DPHP Annual Meeting
Federal Partner Engagement: ASPR

Melissa Harvey, RN, MSPH
Director, Hospital Preparedness Program
October 18, 2018
Regional Disaster Health Response System
RDHRS is One of ASPR’s top priorities

- Strong Leadership
- Regional Disaster Health Response System
- Medical Countermeasures Enterprise
- Public Health Security Capacity
The Need for a New Approach to Health Care Emergency Preparedness and Response

Casualty estimates for 21st-Century threats (and some old threats) far exceed the capacity and capability of the current health care system.

Health care preparedness and response is fragmented and uncoordinated across jurisdictions.

HPP requires updating to meet current challenges.
Key Elements of a Potential Regional Disaster Health Response System

- Aware
- Ready
- Resourced
- Responsive
- Regional

Regional Disaster Health Response System
Goal of RDHRS Partnership Pilot

Improve the clinical specialty and medical surge capabilities necessary in response, while focusing specifically on building and maturing the partnerships that are required to coordinate patient and resource movement to support medical response and ensure medical surge capacity at the local, state, and regional levels.

Demonstration projects will:

1. **Address** health care preparedness challenges
2. **Establish** best practices for improving disaster readiness across the health care delivery system
3. Show the potential effectiveness and viability of a RDHRS
Two Initial RDHRS Pilots Selected

**NEBRASKA MEDICINE**

**MASSACHUSETTS GENERAL HOSPITAL**

Sites will build systems that exhibit the following five capabilities:

- **Build** a partnership for disaster health response
- **Align** plans, policies, procedures related to clinical excellence in disasters
- **Increase** statewide and regional medical surge capacity
- **Improve** statewide and regional situational awareness
- **Develop** readiness metrics and conduct an exercise to test capabilities
Questions?
Massachusetts/Region 1 Partnership for Regional Disaster Health Response

October 18, 2018
MA DPH/MGH Collaboration

• Long history of planning, training, exercising and responding together

• Multi year collaboration to implement and support the Region 1 Ebola and Special Pathogen Treatment Center

• MA DPH and MGH will work closely together to coordinate RDHRS program activities
MA/Region 1 RDHRS Partnership Goals

1. To build a statewide network of technical advisors from participating partnership healthcare institutions that enhances efforts to coordinate patient and resource movement during disasters, to respond effectively to unusual threats, and to develop medical surge capacity.

2. To establish a 24/7/365 Center that supports healthcare incident response and situational awareness and includes healthcare emergency managers and groups of experts drawn from a network across the partnership that have expertise in traumatic injuries, burns, chemical or radiation injuries, management of high consequence infectious diseases, and pediatric disaster management.

3. To develop and support rapidly deployable general and specialty disaster medical response teams that can support all-hazards local, state, and regional disaster response when needed.
Partnership Members
Key Partnership Activities

• Integration with existing structures including Health and Medical Coordinating Coalitions and ESF 8 operations
• Convene expert advisory groups to examine and advance planning for disaster health response
• Plan for Disaster Health Response Center
  – Recruit responders
  – Develop policies and protocols
  – Address logistical challenges (communications, telehealth, etc.)
• Plan for state disaster response teams
  – Evaluate models
  – Recruit responders
  – Address logistical challenges (credentialing and liability, supplies, mobilization from work, etc.)
• Document progress and develop measures and metrics of success
## Expert Advisory Groups

<table>
<thead>
<tr>
<th>Trauma</th>
<th>Medical Surge</th>
<th>Burn</th>
<th>Prehospital Care</th>
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<tr>
<td>Pediatrics</td>
<td>Mental Health</td>
<td>Chemical Hazards (HazMat)</td>
<td>Telemedicine in Disaster</td>
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<tr>
<td>High Consequence Infectious Diseases</td>
<td>Radiological / Nuclear Hazards</td>
<td>At-Risk Populations</td>
<td>Deployable Medical Teams</td>
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Next Steps

• Reviewing project objectives and partner scope of work documents
• Forming subject matter expert advisory groups and holding initial meetings
• Establishing metrics and methods to collect, monitor and report on relevant data throughout the project
  – Frequent project updates and opportunities to provide input planned for the next year
    • Regional meetings
    • MESH National Healthcare Coalition Conference
    • NACCHO Preparedness Summit
Thank You
Nebraska Regional Disaster Health Response EcoSystem (NRDHRE)

Partnership for Disaster Health Response Cooperative Agreement

October 18, 2018
NRDHRE Goals

Integrating Medical Response Capabilities including federal facilities and emergency medical services (EMS).

Expanding Specialty Care Expertise in trauma and chemical, biological, radiological, and nuclear casualty management.

Coordinating Medical Response through mutual aid across state, local, tribal, territorial, and regional jurisdictions.

Integrating Measures of Preparedness into daily standards of care through healthcare system incentives.

