**Metrolina Healthcare Preparedness Coalition**

**North Carolina Healthcare Preparedness Program FY15-16 Work Plan**

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| **Capability 1: Healthcare System Preparedness** |
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| **Gap Being Addressed and How Was Gap Determined:** |
| ASPR/HPP has established performance measures and development factors for healthcare coalitions. These measures and factors have not been fully assessed due to recent implementation. |
| **Activity / Project:** |
| **ASPR HCCDA Factor Evaluation and Completion**  |
| **Goals, Objectives, and Strategy for Activity / Project:** |
| ASPR/HPP has provided a tool to be utilized to assess the development and implementation of the healthcare coalition concept. This tool assists in the evaluation of the healthcare coalition related to the established healthcare coalition development assessment (HCCDA) factors. The region has conducted an initial assessment utilizing this tool, needs to more thoroughly evaluate and integrate into regional planning. MHPC will hold meetings with the regional steering committee, as well as the Triad and MATRAC regions to review the current document. Once the review is complete, priorities will be developed in conjunction with the HVA to develop a strategic plan to enhance the cooperation of the three regions towards meeting the goals. Specifically, the review will include individual general coalition development, as well as the implementation of joint operational plans between the three preparedness regions. |
| **Expected Outcomes:** |
| 1. Completed assessment of HCCDA worksheet no later than 1 October 2015.2. Completed strategic plan for completion of HCCDA factors no later than 1 October 2015.3. The following items have been identified to be completed during this budget period:1. HCCDA #1-10, 18, 19
2. CHO #1, 2, 7
3. MS #3
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| **Responsible Party:** | **Time to Completion:** | **Budgeted Amount:** | **Evaluation Measures:** |
| S. Seiler, MHPC HPC | May 2016 | $0 | 1. 100% of factors assessed2. Minimum of 50% of HCCDA completed within BP4 |

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| **Capability 1: Healthcare System Preparedness** |
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| **Gap Being Addressed and How Was Gap Determined:** |
| Due to decreasing budgets, many local agencies and organizations do not have access to adequate funding to support agency attendance at training, education, conferences, exercises, or other related events.  |
| **Activity / Project:** |
| **Stakeholder/Partner Travel** |
| **Goals, Objectives, and Strategy for Activity / Project:** |
| This initiative will improve the capability and increase the capacity of regional partners and stakeholders to plan, mitigate, and respond to disasters or emergency events through supporting attendance at events and meetings that focus on the utilization of best-practices and evidence-based data in preparedness and response activities.Funding will be utilized to reimburse stakeholders and partners for attendance at national and state conferences related to healthcare preparedness and response, applicable training and education offerings, regional or state exercises, or program work groups as needed.  |
| **Expected Outcomes:** |
| 1. Region stakeholder and partner attendance at national HCC conference.2. Region stakeholder and partner attendance at national Preparedness Summit.3. Region stakeholder and partner attendance at program education, training, exercises, and work groups. |
| **Responsible Party:** | **Time to Completion:** | **Budgeted Amount:** | **Evaluation Measures:** |
| Derrell Clark | June 2016 | $10,000.00 | 1. 100% increase of regional partners and stakeholders at national conference from baseline/previous year2. Conference, meeting, event evaluation or feedback  |

