Hospital Preparedness Program: The Next Five Years
HPP: Next 5 Years

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HPP: Next 5 Years

- History
- National Priorities and Changes
- New Domains and Capabilities
- Texas Structure Changes
- Planned Activities in Texas
- Other Issues and Emerging Challenges
HPP: Next Five Years

Program History
1995 Attacks

Defense Against Weapons of Mass Destruction Act of 1996

Nunn-Lugar-Domenici Amendment to the National Defense Authorization Act for FY 1997 ratified funding for “Metropolitan Medical Strike Teams” (MMST)
2001 Attacks

Public Health Security and Bioterrorism Preparedness and Response Act of 2002
PHEP and HPP Created
2005-2006 Events

Pandemic and All-Hazards Preparedness Act (PAHPA) of 2006
2011 Capabilities

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Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA) of 2011
Public Health and Healthcare Preparedness Capabilities

10 Essential Services of Public Health

Public Health and Healthcare Preparedness Capabilities

National Preparedness Core Capabilities
A collaboration of all public health and acute medical care preparedness initiatives within Texas relating to the mitigation of, response to, and recovery from natural and man made disasters.
PHEP and HPP Alignment

How much is too much?
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National Priorities and Changes
Timeline - U.S. Terror Plots Since 9-11-01

- Attacks launched
- Plots uncovered prior to attack

Source: Heritage Foundation
HPP Peer Review

- HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) commissioned Peer Review Process development

- Peer reviews conducted for
  2013 West Explosion
  2013 Boston Bombing
  2015 Philadelphia Train Derailment
  2016 Pulse Nightclub Shooting

- Lessons learned about federal policy and guidance through the lens of responses to mass casualty incidents (MCI)
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New Domains and Capabilities
Public health and healthcare systems preparedness capabilities by six domains.

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Five Key Domains for HPP

- Community Resilience
- Incident Management
- Information Management
- Countermeasures and Mitigation
- Surge Management
Four “New” Capabilities

Eight current capabilities are incorporated into four

• Capability 1: Foundation for Health Care and Medical Readiness
• Capability 2: Health Care and Medical Response Coordination
• Capability 3: Continuity of Health Care Service Delivery
• Capability 4: Medical Surge
Goal of Capability 1

Foundation for Health Care and Medical Readiness

The community’s health care organizations and other stakeholders — coordinated through a sustainable HCC:

• Strong relationships
• Identify hazards and risks
• Prioritize and address gaps through planning, training, exercising, and managing resources
Goal of Capability 2

Health Care and Medical Response Coordination

• Health care organizations, the HCC, their jurisdiction(s), and the ESF-8 lead agency:
  • Plan and collaborate to share and analyze information
  • Manage and share resources
  • Coordinate strategies to deliver medical care to all populations during emergencies and planned events
Goal of Capability 3

Continuity of Health Care Service Delivery

Health care organizations, with support from the HCC and the ESF-8 lead agency:

• Provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled healthcare infrastructure

• Healthcare workers are well-trained, well-educated, and well-equipped to care for patients during emergencies

• Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations
Goal of Capability 4

**Medical Surge**

Health care organizations—including hospitals, EMS, and out-of-hospital providers:

- Deliver timely and efficient care even when demand for healthcare services exceeds supply
- HCC, in collaboration with the ESF-8 lead agency, coordinates information and available resources to maintain conventional surge response
- HCC supports the health care delivery system’s transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible
HPP and PHEP awardees use capabilities to focus on these preparedness Strategies and conduct these Activities for the private health care system (HPP) and taxpayer-funded public health system (PHEP)...

**Strengthen Community Resilience**
- Partner with stakeholders by developing and maturing health care coalitions (HCCs)
- Characterize probable risk of the jurisdiction and the HCC
- Characterize populations at risk
- Engage communities and health care systems
- Operational response plans

**Strengthen Incident Management**
- Coordinate emergency operations
- Establish incident command structures for public health
- Ensure incident command structures for health care organizations and HCC
- Have expedited fiscal procedures in place for ensuring funding reaches impacted communities during an emergency response

**Strengthen Information Management**
- Share situational awareness across health care and public health systems
- Share emergency information and warnings across disciplines and jurisdictions and HCCs and their members
- Conduct external communication with public

**Strengthen Countermeasures and Mitigation**
- Manage access to and administration of pharmaceutical/non-pharmaceutical interventions
- Ensure safety and health of responders
- Operational response plans

**Strengthen Surge Management**
- To manage public health surge:
  - Address mass care needs e.g., shelter monitoring
  - Address surge needs e.g., family reunification
  - Coordinate volunteers
  - Prevent/mitigate injuries and fatalities
  - To manage medical surge:
  - Conduct health care facility evacuation planning and execute evacuations
  - Address emergency department and inpatient surge
  - Develop alternate care systems
  - Address specialty surge including pediatrics, chemical/radiation, burn/trauma, behavioral health, and highly infectious diseases

**Strengthen Biosaillance**
- Conduct epidemiological surveillance and investigation
- Detect emerging threats/injury
- Conduct laboratory testing

...to work together to produce these readiness Outputs...

