Mobilizing Separate Coalitions for Collective Impact During Ebola

From Collision to Cooperation

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Snapshot of Minnesota’s Healthcare Coalitions

- 8 Healthcare Coalitions in Minnesota ranging from primarily rural to metropolitan
- In existence since 2002
- Began as emergency planning functions for hospitals and EMS
- Matured into planning and response functions that provide situational awareness, information sharing and resource coordination for members
Healthcare Coalitions

• Coalition organization and functions vary from region to region based on needs, but all include:

  • One FTE or greater (HPP funded)
  • All-Hazards Plan based on the HPP Capabilities
  • Formalized agreements
  • Coordinated MYTEPs

• Minnesota Hospital Association (MHA) – role changes
Potential Hazards in Minnesota

- Flooding
- Wildfires
- Weather (e.g. tornadoes, winter storms)
- Transportation and hazardous materials incidents
- Infectious diseases
Collective Impact

The commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem

Collaboration is not new, so what sets this apart?

Collective Impact

Phases of Collective Impact:
1. Governance and Infrastructure
2. Strategic Planning
3. Community Involvement
4. Evaluation and Improvement

West African Community in MN

- Liberia: Census estimates indicate approximately 10,000 Liberians reside in MN. The majority have resettled in the Twin Cities Metro area.
- Sierra Leone: Census estimates indicate approximately 500 Minnesotans were born in Sierra Leone. Most have resettled in Hennepin County (Metro).
- Guinea: Arrival numbers smaller, with only 26 primary refugees from Guinea arriving between 2000 and July 2014. Majority have resettled in Hennepin County (Metro).
Demographics

- Minnesota has a large West African population with travel to and from their home country
- Minnesota also has a number of residents who work with NGOs

- Among the 292 returned travelers, the countries of exposure included:
  - Liberia, 259, 89%
  - Sierra Leone, 18, 6%
  - Guinea, 13, 4%
  - Mali, 2, 1%
Minnesota officials to meet about Ebola response

Trisha Volpe, KARE 8:06 a.m. EDT October 9, 2014

Governor Dayton is wondering about Ebola preparedness in Minnesota. On Wednesday his office announced that a meeting will take place tomorrow with Cabinet members and airport officials to talk about protections and preparations.

GOP presses Ebola, other hot buttons in campaign's final hours

Ebola ads against Mark Dayton 'fear tactics' governor says

White House names Ebola czar
Four Ebola hospitals selected in Minnesota

New strategy aims to treat patients at facilities that have special capabilities.

By Jeremy Olson Star Tribune

OCTOBER 24, 2014 — 9:42PM

Four Minnesota hospitals have been chosen as destination treatment centers for Ebola cases that emerge in the state as part of a new strategy to maximize the recovery odds for patients and minimize the risks to health care workers.

The University of Minnesota Medical Center in Minneapolis, Mayo Clinic in Rochester, Unity Hospital in Fridley and Children’s Hospital in St. Paul were designated by the Minnesota Hospital Association after consultation among the state’s hospitals.
A New Coalition: Minnesota Collaborative for Healthcare Response to Ebola

Four Minnesota hospitals agreed to be designated Ebola Assessment and Treatment Centers, with the support of the Minnesota Department of Health (MDH) and the Minnesota Hospital Association (MHA)
Coalitions with EVD Treatment Centers

3 Ebola Assessment / Treatment Centers

1 Ebola Assessment / Treatment Center
Righting the Boat

- MDH EPR began facilitating the MN Collaborative for Healthcare Response to Ebola Meetings
- Metro Health & Medical Preparedness Coalition staff (RHPCs) began participating in, Collaborative meetings and conference calls
- MDH staff and RHPCs invited to participate in weekly MHA Ebola calls with hospitals
- MDH ICS - Ongoing internal/external communication
- MHA engagement in & promotion of healthcare coalition initiatives
Metro Healthcare Coalition in Action

• November 2014: Monitored individual newly arrived from Liberia developed symptoms of concern and transported to one of the EVD treatment centers

• PPE challenges
  • National shortages – limited supplies of key components such as knee high boot covers and long PAPR hood shrouds
  • N-95 vs. PAPRs

• Coalition response
  • Coordinated provision of 380 boot covers and 700 hood shrouds from multiple coalition hospitals
Impact of the PHEP and HPP Grants

• Minnesota has 8 healthcare coalitions that have been in place since 2002

• Strong infrastructure for providing situational awareness, information sharing, and resource coordination
  • Tested in previous responses and exercises
  • Inclusive of hospitals, local public health, EMS, and emergency management, among others

• PHEP and HPP capability infrastructure helped “right the boat” quickly after initial chaotic period
Impact of the PHEP and HPP Grant Funding Decreases

• Minnesota Hospital Association had not been involved with coalition development and other HPP initiatives for the current project period
  • Due to HPP funding cuts and internal organizational changes
• Result:
  • Lack of awareness of healthcare coalition capabilities
  • Lack of a strong platform for hospital CEO awareness of HPP initiatives
Collective Impact of Healthcare Coalitions

Redwoods Analogy - shallow roots but long and intertwining - stay up for hundreds of years during windstorms