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| **Capability 1: Healthcare System Preparedness** |
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| **Gap Being Addressed and How Was Gap Determined:** |
| Capability 1, Function 3, 4. ASPR CHO 1The hospitals have stated a concern with the development of Hazard Vulnerability Analyses. Most utilize the Kaiser Permanente model, but have not received training regarding the methodology. In addition, they question its ability to meet their needs. While the hospital emergency manager may have some competency, there are many departments that are critical within the facility that must participate in the HVA and they often do not understand the process. The HVA is the cornerstone for all EM programs and must be as accurate as possible. In addition, the regional HVA was created in 2010 and was not completed in a proper manner. A new regional HVA should be created for future planning. |
| **Activity / Project:** |
| **Hazard Vulnerability Analysis Initiative** |
| **Goals, Objectives, and Strategy for Activity / Project:** |
| This project is a joint activity to be completed in coordination with the MATRAC and Triad Healthcare Preparedness Coalitions. The Metrolina Healthcare Preparedness Coalition will serve as project lead. The intent of the project is to provide technical support and education to regional stakeholders in planning and analysis methodologies to ensure home organizations or agencies are fully aware of and prepared for risks and hazards. Additionally, a regional HVA will be completed for each of the three regions, as well as an overarching summary for the western healthcare preparedness regions. The primary and essential members of the healthcare coalitions will participate, both virtually and in person. |
| **Expected Outcomes:** |
| 1. Contractor selected July 1, 20152. Online webinar training completed November 30, 20153. In person workshops in each region completed January 31, 20164. Completed regional HVA by March 31, 2015 |
| **Responsible Party:** | **Time to Completion:** | **Budgeted Amount:** | **Evaluation Measures:** |
| S. Seiler, MHPC HPC | 31Jan16 for training; 31Mar15 for HVA | $8,300.00  | 1. Training and workshop participant evaluations2. Percentage of participants from regional healthcare organizations |

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| **Capability 1: Healthcare System Preparedness** |
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| **Gap Being Addressed and How Was Gap Determined:** |
| Capability 1, Function 1, 2, 4, 5, 7. ASPR HCCDA 13During the last grant period, an effort was begun to improve engagement with Long Term Care and Assisted Living facilities within the region. The MHPC will continue this engagement through into this grant year, utilizing the guidance and feedback from partners last year. |
| **Activity / Project:** |
| **Continuing Care Engagement** |
| **Goals, Objectives, and Strategy for Activity / Project:** |
| This project is a continuation of a previous budget year activity focused on long-term care and assisted living facilities. The goal is to increase the capability among ancillary care facilities to adequately prepare for an event that affects the facility patient population. Face-to-face discussion is integral to engagement with small facilities, such as many of our Continuing Care facilities. Therefore, an effort will be made to meet with as many as possible during the grant year, but not less than one per month. During these meetings, the function and purpose of the MHPC and SMAT will be described, as well as information gathered on facility emergency planning needs. Feedback received from discussion with facilities last year, and from the workshops conducted, indicate that education is needed. Therefore, the MHPC will conduct two more Introduction workshops, to reach a larger audience, and also two workshops describing the need and process behind the development of Hazard Vulnerability Assessments and Emergency Operations Plans. |
| **Expected Outcomes:** |
| 1. Provide two Introduction to Emergency Preparedness Workshops for Continuing Care no later March 2016
2. Provide two HVA/EOP Development Workshops for Continuing Care no later than March 2016
3. Meet with 12 facilities by June 2016.
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| **Responsible Party:** | **Time to Completion:** | **Budgeted Amount:** | **Evaluation Measures:** |
| D. Clark, MHPC AHPC | June 2016 | $15,000.00 | 1. Participant evaluation and feedback forms 2. 75% increase from previous year  |

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| **Capability 3: Emergency Operations Coordination** |
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| **Gap Being Addressed and How Was Gap Determined:** |
| Capability 3, F3, E1. Current MHPC laptops have reached end of life, and can’t be upgraded to current standards for running iCam and other programs. Also, the MHPC Warehouse Wireless network does not cover the entire Warehouse floor, which makes use of iCams impossible in the area where most of the supplies are stored. It also makes it difficult to provide a wireless network during meetings, trainings, and other events at the warehouse. |
| **Activity / Project:** |
| **Information Technology Upgrade** |
| **Goals, Objectives, and Strategy for Activity / Project:** |
| Goal: To improve the available technology for managing the MHPC inventory, as well as supporting partner or deployment technology needs in the fieldObjectives:1. Appropriate replacement equipment will be researched and evaluated during the first month after grant approval.
2. The selected equipment will be purchased, received, and operationalized by the March 2016.

