Pennsylvania's Approach to HC Coalitions

The PADOH initiated a partnership with HAP in 2012 to help build a regional coalition approach to healthcare preparedness across the state built on the PA Regional Task force model in place since 1998.

The partnerships' activities has supported and expanded the work of the existing nine Regional Task Force Health and Medical Structures.

The HAP partnership has helped to build, enhance and test regional and individual healthcare facility preparedness activities and response plans as well as support management of an array of actual emergencies ranging from infrastructure failures to Hurricane Sandy to the derailment of Amtrak 188.
Southeast PA Regional Coalition
- Formed in October 2001

Structure:
- Hospital / HC System Zone-based
- Implemented in Fall 2001
- Facilitated by DVHC of HAP

SE PA Regional HC Coalition HHS via PADoH

Aim: Planning & Coordination of Medical Facilities And Resources In A Geographical Region

Activities:
- Sharing and Coordinating Disaster Plans
- Sharing Vulnerability Assessment
- Mutual Aid Agreements
- Exercises For Large-scale Community Emergencies
- Improved Communications and Information Sharing Systems
  - Effectiveness
  - Access for whoever needs access
  - Redundancy
  - Get to know and trust each other

Zone Concept
## Zone Participants

- Hospitals and HAP
- Other Providers, such as:
  - LTC Facilities
  - Health Centers
  - Home health and Nurse staffing agencies
  - Pharmaceutical Companies and Pharmacies
  - Durable Medical Equipment Vendors
- Key Government and other Agencies:
  - Emergency Management Agency (County and State)
  - Emergency Medical Services
  - Public Health Local and PADON
  - FBI, HHS, CMS, FEMA, OSHA, US Attorney’s Office
  - Red Cross
- Neighboring Regions: NE & SC RTF, NJ (MCC) & DE

## Task Force Role (DHS /UASI via PEMA)

- Generate and coordinate regional preparedness plans, activities and capabilities using an “All Hazards” approach
- Coordinate training opportunities
- Coordinate exercises and drills
- Assure certain defined levels of training, staff preparedness, and response capabilities are met based on state and federal guidance

## EVENT

- **World Meeting of Families – September 22 – 25, 2015**
  - Held every 3 years
- **Papal Visit – September 26 – 27, 2015**
  - Announced November 17, 2014
National Special Security Event (NSSE)
- US Secret Service is lead federal agency
- Kick-Off Meeting held January 2015
  HAP Regional Manager for Emergency Preparedness Represented HC Coalition

Healthcare Planning Process and Discussions
- Began prior to “Official” announcement
- Discussion at Coalition Zone meetings

Papal Visit – 47th National Special Security Event “NSSE”

A number of factors are taken into consideration when designating an event as a National Special Security Event

- Anticipated attendance by dignitaries.
- Size of the event.
- Significance of the event. Some events have historical, political, cultural, or symbolic significance that may heighten concern about possible terrorist acts or other criminal activity.
- Duration of the event.
- Availability of state and local resources. When state and local jurisdictions lack the expertise, experience, manpower or other assets needed to ensure comprehensive protection of these major events of national or international significance.
- Multiplicity of Jurisdictions. Extensive coordination of law enforcement and public safety agencies from multiple jurisdictions.
- Threat assessments. Anticipation of terrorism, or extensive illegal civil disobedience or other criminal activity.

Typical NSSE security measures include:
- Interagency coordination and interoperability
- Heavy police (days off and leaves may be canceled) and often National Guard presence
- Police dogs for bomb detection
- Surveillance
- WMD detection, mitigation, and decontamination
- Sharpshooters and other tactical capabilities
- Flight restrictions around the area
- United States Coast Guard patrols
- Increased railroad security
- Extensive road closures
PLANNING - NSSE Planning Structure

- Multiple Committees – Executive Committee and 23 Sub-Committees for World Meeting of Families.
  - Sub-Committees could have sub-workgroups
- Health and Medical Sub-Committee
  - Hospitals/Healthcare
  - Mental Health
  - EMS
  - First Aid/Medical Stations
  - Public Health Surveillance
  - Food Safety

PLANNING

- Sub-Committees responsible for:
  - Concept of Operations
  - Resource Needs
- Meetings began with 1 to 2 per month
  - June/July - weekly
  - August/September - multiple per week.