Building on Regional Healthcare Coalitions and better integrating public and private sector partners to improve preparedness and response.
NRHDRE Executive Council

- James Lawler – NRHDRE Medical Director, UNMC/NM
- Shelly Schwedhelm – NRHDRE Executive Director, Nebraska Medicine
- Kathy English – CNO & COO, Children’s Hospital & Medical Center
- Don Burman – CEO, Omaha VA Hospital
- Steve Burnham – CEO, Children’s Physicians and Children’s Specialty Physicians
- Mary Ann Borgeson – CEO, Region 6 Behavioral Health
- Major General Daryl L. Bohac – USAF NG NEANG (US)
- Bryan Tuma – Nebraska Emergency Management Agency
- Eric Sergeant – Nebraska Department of Health and Human Services
- Steve Grandfield – Blue Cross and Blue Shield of Nebraska
- Weysan Dun – Community Representative, UNMC Board of Counselors
- TBD, Chamber of Commerce Representative
- Harris Frankel – CMO, Nebraska Medicine
- Jim Linder – CEO, Nebraska Medicine
- Chris Kratochvil – Assoc. Vice Chancellor, UNMC
- Mark Bowen – Director, Govt. Relations, UNMC
- Private Sector Leadership

Meets Quarterly
NRHDRE Coordinating Council

- James Lawler (Co-Chair) – UNMC
- Shelly Schwedhelm (Co-Chair) – Nebraska Medicine
- Sharon Medcalf (Capability 3 Leader) – COPH, UNMC
- Angie Vasa (Capability 5 Leader) – NBU, Nebraska Medicine
- Keith Hansen (Capability 4 Leader) – COPH, UNMC
- Elayne Saejung (Capability 2 Leader) – EM, UNMC
- Dennis Colsden – RROMRS
- Dustin Handley – TRIMRS
- Grant Brueggemann – Southeast District Health Department
- Heidi Wheeler – NPHCC
- Melody Leisy – PRMRS
- Stephanie Vinson – SENHCC
- Val Goodman - OMMRS
- Justin Watson – OMMRS
- Lisa Schlitkus – Trauma, UNMC
- Karen Saxton – Trauma, Nebraska Medicine
- Brian Fox – Project Mgmt, Nebraska Medicine
- Joel Haman – EM, Nebraska Medicine
- Wes Carter – NSRI
- Donna Weis – Info Technology, Nebraska Medicine
- Brianna Rooney – NE DHHS HPP
- Whitney Shipley, Emerg Mgmt, Douglas County
- Lloyd Rupp, EMS Consultant
- Paul Baltes, Communications, Nebraska Medicine
- Air National Guard, TBD
Applicants must demonstrate the following capabilities in support of a coordinated, statewide and regional emergency response:

- **Capability 1**: Build a disaster health response network
- **Capability 2**: Align plans, policies, processes & procedures related to clinical excellence in disasters
- **Capability 3**: Increase statewide & regional medical surge capacity
- **Capability 4**: Improve statewide & regional situational awareness
- **Capability 5**: Develop readiness metrics & conduct an exercise to test capabilities
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<thead>
<tr>
<th></th>
<th>Self-organizing Medical Response</th>
<th>Tiered Casualty Management</th>
<th>Health System Expansion</th>
<th>Specialty Care Penetration</th>
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</thead>
<tbody>
<tr>
<td><strong>Private Sector, Community Organization Actions</strong></td>
<td>Community/business response teams, Preparedness events</td>
<td>First-aid, buddy-care awareness, transport assets</td>
<td>Business community ambassadors - credentialing</td>
<td>Transportation and communication assets</td>
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<td><strong>Economic Incentives</strong></td>
<td>Business/community preparedness funds</td>
<td>State reimbursement mechanisms for disaster care</td>
<td>Insurance and underwriting discounts</td>
<td>Telemedicine cost reimbursement schemes</td>
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<td><strong>Local/Regional Adaptive Planning</strong></td>
<td>Designated aid and transport stations, Good Samaritan laws</td>
<td>Hub and spoke system, Crisis standards of care</td>
<td>Outpatient asset integration, User managed inventor</td>
<td>Strike team training deployment plans</td>
</tr>
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<td><strong>Education and Training Standards</strong></td>
<td>Disaster life support trng requirements</td>
<td>Mobile training (HEROES)</td>
<td>HCW cross training requirements</td>
<td>Simulation and virtual reality trng</td>
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<td><strong>Information Sharing Platforms</strong></td>
<td>Amateur radio teams, Apps and social media (Ushahidi, etc)</td>
<td>Knowledge Center, ASPR Med Maps integration,</td>
<td>Online decision support tools</td>
<td>Telemedicine platforms</td>
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Key Grant Personnel

Medical Director & Principle Investigator: James Lawler, MD
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Executive Director: Shelly Schwedhelm, MSN, RN, NEA-BC
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