NEW ASPR RESOURCES TO IMPROVE HEALTH CARE SYSTEM PREPAREDNESS AND RESPONSE

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Division of National Healthcare Preparedness Programs
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Resilient People. Healthy Communities. A Nation Prepared.
Agenda

ASPR TRACIE Overview
emPOWER Initiative and Map Overview
HPP Health Care Coalition Surge Evaluation Tool
ASPR TRACIE

Shayne Brannman
Director, ASPR TRACIE
ASPR TRACIE was developed as a health care emergency preparedness information gateway to address the need for:

- Enhanced technical assistance

- Comprehensive, one-stop, national knowledge center for health care system preparedness

- Multiple ways to efficiently share and receive (push-pull) information between various entities, including peer-to-peer

- Leveraging and better integrating support (force multiplier)
Purpose & Desired Outcomes

Promote better access to information and promising practices
Integrate information from all tiers and sectors
Force multiplier, particularly for REC’s and FPO’s
Identify and remedy knowledge gaps
Provide unique and complex TTA

Enhanced resiliency
Better customer service
Increased capacity and knowledge
Enhanced unity and consistency of effort
Increased cooperation, collaboration, and communication
Better decision making and resource allocation
Partners & Stakeholders

ASPR
TRACIE

- ASPR
- Emergency Mgt.
- ASTHO
- NACCHO
- NHPP Awardees
- SME Cadre
- Health Care Coalitions
- DHS/OHA
- DOT/NHTSA
- IHS
- VA
- DoD
- Academia
- NEMA
- Joint Commission
- Professional Organizations
- Access & Functional Needs Organizations
ASPR TRACIE: Three Domains

1. **Technical Resources**
   - Self-service collection of audience-tailored materials
   - Subject-specific, SME-reviewed “Topic Collections”
   - Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences

2. **Assistance Center**
   - Personalized support and responses to requests for information and technical assistance
   - Accessible by toll-free number (1844-5-TRACIE), email (askasprtracie@hhs.gov), or web form (ASPRtracie.hhs.gov)

3. **Information Exchange**
   - Area for password-protected discussion among vetted users in near real-time
   - Ability to support chats and the peer-to-peer exchange of user-developed templates, plans, and other materials

Contact Information:
- ASPRtracie.hhs.gov
- 1-844-5-TRACIE
- askasprtracie@hhs.gov
Topic Collections

Comprehensively Developed TCs:

1. Hazard Vulnerability/ Risk Assessment
2. Dialysis Centers
3. Long-term Care Facilities
4. Hospital Surge Capacity/IBA
5. Access and Functional Needs
6. Crisis Standards of Care
7. Family Reunification and Support
8. Radiological and Nuclear
9. Fatality Management
10. Explosives
11. Hospital Victim Decontamination

9. VHF/Ebola
10. Emergency Public Information and Warning/ Risk Communication
11. Burn
12. Disaster Ethics
13. Veterinary Issues/ Topics
14. Respiratory/SARS/MERS
15. Pharmacy
17. Pre-Hospital Victim Decontamination

TCs Under Development (ongoing release during Fall 2015):

1. Pediatric
2. Recovery
3. Continuity of Operations/ Failure Plan
4. Coalition Models and Functions
5. VHF/Ebola
6. Emergency Public Information and Warning/ Risk Communication
7. Natural Disasters
8. Hospital Facility Evacuation/ Sheltering
9. Mental/Behavioral Health
10. Workplace Violence
11. Responder Safety and Health

About Topic Collections

• Highlight key resources under specific health and medical preparedness topics.
• Edited and annotated by experts in the field.
• Include peer-reviewed as well as other public and privately developed materials, such as fact sheets, reports, articles, plans, templates, and webinars.

Most Frequently Viewed Topic Collections:

• Disaster Veterinary Issues
• Disaster Research and Modeling
• Health Care Coalition Development/Org.
# Additional Topic Collection Development

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HHS emPOWER Initiative

Melissa Harvey
Division of National Healthcare Preparedness Programs
HHS emPOWER Initiative

Using Federal Health Data and Mapping to Advance Emergency Preparedness, Response, Recovery and Resilience
How can we better understand and mitigate health care system stress during disasters and improve health outcomes for at-risk populations?

How can we help health departments and health care coalitions better understand the at-risk populations that rely upon electricity-dependent medical and assistive devices and certain health care services?

Do you know who lives in your community and what their needs are?
Medicare at-risk data types include:

- Electricity-Dependent Durable Medical Equipment (DME)
  - Ventilators
  - Oxygen concentrators
  - Enteral feeding machines
  - Intravenous (IV) pumps
  - Suction pumps
  - At-home dialysis machines
  - Electric Wheelchairs/scooters
  - Electric Beds
- Oxygen (O2) Tank Services
- Dialysis Services (facility/home)
- Home Health Services
HHS emPOWER Map

“Medicare Data Meets NOAA Weather Data In Your Community”

www.phe.gov/empowermap
HHS emPOWER Initiative
De-identified Emergency Planning Datasets & Data Layers

- Informing power restoration prioritization efforts
- Identifying optimal locations, support, and power needs for multiple devices in general population shelters
- Assessing potential transportation needs for evacuation or transport to health care providers (e.g. dialysis)
- Anticipating potential EMAC requests for at-risk populations residing by borders
- Sets the stage for life-saving assistance
HHS emPOWER Initiative
Emergency Response Outreach Individual Dataset