Strategy:1. Select a laptop or tablet style platform that is cost effective ($500-$700/each), lightweight, and durable.
2. Select a laptop or tablet style platform that has an anticipated 5 year life span for supporting upgrades.
3. Select an easy to use system for expanding the Warehouse Wireless network that can also be relocated in the event a new Warehouse was identified.
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| **Expected Outcomes:** |
| 1. Purchase of 5 laptop or tablet style platforms with appropriate protective cases and accessories.
2. Purchase an upgraded wireless router and at least 4 range extenders.
3. Improved wireless network coverage in the warehouse.
4. Upgraded functionality of portable technology for Warehouse and Deployment Operations.
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| **Responsible Party:** | **Time to Completion:** | **Budgeted Amount:** | **Evaluation Measures:** |
| T. Cryan,  | March 2016 | $5,000.00 | 1. Equipment evaluation when implemented |

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| **Capability 5: Fatality Management** |
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| **Gap Being Addressed and How Was Gap Determined:** |
| The MHPC has been planning with the Mecklenburg County Office of the Chief Medical Examiner for several years and planning is incomplete.  |
| **Activity / Project:** |
| **Fatality Management Planning** |
| **Goals, Objectives, and Strategy for Activity / Project:** |
| This is a continuation of previous budget year activity with Mecklenburg OCME and related partners. The intent is to complete mass fatality planning for the region in order to support surge capacity amongst the healthcare organizations.The MHPC will operate in a secondary role to this initiative, to support the primary partners in DPH. Any planning efforts related to the Regional Response Plan will be conducted in coordination with the established timeline for plan updates by NCOEMS Planning Manager. Previously, a concept of operations has been developed. The implementation plan of recovery/ storage/ processing has not been completed. This activity will focus on the following: written Fatality Management plan to include the North Carolina Fatality Management planner, NCOEMS Planning Manager, Mecklenburg County OCME, Mecklenburg County Sheriff Alert Team, and the MHPC and a consolidated list of Mass Fatality resources.  |
| **Expected Outcomes:** |
| 1. Completed and updated Regional Response Plan, to include Mass Fatality Annex, no later than June 1, 20162. Completed list of available resources no later than November 1, 2015 |
| **Responsible Party:** | **Time to Completion:** | **Budgeted Amount:** | **Evaluation Measures:** |
| S. Seiler, MHPC HPC | May 2016 | $0 | 1. AARs from drills or exercises.2. 50% of local jurisdiction and HCO participation. |

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| **Capability 6: Information Sharing** |
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| **Gap Being Addressed and How Was Gap Determined:** |
| Capability 6, Function 1. ASPR CHO 4, HCCDA 11, 12, 14A need for redundant communications has been identified in many guidance documents. In the current age, use of the internet as a communication tool is integral to continued coalition development and information sharing.  |
| **Activity / Project:** |
| **Information Sharing Augmentation** |
| **Goals, Objectives, and Strategy for Activity / Project:** |
| This a continuation of a previous budget period activity and completed in partnership with MATRAC and Triad regions.With the use of the MetrolinaPreparedness.org website, social media, and virtual meeting tools, information sharing across the region over the last year has shown to improve. This activity will focus on the following: continuation of GoToWebinar/GoToMeeting, continuation of SurveyMonkey and Hootsuite, website maintenance, continuation of TeamWork project management software to provide accountability and oversight for MHPC initiatives. |
| **Expected Outcomes:** |
| 1. Function website and information sharing tools.2. Projects and associated benchmarks completed on target and within timeline. |
| **Responsible Party:** | **Time to Completion:** | **Budgeted Amount:** | **Evaluation Measures:** |
| D. Clark, MHPC AHPC | May 2016 | $5,000.00 | 1. 75% of projects completed within established timeline and parameters.2. 50% increase in utilization of website and webinar from baseline. |

