The Hospital Preparedness Program (HPP)

Foundational Capabilities and Functional Coalitions
Agenda

• Overview
• Grant Alignment
• *National Healthcare Preparedness Capabilities*
• Healthcare Coalitions
• Healthcare and Preparedness
• Challenges and Solutions
• The Hospital Preparedness Program (HPP):
  
  — Provides leadership and funding to States, territories, and eligible municipalities to improve surge capacity and enhance community and hospital preparedness for public health emergencies.

  — In July 2011, states, territories, and large metropolitan areas received HPP grants totaling over $300 million to help hospitals and other health care organizations strengthen the medical surge capability across the nation.
Overview

- Funding Purpose:
  - The purpose of the 2012-2017 HPP-PHEP aligned programs cooperative agreement is to provide resources that support state, local, territorial, and tribal public health departments and healthcare systems/organizations in demonstrating measurable and sustainable progress toward achieving public health and healthcare emergency preparedness capabilities that promote prepared and resilient communities.

- CFDA Website for 93.074 (Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements): https://www.cfda.gov/index?s=program&mode=form&tab=step1&id=c54ca15fca1291d3fafdca308d5f8461
Overview

• HPP Program funding supports:

  – **Improving Infrastructure:** Awardees have used HPP Grants to improve the State, local, and territorial infrastructures that help hospitals and healthcare systems prepare for public health emergencies.

  – **Capability based approach to planning:** HPP funding is used to enhance healthcare system planning and response at the State, local, regional and territorial levels.

  – **Coalitions:** Serve as a multi-agency coordinating group that assists Emergency Management and Emergency Support Function (ESF) #8 with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations.
Field Project Officers

- Official regional liaison between the HQ and the HPP award recipients
- Promotes coordination between awardees, Regional efforts and Federal resources
- Provides technical assistance on grants
- Conducts healthcare coalition site visits
- Monitors grant activity and funds

The Healthcare Preparedness Capabilities

- ASPR has identified the following eight capabilities as the basis for healthcare coalition preparedness:
  - Healthcare System Preparedness
  - Recovery
  - Responder Safety and Health
  - Emergency Operations Coordination
  - Medical Surge
  - Fatality Management
  - Information Sharing*
  - Volunteer Management*

- Challenge: Define healthcare preparedness
  - The ability to execute 100% of Healthcare Preparedness Capabilities
The Healthcare Preparedness Capabilities

• Organization of document:
  • Capability
    • Medical Surge
  • Function
    • The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge
  • Function Alignment
    • PHEP Capability 10, Medical Surge; Function 2, Resource P4, Engage in healthcare coalitions
  • Tasks
    • Promote information sharing processes that enable healthcare organizations to track the status and transport of patients (situational awareness) from EMS during medical surge incidents
  • Resource Elements
    • Plans
      • Coordinated disaster protocols for triage, transport, documentation, CBRNE
    • Equipment
    • Skills
      • Coordinated CBRNE training
PHEP Program

• CDC defined the 15 PHEP Capabilities
• Partnership/Alignment with HPP through Capabilities
• 8 Aligned capabilities with HPP
• Joint Funding Opportunity Announcement
• Joint application review/Site visits
## Aligned HPP/PHEP Capabilities

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Healthcare Coalitions

• Definition:

• A collaborative network of healthcare organizations and their respective public and private sector response partners which serve as a multi-agency coordinating group that assists Emergency Management and Emergency Support Function (ESF) #8 with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations.
Healthcare Coalitions:
Assist HCOs within their region to return to normal healthcare delivery operations

Healthcare Coalitions: Assist HCOs within their region to return to normal healthcare delivery operations

Healthcare Coalitions: Integrate with ESF8 to coordinate healthcare organizations’ priorities and needs to assist incident management with resource and information management during response.

Healthcare Coalitions: Follow the steps of the Preparedness Cycle to effectively mitigate, respond and recover from a disaster.

Healthcare Coalitions: Address areas in critical infrastructure and key resource allocation planning that decreases the vulnerability of the healthcare delivery system.

DISASTER CYCLE

- Disaster
- Preparedness
- Mitigation
- Response
- Recovery

Healthcare Coalitions: Assist HCOs within their region to return to normal healthcare delivery operations.
Healthcare Coalitions

Objectives:

• Serve as a multiagency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations.

• Preparedness objective includes sub-state regional, healthcare system emergency preparedness activities involving the member organizations. This includes planning, organizing and equipping, training, exercises and evaluation.