- Purpose is to conduct outreach prior to, during, or after an incident, public health emergency, or disaster that may adversely impact at-risk populations

- Examples of individual outreach use cases:
  - HHS-jurisdiction joint exercises:
    - City of New Orleans, State of Arizona, Broome County/New York State, City of Chicago*, New York City*
  - Emergencies:
    - City of New Orleans Boil Water Emergency, Dialysis/Ice Storm Emergency

- Public health authorities that meet HIPAA requirements can submit a request to HHS via their ASPR Regional Administrator (RA)/Emergency Coordinators (RECs)
## How Can the HHS emPOWER Initiative Help?


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<th>Who is accessing?</th>
<th>Community Partners</th>
<th>Public Health Authority &amp; ESF 6/8 Support</th>
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Contact Information

HHS emPOWER Initiative Contact:

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HHS emPOWER Tools & Resources

• HHS emPOWER Map (emPOWER): [www.phe.gov/empowermap](http://www.phe.gov/empowermap)
• HHS GeoHealth Platform (formerly MedMap) URL: [www.geohealth.hhs.gov](http://www.geohealth.hhs.gov)
HPP Health Care Coalition Surge Evaluation Tool

Scott Dugas and CAPT Kevin Sheehan
Division of National Healthcare Preparedness Programs
Dr. Jackie Scott
Director, Bureau of EMS, Trauma and Preparedness
Michigan Department of Health and Human Services
Overview

The HCC Surge Evaluation Tool is a user-friendly peer assessment tool that helps HCCs assess their ability to respond to a mass casualty event through a no-notice drill. It can also be used to meet the requirements of an HPP HCC qualifying exercise.

The exercise consists of three phases lasting less than 4 hours:

- Phase 1: Real-time functional exercise
- Phase 2: Conference call
- Phase 3: Hotwash/Debrief

The tool has been piloted in South Dakota and Michigan.
Details

• Coalition gets a 2-week “window,” but only the assessment team knows specific time/date, which facilities are evacuating.

• Players all work from their normal duty stations and use normal communication mechanisms; user-friendly excel-based tools for peer assessors.

• Coalition determines how challenging to make the exercise.
  • Coalition can decide to evacuate 1, 2 or 3 facilities.
South Dakota Pilot Test

Setting/Scenario: Earthquake in Sioux Falls, a small rural city

Observations/Lessons Learned:

• Evacuation scenario is a good way to test coalition capacity

• Appeared to generate important lessons for the coalition, such as communication mechanisms

• Low-notice aspect was appreciated, but prior buy-in is important

• Engaged transportation resources and a wide range of patient care facilities
Differentiating types of beds being requested is necessary as the tool only asks for a total number of available beds.

A tool to estimate the number and types of transportation assets needed would be a helpful addition.

Receiving facilities sought a greater role in the exercise.

Low-notice drill with multiple phases is challenging.
Michigan Pilot Test

- Region 6 Health Care Coalition (HCC) Medical Coordination Center (MCC) - EEI Form
- (1) Level 1 Trauma Center & Children’s Hospital
  - 724 census, 236 evacuated, 517 remaining to evacuate, included 97 NICU patients
- State Health Duty Officer
- Local Public Health
- (10) hospitals responded to EMResource request
Strengths

- Region 6 HCC MCC & evacuating hospital able to communicate and coordinate simulated patient evacuation

- Evacuating hospital able to initiate hospital incident command with a skeleton team
  - Real world incident at system facility

- EMS coordinated ambulances for transport of patients.

- Identified 10 hospitals within the Region able to accept patients.
Strengths

- Region 6 MCC demonstrated ability to perform information sharing/situation awareness within health care coalition & to the BETP Duty Officer/CHECC
- Evacuating hospital able to identify gaps during exercise play
- Challenges in evacuating high census of NICU
- RAND exercise materials were simplified and supportive with instructions for health care coalitions to conduct the exercise
- RAND exercise materials for qualitative and quantitative analysis supported results of the exercise performance and discussions during the exercise hot wash.
Challenges

- HCC participation to “unknown” exercise component(s)

- Health care organizations agree to participate in a no notice exercise

- Timeframe
  - 90 minute exercise operation timeframe created constraints for participation of the receiving hospitals and EMS transport agencies
Improvements

- Receiving hospitals and transport agencies need some form of notification prior to the exercise
  - Encourage participation
  - Free up staff time through hot wash and facilitated discussion

- Re-evaluate RAND exercise tool to expand exercise operation period
  - > 90 minutes to coordinate participation from receiving hospitals and EMS transport agencies.
  - Factor in # of participants to timeframe for exercise play
  - Hot wash must factor adequate time for participation of all facilities/disciplines.
Next Steps

• The HPP HCC Surge Evaluation Tool will continue to be piloted and revised in multiple states over the next several months

• HPP is currently seeking large urban coalitions to pilot test the tool

• HPP is examining whether data from an exercise like the HCC Surge Evaluation Tool could be used as performance data at the HCC level

• We anticipate this tool being available for broad dissemination in March 2016
Questions