**Timely assessment and sharing of essential elements of information**
- Assessments conducted e.g., risk/HHA, JRA, resource, supply chain
- Established HCC and public and private partnerships
- Preparedness plans that address community-specific needs and vulnerable populations
- Coordinated trainings and exercises and continuous quality improvement

**Risk communication systems**
- Emergency communication centers primary/ alternate
- Incident management systems
- Response plans
- Recovery plans
- Continuity of operations (COOP) plans

**Information sharing platforms for HCC members**
- Defined essential elements of information
- Risk communication materials
- Social media monitors
- Health care situational awareness protocols and systems
- Trained risk communication staff
- Message and report templates

**Storge and distribution centers**
- Inventory management systems
- Points of dispensing (PODs)/alternate nodes
- Trained POD staff
- Stockpiled personal protective equipment (PPE)
- Safety and "just in time" trainings

**Electronic volunteer registry systems**
- Coordinated public health and health care agencies
- Patient tracking systems
- Population monitoring systems
- Real-time monitoring of patient acuity for rapid decompression
- Medical surge plans at the systems level
- Coordinated patient distribution and movement based on patient needs
- Plan for implementing crisis standards of care

**Continuous learning and improvements are systematic**
- Electronic disease surveillance systems
- Laboratory response networks
- Laboratory testing capability
- Integrated laboratory and epidemiology systems

...to achieve these Outcomes that could not be achieved alone during public health and health care responses as a result of improved public health and health care system capabilities....

**Timely implementation of intervention and control measures**
- Establish public health recommendations and control measures in place for all hazards
- Institutionalized preparedness and response capabilities
- Prioritized emergency public health and health care services and resources sustained throughout all phases of emergencies and public health and medical incidents

**Timely communication of situational awareness and risk information**
- Continuity of emergency operations management throughout the surge of an emergency or incident
- Timely coordination and support of response activities with partners
- Immediate care for incoming patients and continuity of care for existing patients during an incident

**Continuity of essential public health and health care services and supply chain during an emergency response and recovery**

**Reduced exposure to risk**

Prevent or reduce morbidity and mortality from public health incidents whose scale, rapid onset, or unpredictability stresses the public health and health care systems

Earliest possible return and recovery of the public health and health care systems to pre-incident levels or improved functioning

**Early possible identification and investigation of an incident**

Earliest identification and investigation of an incident
Community Resilience

- Partner with stakeholders by maturing health care coalitions
- Characterize the probable risks to the jurisdiction
- Characterize populations at risk
- Engage communities and health care systems
- Operationalize response plans
Incident Management

• Coordinate emergency operations
• Standardize the incident command structure for public health
• Establish incident command structures for health care organizations and HCCs
• Ensure HCC integration and collaboration with ESF-8
• Expedite fiscal and administrative preparedness procedures
Information Management

• Share situational awareness across the health care and public health systems
• Share emergency information and warnings across disciplines, jurisdictions, and HCCs and their members
• Conduct external communications with the public
Countermeasures and Mitigation

• Manage access to and administration of pharmaceutical and non-pharmaceutical interventions
• Ensure safety and health of responders
• Operationalize response plans
Surge Management

Public health surge:

• Address mass care needs, such as shelter monitoring
• Address surge needs, including family reunification
• Coordinate volunteers
• Prevent or mitigate injuries and fatalities
Surge Management

Medical surge:

• Conduct health care facility evacuation planning and execute evacuations
• Address emergency department inpatient surge
• Develop alternate care systems
• Address specialty surge, including pediatrics, chemical, radiation, burn, trauma, behavioral health, and highly infectious diseases
Expected Outcomes

• Timely assessment and sharing of essential elements of information
• Earliest possible identification and investigation of an incident with public health impact
• Timely implementation of intervention and control measures
• Timely communication of situational awareness and risk information
Expected Outcomes

• Continuity of emergency operations management throughout the surge of an emergency or incident
• Timely coordination and support of response activities with partners
• Continuous learning and improvements are systematic
HPP: Next Five Years

Texas Structure
Texas Structure

- Finalizing procurement to award contracts to HPP Providers
  - Contract term: July 1, 2017 – June 30, 2022
- Eight HPP Providers will maintain 22 coalitions that align with Trauma Service Area (TSA) boundaries
- HPP Providers will also manage the Emergency Medical Task Force (EMTF)
Texas Structure

