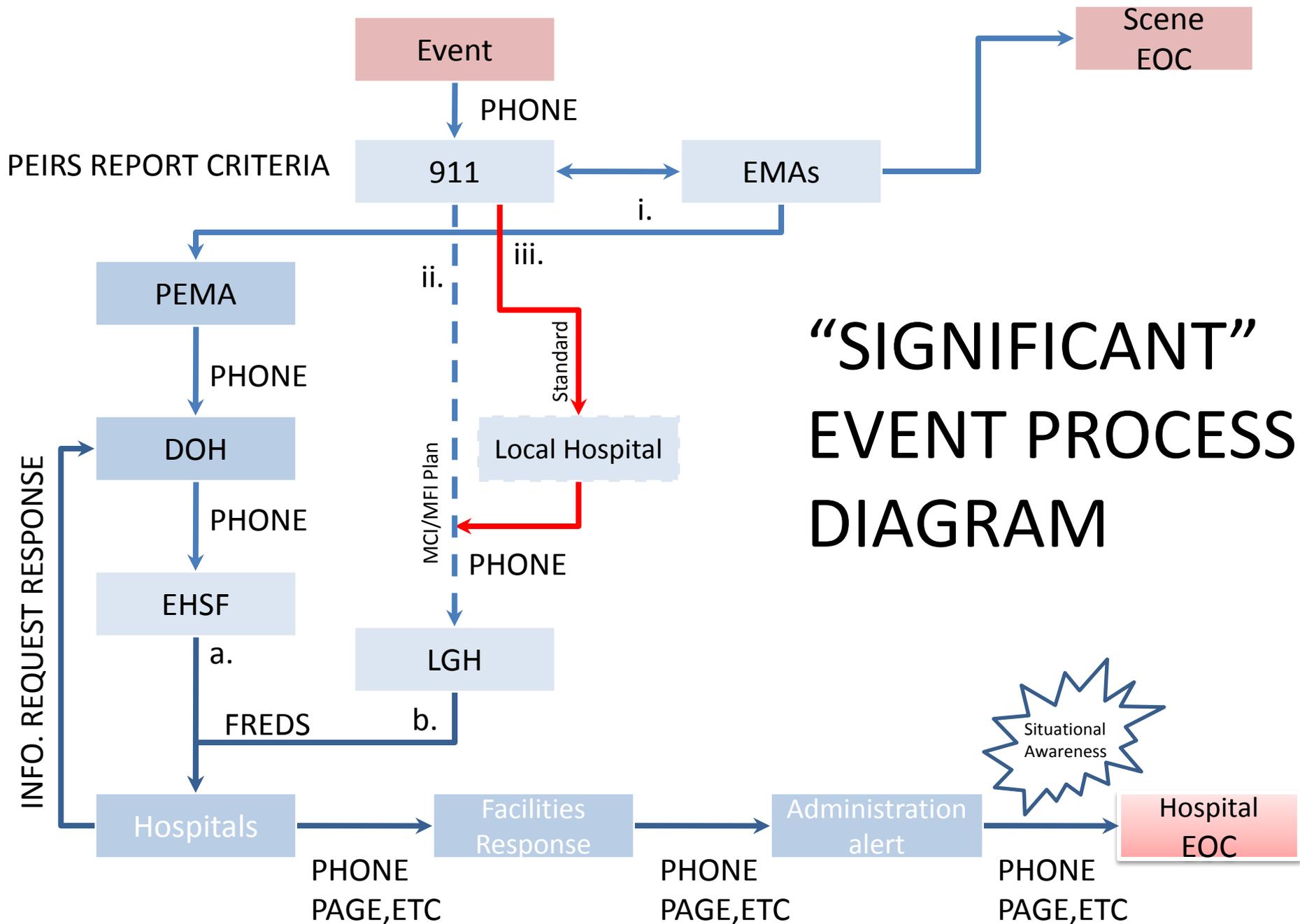
To provide appropriate response and determine resources available, it is necessary for most situations to have a base line emergency department status. The entire response of the hospitals rests on the magnitude and circumstances of each situation. The earlier the hospital partners are involved, the better they can respond. The ability to achieve optimum response rests on the situational awareness presented.

