
 King County Healthcare Coalition
 Prepares. Responds. Recovers.


Public Health Preparedness Summit 2009 – San Diego, California

**Tools, Training, and Technical Assistance:
 Supporting Healthcare Providers with Business Resiliency**

Michelle McDaniel
 Public Health – Seattle & King County
 Stephanie Tijerina
 Sea Mar Community Health Centers

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 APC
 Advanced Practices Centers

Overview

 King County Healthcare Coalition
 Prepares. Responds. Recovers.

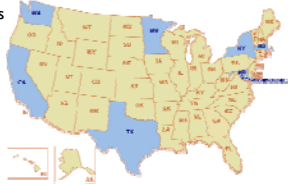
- APC & King County Healthcare Coalition
- Issue to address
- Business Resiliency Project
 - Grants
 - Workshop
 - Tools
 - Evaluation
- Preparedness in practice – Sea Mar
- Challenges and lessons learned


Advanced Practices Centers = resource

- Network of local health departments
- Helping public health prepare for, respond to, and recover from emergencies

Tools

- informed by public health experience
- Online & FREE




 APC
 Advanced Practices Centers

King County Healthcare Coalition



- ❑ A network of healthcare organizations & providers committed to coordinating their emergency preparedness and response activities.
- ❑ **Purpose:** develop & maintain a comprehensive system that assures coordination, effective communications, and optimal use of available health resources in preparation for and in response to emergencies and disasters.

"Non-Hospital" Healthcare Providers



- | | |
|----------------------|-------------------|
| ❑ Mental health | ❑ Home care |
| ❑ Substance abuse | ❑ Home health |
| ❑ Nursing homes | ❑ Palliative care |
| ❑ Boarding homes | ❑ Pediatric |
| ❑ Adult family homes | ❑ Ambulatory care |
| ❑ Poison centers | ❑ Blood centers |
| | ❑ Dialysis |

The Issues To Address



- ❑ "Healthcare system" is not limited to hospitals.
- ❑ Must have continuity of care within the continuum of care to:
 - ❑ reduce mental/physical decline and need for higher level of care for the people non-hospital healthcare providers serve,
 - ❑ avoid surge on EMS and hospitals.
- ❑ Non-hospital healthcare providers critical in a community-wide event.

Disaster's Impact on Healthcare



- ❑ Wind/Rainstorm 2006
 - ❑ Nursing home evacuation

- ❑ Rainstorm 2007
 - ❑ Near flooding of mental health residential facility



Earthquake Scenario



You are the CEO at Healthy-R-U, a healthcare organization with multiple sites and services throughout the county.

A 6.8 quake has struck. Major damage is visible in all areas of the County. Phones (landlines and cell) are jammed. Power is out throughout much of the region, including your site.

Upon conducting an initial assessment of the outpatient clinic you are at, some staff and clients appear to be injured. Within 5 blocks of your location, Healthy-R-U has three more sites: 1) a nursing home, 2) a dental clinic, and 3) a pharmacy.

Earthquake Scenario



- ❑ What would be your top priorities in this situation?
- ❑ What are your biggest concerns?
- ❑ What preparedness activities could have been done to make the response easier & more effective?
- ❑ With phones being jammed, what are other ways you could communicate between sites? To EMS? To loved ones?
- ❑ How would you handle a surge of injured community members coming in for care?

Business Resiliency Project



- Funded by Assistant Secretary for Preparedness and Response (ASPR)

Goals:

1. To strengthen the capacity and capabilities of non-hospital healthcare agencies that support at-risk and vulnerable populations through continuity of operations workshops and organizational enhancement funding.
2. To strengthen coordination across sectors.

Business Resiliency Project



- Filled gaps:
 - ▣ Lack of funding – reimbursed preparedness supplies, staff time, training, etc.
 - ▣ Lack of time – developed easy-to-use tools, customized workshop for non-hospital healthcare providers, offered tips to avoid overwhelm and perception of “not enough time!”
 - ▣ Lack of expertise – offered 1:1 technical assistance after attending workshop

Grants Awarded



- Awarded 9 providers “large” grant via RFP process
- **Large Grant:** Funded projects designed to assist the King County region in becoming better prepared and ready to respond to the needs of at-risk populations during times of disaster. Projects awarded were designed to regionally benefit at-risk populations rather than one individual organization or treatment provider.
- Could not exceed \$24,000

Large Grants Examples



- ❑ Northwest Kidney Centers
 - ❑ Establishment of an emergency call center
- ❑ Aging & Disability Services
 - ❑ Increase preparedness level of home care services system

Grants Awarded



- ❑ Awarded 127 providers “small” grant via RFP process
- ❑ **Small Grant:** Funded non-hospital healthcare agencies serving King County to develop and enhance their resiliency in an emergency. The goal of the funding is to support healthcare organizations’ ability to maintain service delivery during an emergency event.
- ❑ Could not exceed \$2,499