HEALTHCARE PLANNING

- Coalition Board began planning discussions in December.
  - Concept of Operations (CONOPS) written at Regional Level.
  - Planning in Zone Structure.
  - Regional Briefings began monthly in February.
  - 3 specific “C-Suite” meetings scheduled (April, June and August).
    - Healthcare
    - Philadelphia OEM
    - Philadelphia Fire/EMS/Police Homeland Security Unit
    - US Secret Service
PLANNING CONSIDERATIONS

“Impact Based Planning”
- “The Box” / Secure Perimeter
- Transportation
- Highway/Road Closures
- Access Disruptions
- Crowds/Population Influx

“THE BOX” and SECURE PERIMETER

TRANSPORTATION
HIGHWAY/ROAD CLOSURES

- Ben Franklin Bridge
- I-76 (Vine St. Expressway)
- I-76 (Schuylkill Expressway)
- I-95 (City Line Ave.)
- I-95 Exits in Philadelphia

HEALTHCARE PROFILE in the “BOX”

- 8 Hospitals in “The Box”
  - 3 Trauma Centers (Presbyterian, Hahnemann and Jefferson)
  - 1 Pediatric Trauma Center (CHOP)
  - 2 Acute Care (HUP and Pennsylvania)
  - 2 Specialty Hospitals (1 Rehabilitation (Magee) & 1 Eye (Wills Eye))
  - Potential for 250 births in 3 days
  - Average of 15 transplants in 3 days
- 10 Outpatient Dialysis Centers
- 1700 Homecare patients
  - 800 Considered critical to be seen some require constant care

CROWDS

- Planning Assumptions
  - 1-2 million within the “Festival Grounds”
  - Increased mix of elderly, infirmed and chronically ill
HEALTHCARE PREPARATION

- Participation in Planning / ConOps / Operational Plans
- Communications / Pre Planning
  - HC Leadership and Planners
  - Hospitals
  - Specialty/Community Care (Dialysis, OB, Transplant, LTC)
  - Ground and Air Medical Specialty Transport
- Support Logistics and Supply Chain – Specialized Commodity Delivery
- Impact Mitigation – (Assessment Based)
- Access, Transportation, Security, and Crowds
- Event Coordination, Communication and Information Data Sharing
- Pre Stage Regional Medical Surge Assets

PLANNING – Active Participation

- Executive Committee and 23 Sub-Committees for WMOF
  - Health and Medical Sub-Committee
    - Hospitals/Healthcare
    - EMS
    - First Aid/Medical Stations
    - Public Health Surveillance
    - Food Safety
  - Public Information Sub-Committee
    - Provided input to:
      - Security
      - Transportation
      - Consequence Management
      - Several others to a lesser extent

COMMUNICATIONS

- Leadership and Planner Briefings and Feedback Sessions
- Specialty Care Briefings and Planning Meetings
- Healthcare PIOs
- Dialysis Briefings and Planning Meetings
- Community Care (Home Care / Hospice) Briefings and Planning Meetings
IMPACTS and MITIGATION

- Access
  - Access Points (Transfers/Discharges/OB/Emergency Dept)
  - Sleeping of Staff aka Staff Hoteling
- Security
  - Staffing
- Transportation
  - SEPTA Agreement

SPECIALTY/COMMUNITY CARE COORDINATION

- Dialysis
  - Multiple Site Impact
  - Pre and Post Increases
  - Communication/Coordination
- Home Care
  - 1700 Homecare patients
    - 800 Considered critical to be seen
- OB Access
- Specialty Care

SPECIAL DELIVERIES

- Nuclear Medical Deliveries
- Pharmacy Deliveries (TPN)
- Waste Pick-Up
- Food
- Staff
- Coroner and Funeral Homes
DATA COLLECTION and COORDINATION

- Healthcare Coordination Desk
- Utilization / Volume data
- Bed Availability Data
- Sheltering

CONTINGENCIES – STAGING of SURGE ASSETS

- Movement of CHEMPACK
- Burn Carts
- Ventilator Cache
- Pediatric Supplies
- Portable 800Mhz Radios

EVENT MANAGEMENT

- EVENT MEDICAL
- HEALTHCARE COORDINATION
EVENTS

September 26, 2015
- Independence Hall: 4PM
- World Meeting of Families Concert: 7PM