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| **Capability 10: Medical Surge** |
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| **Gap Being Addressed and How Was Gap Determined:** |
| Documented in regional gap analysis, as well as identified during recent exercises and training, business continuity planning is a gap among stakeholders. |
| **Activity / Project:** |
| **Regional Full-Scale Exercise** |
| **Goals, Objectives, and Strategy for Activity / Project:** |
| This activity is a continuation of the previous budget period exercise series. This activity will focus on a recovery scenario due to a medical surge event. The partners will have to maintain operations >96 hours and will then have to return to normal operations. The exercises will be held in September, October, and November of 2015. Exercises will be conducted over four dates and locations utilizing the primary partners of the region.  |
| **Expected Outcomes:** |
| 1. 4 separate exercises will be conducted September 9, September 22, October 12, 2015, and November 9, 20152. AAR and improvement plan from FY 2014 will be updated no later than January 1, 20163. Regional strategic plan will be completed no later than May 30, 2016 |
| **Responsible Party:** | **Time to Completion:** | **Budgeted Amount:** | **Evaluation Measures:** |
| S. Seiler, MHPC HPC | May 2016 | $0 | 1. AAR/IP completed from exercise |

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| **Capability 10: Medical Surge** |
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| **Gap Being Addressed and How Was Gap Determined:** |
| The lack of standardized guidance and operation related to first-receiver decontamination was identified through the regional and state gap analysis recently completed.  |
| **Activity / Project:** |
| **Standardized Hospital First-Receiver Guidance Development** |
| **Goals, Objectives, and Strategy for Activity / Project:** |
| Current status: During FY14, the MHPC facilitated a statewide initiative to develop standardized hospital first-receiver decontamination guidance and education for North Carolina utilizing a multi-disciplinary and multi-jurisdictional work group. The DRAFT guidance was completed in FY14 and is currently under review by subject matter experts. The education guidance is currently in development.This activity would focus on the following: completion of guidance, development of implementation and training plan, execute established plan in partnership with healthcare preparedness regions, conduct survey to assess guidance and identify updates or additional needs. |
| **Expected Outcomes:** |
| 1. Completed guidance submitted to NCOEMS no later than August 1, 2015.2. Completed implementation and training plan submitted to NCOEMS no later than August 15, 2015.3. Education materials, to include printed manuals, training aids, video aids, in order to standardize delivery no later than December 31, 2015.4. Survey executed and results gathered no later than July 1, 2015 |
| **Responsible Party:** | **Time to Completion:** | **Budgeted Amount:** | **Evaluation Measures:** |
| S. Seiler, MHPC HPC | June 2016 | $15,000.00 | 1. Participant evaluation feedback forms2. AARs/evaluations from site visits3. 30% of HCOs with guidance implemented beginning of BP5 |

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| **Capability 10: Medical Surge** |
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| **Gap Being Addressed and How Was Gap Determined:** |
| Due to equipment reaching end of cycle, maintenance needs due to usage, or expiration of supplies, operational readiness of SMRS assets needs |
| **Activity / Project:** |
| **SMRS Operational Asset Sustainment** |
| **Goals, Objectives, and Strategy for Activity / Project:** |
| The intent of this activity is to maintain the operational readiness of regional SMRS assets and resources in order to respond effectively during an event. This activity will focus on the evaluation and replacement of supply caches, replacement of expired or useable items, and maintenance of equipment to ensure a safe, functional state of readiness.This activity will provide for the following: adequate, temperature controlled storage for assets and resources, to include pharmaceuticals (warehouse lease and utilities); SMAT II regional cache; SMAT III sustainment; and AST capability maintenance based on identified all-hazards missions. |
| **Expected Outcomes:** |
| 1. Functional SMRS assets and resources available for regional or state deployment in support of ESF-8, health and medical. |
| **Responsible Party:** | **Time to Completion:** | **Budgeted Amount:** | **Evaluation Measures:** |
| Travis Cryan | June 2016 | $223,000 | 1. Current iCAM regional inventory2. Effective response of assets when requested based on AARs3. Annual asset/resource maintenance records |