• Response objective includes representation of healthcare organizations by providing multi-agency coordination to advise decisions made by incident management regarding information and resource coordination for healthcare organizations.
  - Includes either a response role as part of a multi-agency coordination group to assist incident management (area command/unified command) with decisions,
  - OR coordinated plans to guide decisions regarding healthcare organization support
  - OR a combination of both
Healthcare Coalitions

Functions

- Coordinate healthcare system emergency preparedness activities involving the member organizations.
- Coordinate with emergency management to develop local and state emergency operations plans.
- Identify and prioritize healthcare assets and essential services within a healthcare delivery area or region
- Perform resource assessments
- Coordinate training for healthcare responders
- Coordinate exercises
- Participate with planning to address at-risk individuals
Staged Development

**Stage 1**
- Determine regional approach and boundaries
- Establish awardee support and partnership
- Determine governance structure
- Establish the healthcare coalition for purposes of preparedness evidenced through appropriate documentation

**Stage 2**
- Maintain the Stage 1 requirements through sustainment and preparedness activities
- Perform preparedness activities as outlined in Capability 1: Healthcare System Preparedness

**Stage 3**
- Determine how healthcare coalitions will address multiagency coordination during response and perform ongoing regional exercises to test this capability.

Maturity

Domains

- Governance
- Technology
- Information
- Financial & Fiduciary
- Resilience & Operational Excellence

Capabilities

1: Healthcare System Preparedness
2: Healthcare System Recovery
3: Emergency Operations Coordination
5: Fatality Management
6: Information Sharing
10: Medical Surge
14: Responder Safety and Health
15: Volunteer Management

Performance Measures

1: Formalized agreements & functioning
2: Recovery & continuity processes
3: HCC & ICS coordination
5: Processes & Roles/Responsibilities
6: Monitor EEIs & maintain COP
10: Provide 20% availability & ALOC
14: Protect systems & employees
15: Plans, processes, & procedures

Improved Outcomes
The risk assessment is the basis for EOP development. The assessment helps a planning team decide what hazards or threats merit special attention, what actions must be planned for, and what resources are likely to be needed.

An objective is a task that needs to be accomplished to successfully achieve a desired end-state of the operation (GOAL).

Capabilities-based planning focuses on a jurisdiction’s capacity to take a course of action. It is to determine if there is the right mix of training, organizations, plans, peoples, leadership and management, equipment and facilities to perform the required emergency function. Within this process, it is determined if the resources are available to complete the function or if there is a gap. To complete the course of action, the gap must be filled or another course of action must be selected.

The objective is a component of successful capability completion and links upward through HPCs>TCLs>Core Capabilities to satisfy PPD8 requirements.
Response

Tale of the Tape
Preparedness vs Daily Healthcare Expenditures
• NHE grew 4.0% to $2.5 trillion in 2009, or $8,086 per person
  • Medicare spending grew 7.9% to $502.3 billion in 2009, or 20 percent of total NHE.
  • Private health insurance spending grew 1.3% to $801.2 billion in 2009, or 32 percent of total NHE.
• 2010, hospital expenditures were $814 Billion (CMS)
  • According to the AHA, there are 5,754 Hospitals in the US
  • Average Hospital Expenditures approx. $141 million
• The Hospital Preparedness Program 2012 budget is $347 million (0.01% of overall NHE)
  • $60,305 per hospital
  • 0.04% of overall budget
Healthcare Preparedness Challenges/Solutions

- **Challenge:** Preparedness funding realities
  - Capitalize on policy initiatives and resources
    - Military. Force Multiplier--A capability that, when added to and employed by a combat force, significantly increases the combat potential of that force and thus enhances the probability of successful mission accomplishment.
    - Racing. Drafting or slipstreaming is a technique where two vehicles or other moving objects are caused to align in a close group reducing the overall effect of drag
  - Consolidation for effect

- **Challenge:** “surge” capacity
  - Coalition immediate bed availability
Consolidation for Effect

Coalition Preparedness

Decreasing Capacity

100% Prepared
Gap
Coalitions

Acute Care Capacity Healthcare System

Consolidation for Effect

National Healthcare System

Coalition Preparedness

100% Prepared

Gap

Coalitions

Consolidation for Effect

Coalition Preparedness

100% Prepared

Gap

National Healthcare System

Achieving Success

100% Prepared

National Healthcare System

Possible Solutions

- Don’t Recreate the wheel! Use existing networks.

- For Example:

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<td>Surge Capacity Planning</td>
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Healthcare Coalition

Immediate Bed Availability

- “Surge” capacity is shrinking
- Immediate bed availability (IBA) is built into the existing system
- IBA principles
  - Constant acuity monitoring across the coalition
  - Patient awareness and continuous discharge planning
  - 20% acute care offload (IBA)
Madrid

- Coordinated near-simultaneous attacks targeting commuter trains
- 191 dead
- More than 1,800 injured
Coalitions & Immediate Bed Availability

**Coalition Partners**
- Long Term Care
- Community Health Centers
- Home

**EVENT**
- 20%

**Hospitals**
- Stroke/MIs
- High Acuity Psychiatric patients
- ICU Patients
- Acute Surgical Patients
- Imminent OB delivery

**Lesser Acuity**
- Awaiting discharge
- Behavioral Health Issues
- Social Issues

**Acute**
- Post Operative Patients
- Elective Procedures Cancelled

Functional IBA

• 1000 acute care beds/coalition

• 20% IBA

• Results in 200 beds immediately avail/coalition

• 100 coalitions in the United States

• Across the U.S., 20,000 beds available--immediately

• Madrid = 2,000 patients
  - Require 10 coalitions engaged
QUESTIONS??
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