September 27, 2015
- Visit to Curran-Fromhold Correctional Facility: 11AM
- Celebration of Mass: 4PM

EVENT MEDICAL

- 10 TENTS
  - 8 First Aid (20-25 Bed)
  - 4 Medical Shelters (50 Bed)
- EMS
  - 100 Ambulances
  - 65 "Gator" Medics
  - 85 Bike Medics
  - 100 Walking Medics
- Behavioral Health
- 438 Patients seen
  - 179 Transported to Hospitals
**South Eastern Pennsylvania (SEPA) Specialized Medical Response Team (SMRT)**

**Collaborative effort of:**
- Pennsylvania Southeast Region Task Force
- Pennsylvania Department of Health
- Delaware Valley Healthcare Council of HAP

**Funded by Grants from:**
- SERTF / US Department of Homeland Security
- Urban Area Security Initiative (UASI)
- PADOH / US Health and Human Services

**Initial Kick Off: February, 2009**

**Who:** A skilled group of volunteers
- credentialed
- organized
- equipped

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EVENT MEDICAL SEPA SMART (PA SMAT 3)

- Medical Station 1
  - 101 patients seen
  - 29 Transported to Hospitals

EVENT MEDICAL SEPA SMART (PA SMAT 3)

- Medical Station 1
- Additional Services
  - 1 Mounted Officer and Horse
  - 6 Canines treated by DOD Vet
  - Multiple Behavioral Health Pts.
  - ARC on hand for Family Reunification

HEALTHCARE COORDINATION

- Regional Healthcare Coordination Desk (HCD)
- Knowledge Center HIMS
- Communication
- Coordination
HEALTHCARE COORDINATION DESK

- HCD
  - Access to Vehicle Perimeter (transfers and patient arrivals)
  - Information Sharing - KC HIMS:
    - Patient Tracking
    - Resource Requests
    - Action Requests
  - Mutual Aid/Unmet Needs
  - Special Deliveries/Pick-ups
  - Even Trash Trucks!

KNOWLEDGE CENTER HIMS

- Primary Mode of Communication/Coordination/Info Sharing

COMMUNICATIONS

- Formats:
  - Phone
  - Knowledge Center HIMS
  - State 800 Radio
  - Conference Calls
  - Emails

- Activities:
  - Situational Awareness - KC HIMS & Situation Reports
  - Data Collection and Sharing via multiple "KC HIMS Action Requests"
  - Conference Calls
  - Facility and Event Medical Site "Status Checks"
HCD – OB PATIENT PROCESS MAP

DATA MANAGEMENT
- Available Bed Data
- Utilization Data
- Tent Volumes
- Transfers
- Transplants
- Patient Access

POST EVENT
- DATA ANALYSIS
- AAR PROCESS
- LESSONS LEARNED/BEST PRACTICES
DATA ANALYSIS

- 438 Patients seen in Tents
  - 179 Transfers to Facilities
  - 17 Transplants in “box” and facilitated 2 outside box
  - 98 Births
  - 78 Facility to Facility Transfers

LESSONS LEARNED/BEST PRACTICES

- After Action Report
- Healthcare Coordination Desk
- Knowledge Center (HIMS)
- Healthcare inclusion from start of planning

One Facility’s Approach and Impact

- Employee Information sessions:
  - Fourteen 30 minute sessions held one month and one week prior to papal visit
  - Presented collaboratively by a human resource, clinical, and operations leader
  - Papal intranet resource

- Checked in 731 employees:
  - Conference style
  - Linen pick up
  - Shaven and sleeping assignment cards
  - Baggage check
  - Deployed 637 air mattresses
  - Cleaned 51 showers several times daily

- Flexed staff to meet organizational needs:
  - Handled 91 issue/patient related tasks
  - Provided aid to medical tents
FACILITY IMPACT – Staff Hoteling / Showers

KNOWLEDGE CENTER

- Web-based emergency management system that provides local, regional, and state partners:
  - Situational awareness
  - Incident management
  - Bed and patient tracking
  - Resource management
  - Messaging and alerting
  - Hazard Vulnerability Assessments
  - GIS mapping
- Access is provided free of charge to all healthcare, EMS, and public health emergency management partners
- Can be used for real world events, and/or exercises and drills
- Training is provided by HAP regional emergency managers