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| **Capability 10: Medical Surge** |
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| **Gap Being Addressed and How Was Gap Determined:** |
| Capability 10, 3 Equipment and planning gaps related to HCO evacuation and patient coordination have been identified during Steering Committee meetings and the recent Gap Analysis. While all hospitals have a plan, many do not feel it is adequate. In addition, there is no regional planning related to evacuation |
| **Activity / Project:** |
| **Regional Evacuation/ Patient Coordination Program** |
| **Goals, Objectives, and Strategy for Activity / Project:** |
| Over the next 2 years, the MHPC intends to have a assessed the status of hospital evacuation planning, identification of critical resources shortfall, updated the regional response plan for evacuation and patient coordination, and develop an operational Bed Availability Center/ Medical Intelligence Center. This will be completed by utilizing the work of NCHA-NCOEMS/HPR&R work group to define and develop bed availability process and planning. MHPC will identify regional SMEs to identify gaps in planning, education, and equipment. They will develop a strategic plan for meeting the gaps and will be essential in implementation. Year 11. Regional Evacuation Planning Committee established: This work group would identify to current capabilities and gaps. This team will be from hospitals, public health, EMS, EM, and NCOEMS. They will develop a strategic plan to identify and fulfill the gaps.

Year 21. In collaboration with HPR&R Program recommendations and plan updates, develop regional evacuation/patient coordination plan.
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| **Expected Outcomes:** |
| Year 1 Outcomes* Evacuation Committee will be established will be established by September 1, 2015
* Strategic plan for development of the program will be completed no later than January 1, 2016
* Draft Bed Availability Center/ MIC plan will be completed and exercised no later than June 1, 2016

Year 2 Outcomes* Regional Evacuation plan will be completed
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| **Responsible Party:** | **Time to Completion:** | **Budgeted Amount:** | **Evaluation Measures:** |
| S. Seiler | June 2017 | $0 | 1. Conclusions from plan and resource assessment2. AAR/IP from exercises |

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| **Capability 15: Volunteer Management** |
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| **Gap Being Addressed and How Was Gap Determined:** |
| By monitoring ServNC Message responses and annual participation hours it has been determined that the Metrolina SMAT is made up of a core group of medical and non-medical volunteers that is approximately only 30-40% of the current roster. Also, despite making the components of the Initial Training extremely available, there is still a gap in active members who meet the minimum training standards. |
| **Activity / Project:** |
| **Volunteer Recruitment and Retention** |
| **Goals, Objectives, and Strategy for Activity / Project:** |
| Goal: Increase the number of volunteer medical and non-medical members of the Metrolina SMAT, as well as improve training outcomes and engagement opportunities for current members. Objectives:1. By the end of the FY, increase the Metrolina SMAT Active Group Roster by 50%.
2. During FY 15-16, engage Metrolina SMAT Volunteers in at least 3 MHPC events, education, training, exercises, and other activities to include those hosted by other regions.
3. During FY15-16, provide at least 3 opportunities for Metrolina SMAT Volunteers to complete the Initial Training Program (3 Online Courses and 3 hands On Training days).
4. During FY15-16, continue to engage Metrolina SMAT Volunteers in maintenance of the MHPC SMRS equipment and supplies.

Strategy:1. Establish a recruitment section, a recruitment plan, and work with regional partners to obtain recruitment opportunities.
2. Include volunteer support in plans for regional exercises, and partner activities like the May Races hosted by Cabarrus EMS.
3. Continue to partner with CPCC to provide online, hands on, and monthly training opportunities for the team, region, and state.
4. Continue to develop the Metrolina SMAT Logistics Section to assist with warehouse and deployment operations.
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| **Expected Outcomes:** |
| 1. Completion of three online and three hands on training events no later than June 1, 2016
2. An increase in the Active Roster from 24 to 36 members who have all completed the minimum training, and can deploy outside the local area.
3. Be able to provide at least 75% of the volunteers needed for any MHPC or partner request.
4. Ensure volunteers have able opportunities for participation to maintain engagement and support operational readiness.
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| **Responsible Party:** | **Time to Completion:** | **Budgeted Amount:** | **Evaluation Measures:** |
| T. Cryan | June 2016 | $0 | 1. 50% increase in membership.2. 75% of volunteers rostered during event or request.3. |