Preparedness in Practice



- Sea Mar Community Health Centers
- ❑ 47 facilities specialized in Ambulatory Care, Behavioral Health Services (inpatient and outpatient), Home Care, Home Health and Nursing Home services
 - ❑ The majority of the patients, clients and residents served are the underserved and most vulnerable populations in WA

Sea Mar Community Health Centers



- Challenges in preparing Sea Mar:
 - ▣ Massive, complex community health system
 - ▣ High turnover rates
 - ▣ Location - located in 10 different counties and have different resources available to health centers
 - ▣ Limited resources available to facilitate and prepare 47 sites in 10 different counties
 - ▣ Joint Commission accredited and required to meet specific standards

Joint Commission



- Joint Commission Emergency Preparedness Standards
 - Required to have...
 - ▣ Hazard Vulnerability Analysis per County (updated annually)
 - ▣ Community Response Plan - involving city, county and regional resources
 - ▣ Organization Emergency Management Plan describing recovery stages, actions, and individual responsibilities
 - ▣ Two disaster drills annually that enable the organization to practice communication strategies
 - Drills that exercise communication, resources, security, staff, utilities and patients
 - Evaluate the responses of the exercises, identify the deficiencies and opportunities for improvement

Source: Joint Commission, Comprehensive accreditation manual for ambulatory care 2009

Tool



- Business Resiliency Assessment Tools (BRAT)
 - ▣ Required completion of both short & long form
 - ▣ Purpose:
 1. Obtain critical information about provider's preparedness level, resources and contacts.
 2. Increase provider's awareness of their level of preparedness and resiliency.
 3. Create awareness of important preparedness and response considerations.

Benefits gained...



- Workshop provided:
 - ▣ Review of emergency management system
 - ▣ Critical infrastructure panel presentations
 - ▣ Importance of a personal preparedness plan
 - ▣ Break out session which provided the interaction with other healthcare agencies
 - ▣ Materials free of cost
 - ▣ Helpful tools for managers
- Grant funds helped us to implement & standardize emergency preparedness supplies ordered for all 47 sites (i.e. patient transporters, flashlights, whistles, purification tablets).

Project Evaluation



Evaluation components

- Pre- and post-workshop surveys
- Follow-up survey (Web-based)
- Tools for tracking/monitoring grants, workshop participants, technical assistance, deliverables

Project Evaluation: Pre- and post-workshop surveys



Usefulness – workshops

		(% of responses)				
		Excellent	Very Good	Good	Fair	Poor
Overall usefulness to you and your agency	1 (n=160)	36%	49%	13%	3%	
	2 (n=153)	44%	47%	8%	1%	

		(% of responses)			
		Strongly Agree	Agree	Disagree	Strongly Disagree
I will be able to apply the workshop information to my job. (n=147)		65%	33%	1%	1%

**Project Evaluation:
Pre- and post-workshop surveys**



Knowledge and Skills

- Participants rated their pre- and post- level of confidence in 12 knowledge and skills areas related to the workshop objectives using a 11-point scale (0 = "not confident at all," 10 = "completely confident.")
- All 12 areas showed a significant increase in confidence across all four workshops (p<.<0.005).

**Project Evaluation:
Pre- and post-workshop surveys**



In the event of a disaster or emergency I am confident...

- I can describe the importance of personal and family preparedness and list 3 ways to increase my level of personal preparedness.
- I have a basic understanding of the regional emergency response system.
- I can describe the role of the Public Health - Seattle & King County during an emergency.
- I can list at least 3 strategies that my organization could use to make preparedness "do-able."
- I can explain the importance of regularly exercising my organization's disaster response plans.

Project Evaluation: Follow-up survey



Satisfaction – program components

Component	n=	(% of valid responses)				
		Excellent	Very Good	Good	Fair	Poor
Grant request for proposals/ application process	62	31%	35%	24%	8%	2%
Quality of the technical assistance you received	62	42%	35%	20%	3%	
Resource materials and tools provided	62	50%	40%	8%	2%	
Expense reimbursement process	62	22%	34%	21%	17%	5%
Grant deliverable requirements	59	24%	44%	22%	5%	5%

Project Evaluation: Follow-up survey



Learnings gained by participants

- The complexity of business resiliency planning
- New things to look at in preparing for a disaster
- How government response systems operate
- Tools and resources available
- Options for community support during a crisis

Project Challenges/Lessons Learned



- Marketing – direct communication essential
- Wide variation in provider's resources.
 - Examples:
 - Adult Family Homes without Internet access and/or FAX
 - Unable to commit to a two day workshop.
- Wide variation in provider's preparedness levels & understanding
- Mixing of providers of large and small operations
- ESL issues
- Discovered additional barrier: Executive By-In

To access project tools...



<http://www.kingcounty.gov/healthservices/health/preparedness/hccoalition/ambulatory.aspx>

Discussion



Questions?