- Budgets will be tracked by TSA region, and funds allocated for the TSA region must be spent for the benefit of that region (at the direction of the coalition)
- HPP Providers will maintain at least one full-time planner/coordinator in each TSA region they manage
HPP: Next Five Years

Planned HPP Activities 2017 - 2022
HPP Activities

• Revised governance structure:
  • Requirements to be eligible for funding
  • “Core Membership” must include:
    • 2 acute care hospitals
    • Emergency Medical Services (EMS)
    • Emergency Management
    • Public Health
HPP Activities

• Public Health requirement:
  • Local health departments receiving public health emergency preparedness (PHEP) program funds will be required to participate in coalitions
  • Health Service Regions will participate but not vote
  • Coalitions must meet at least every other month
HPP Activities

• Require annual regional hazards and vulnerabilities assessment (HVA)
  • Will carry information into state-level Threat and Hazard Identification and Risk Assessment (THIRA) and other state-level assessments
• Previously only once every three years
• Aligns with Centers for Medicare and Medicaid Services (CMS) preparedness requirements
HPP Activities

• New Coalition-Level Plans required:
  • Year 1 – Preparedness Strategy
  • Year 2 – Response Strategy
  • Year 3 – Coalition Continuity of Operations Plan (COOP) including delegation of authority

• DSHS HEPRS is developing guidance
• Plans must be reviewed and updated annually
HPP Activities

- Additional annual requirements for coalitions:
  - Coalition Surge Test Exercise
    - Goal is 20% of beds
  - Test redundant communications systems
  - emPOWER and the Social Vulnerability Index (SVI)
HPP Activities

• Inclusive Risk Planning for Whole Community:
  • Share and utilize data to plan for vulnerable parts of population
  • Include relevant injects in exercises
  • Educate HCC members

• Inclusive risk planning will also be a focus of Texas Disaster Medical System (TDMS) Steering Committee
HPP Activities

Alignment with Public Health:
• Expectation of joint planning, training, and exercises
• Educate HCC members about medical countermeasures plans, encourage HCC facilities to establish closed points of dispensing (PODs)
HPP Activities

Alignment with Public Health:

- Essential Elements of Information
  - Select and define
  - Establish protocols for sharing/access
  - Share needed information but protect privacy
HPP Activities

Specialty Surge:
• Pediatric
• Chemical/Radiation
• Burn and Trauma
• Behavioral Health
• Infectious Disease

5/19/2017
HPP Activities

Other requirements:

• HCC resource assessment (Year 2); maintain current inventory throughout
• DSHS will roll-up and map
• Conduct supply chain integrity assessments
• TDMS will examine for statewide trends
HPP Activities

Other requirements:

• Sustain capabilities in areas like bed availability reporting and mass fatality readiness

• Develop Alternate Care Systems
  • Alternate Care Sites
  • Triage sites
  • Telemedicine
  • Medical Shelters
HPP Activities

• Response expectations:
  • Maintain assets in deployable condition
  • Assets available for local/regional/mutual aid responses in addition to state missions
  • Support Regional Health and Medical Operations Centers (RHMOCs)
HPP Activities

Emergency Medical Task Force:
• Sustain/expand existing capacity:
  • Ambulance Strike Teams (AST)
  • Ambulance Staging Managers (ASM)
HPP Activities

Emergency Medical Task Force:
• Sustain/expand existing capacity:
  • Ambuses
HPP Activities

Emergency Medical Task Force:
- Sustain/expand existing capacity:
  - Nurse Strike Teams (NST)
  - Mobile Medical Units (MMU)
  - Medical Incident Support Support Teams (MIST)
HPP Activities

Emergency Medical Task Force:
• Continue to refine new components, including equipping, training and exercising:
  • Infectious Disease Response Units (IDRU)
  • Texas Mass Fatality Operational Response Teams (TMORT)
HPP Activities

Emergency Medical Task Force:

• Each region must exercise (full-scale or functional) each component at least once every two years

• EMTF components are available for state missions but support local/regional/mutual aid responses as well
HPP Restrictions

HPP funds cannot be used to support:

• Single-facility exercises
• Exercises solely intended to meet accreditation or other regulatory requirements
• Purchase of clothing
• Lobbying or direct advocacy
• Construction
• Research
• Clinical Care
HPP: Next Five Years

Other Issues and Emerging Challenges
Other Issues/Challenges

Administrative:
- Reductions in funding
- CMS Emergency Preparedness rule
- Joint Commission and other accreditation standards
Other Issues/Challenges

Emerging/Growing Threats:

• Cybersecurity
• Hacking
• Ransomware
• Physical security
• Healthcare facilities as soft targets
• Safety during major surge
  • Orlando
  • Dallas
Questions?
Thank you

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