Once base line is determined, additional steps may be necessary to enhance response. This would best be achieved through direct communications either through a real time webinar, the State 800 radio system and/or biokey. Within the Regional Mass Casualty/ Mass Fatality Plan, the nearest Partner assumes over all command and will need to communicate with regional partners. Also key to response is the development of a Regional Resource List between the partners which would eliminate some of the questions need to be answered at the time of the alert.

- **Multiple Casualties of ten (10) or more at one incident**

FRED Resource #	Description
	Emergency Department Beds Available immediately
	ED Surge Capability in 30 minutes
361	Medical/Surgical Beds (available)
558	Critical Care Beds (available)
	Surge Bed Capability within facility

Communications Pathways



Completed Exercises

1. Dec. 10, 2007 Dark December Functional Drill Regional
2. Feb. 29, 2008 Surge w/in 2 hours
3. May 21, 2008 Alternate Care sites *
4. June 5, 2008 Surge w/ ICU and Pediatrics *
5. June 11, 2008 Situational Awareness *
6. June 25, 2008 SERV PA Deployment
7. July 2, 2008 800 MHz Radio *
8. July 31, 2008 HAN Alert System *
9. Aug. 6, 2008 4 County FRED
10. Aug 13, 2008 HAN #2 Alert System *
11. Aug. 16, 2008 HAM Radio SCTF Regional Exercise
12. Aug. 20, 2008 Alternate Care Sites "Next Steps" *
13. Sept. 10, 2008 Influenza Early Detection Survey
14. Oct. 14-18, 2008 Wide Vigilance II, Regional Exercises
15. Nov. 5, 2008 Critical Services and Resources
16. Nov. 24, 2008 Enhanced Function 800 MHz & BioKey
17. Dec. 10, 2008 PIO Activation

NIMS Compliance

	9/1/2007 Total	3/1/2008 Total	9/1/2008 Total (9 hospitals included)
IS 100	483	682	1878
IS 200	396	599	1835
IS 700	451	693	671
IS 800	147	194	267

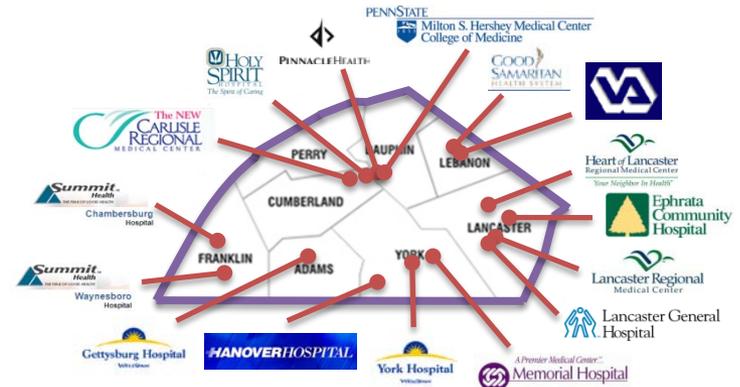
Conclusions

The HCF Partnership enhanced regional surge capacity through better communications:

- ❑ Optimization of activation methods
- ❑ Refining contemporaneous data fields for standardized hospital MCI activation
- ❑ Improving routine communications
- ❑ Exercising of plans through abbreviated web-based tools
- ❑ Cost effective method of development and implementation.



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What is the evidence, of preparedness?

“Both disaster preparedness and appropriate disaster training for healthcare providers remain important national and professional priorities”

Williams J, Nocera M, Casteel C, The Effectiveness of Disaster Training for Health Care Workers: A Systematic Review. *Ann Emerg Med* 2008;52:211-222.

“Insofar as hospital disaster preparedness, perhaps we still must say, as with Justice Potter Stewart in his comments on *Miller v California*, “I know it when I see it.”

Burnstein JL. Smoke and Shadows: Measuring Hospital Disaster Preparedness. *Ann Emerg Med* 2008;52:230-31.