



The Hospital + Healthsystem  
Association of Pennsylvania

*Leading for Better Health*

Statement of The Hospital and Healthsystem Association of Pennsylvania

Before the

Joint Informational Hearing  
of the Senate Veterans Affairs and Emergency Preparedness Committee  
and the Health and Human Services Committee

Submitted by

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Harrisburg, Pennsylvania  
June 14, 2017

Chairs Senators Vulakovich and Baker and Committee Members, thank you for the opportunity to provide comments regarding the Commonwealth's Hospital Preparedness Partnership Program between the Pennsylvania Department of Health (DOH) and The Hospital and Healthsystem Association of Pennsylvania (HAP).

My name is Thomas Grace, and I am HAP's vice president, emergency preparedness. HAP represents and advocates for the nearly 240 acute and specialty care hospitals and health systems in Pennsylvania and the patients they serve. HAP's emergency preparedness team supports preparedness activities for Pennsylvania's hospitals and health care facilities and the regional health care coalition as they as they prepare for and respond to a wide array of emergencies.

My testimony will focus on the following main points:

- An overview of the DOH/HAP Hospital Preparedness Program Partnership and the federally-defined capabilities it addresses
- HAP's activities and accomplishments through the partnership over the past five years
- The direction of the partnership and anticipated HAP activities for the next five years based on federal guidance and DOH work plan/new partnership contract
- Keeping Pennsylvania's hospitals prepared for emergencies of all kinds

## **The DOH/HAP Hospital Preparedness Program Partnership**

The DOH initiated a partnership with HAP in 2011–12. The partnership became operational in June 2012 with the deployment of seven members of HAP’s emergency preparedness team in regions across the state. Consistent with the contract Statement of Work, the team’s primary role has been:

- Promoting and facilitating health care emergency preparedness among hospitals, specialty health care facilities, long-term care facilities, and community health centers throughout the Commonwealth.
- Assisting DOH and facilities to implement the Capabilities and Functions prescribed under the Hospital Preparedness Program (HPP) federal funding program requirements, including:
  - Health system preparedness
  - Health system recovery
  - Emergency operations coordination
  - Fatality management
  - Information sharing
  - Medical surge
  - Responder safety and health
  - Volunteer management
- Helping to build a regional coalition approach to health care preparedness across the state. The focus of the partnership’s activities has been to build upon and expand the work of the pre-existing nine regional task force (RTF) health and medical structures.

## **DOH/HAP Partnership Activities and Accomplishments**

HAP’s emergency preparedness team members have been actively engaged with the Commonwealth’s health care facilities by making on-site visits; supporting the review and update of facility, hazard vulnerability assessments, and emergency operations plans; and participating in planning and evaluation of their response to exercises and real events. Because of this activity, Pennsylvania hospitals’ emergency plans have been tested and updated to support effective and coordinated responses to an array of emergencies.

HAP’s emergency preparedness team members have actively engaged in supporting BPHP leadership, registration, training, use, and exercise of the Knowledge Center Healthcare Incident Management System (KC-HIMS). KC-HIMS is the statewide information sharing program that facilitates situational awareness and health care incident management that interfaces in real time with PEMA’s Knowledge Center Incident Management System.



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As of June 1, 2017, the HAP's emergency preparedness staff have registered and trained more than 6,700 program users since the program went live in October 2013. HAP's emergency preparedness staff supported BPHP staff in identifying opportunities for improvement and testing revisions as they become available. Most significant has been the improvements to the patient tracking module and KC's development of an "App" to support this capability. This function was used during the Amtrak derailment, Papal visit, the DNC, 2017 Groundhog Day, and several other smaller incidents. This "patient tracking" function allows identification of patients from an event and their location for medical care. It also efficiently supports reunification of families with patients.

HAP's emergency preparedness team worked with coalition partners to adopt a common Statewide Mutual Aid Agreement (MAA) that was completed and distributed in July 2014 for health care agencies in all regions of the Commonwealth. The statewide MAA opens participation to all coalition member health care agencies across the state, clarifies signatory roles and responsibilities, and assures consistency and assistance within a region as well as statewide, as needed. As of June 1, 2017, more than 290 health care facilities (including all licensed acute care hospitals, many long-term care facilities, and four local health departments) have adopted and signed the statewide MAA. The agreement was exercised and implemented during several regional emergencies and events.

The HAP emergency preparedness team has supported facilities, communities, counties, regions, and statewide emergency response and management activities for the full array of emergencies and events experienced in the Commonwealth during the past five years. The HAP team's activities are coordinated via the DOH Emergency Preparedness Liaison Officer (EPLO) who communicates with DOH staff and PEMA. Each month, the HAP team monitors an average of 50-60 incidents that impact health care facilities, such as such as facility-based fires or other internal incidents. The team provides follow-up activity to the incidents or other support/response 10–12 times a month. In addition, naturally occurring events such as heavy rain, wind, snow, and ice impact health care facilities in ways such as:

- Power service disruptions
- Water system failures due to water main breaks, loss of pressure, and potential contamination; and service/pressure/boil water advisories
- Heating and cooling system service disruptions due to power, natural gas, and central steam system disruptions
- Communications impacts to telephone, cable, Internet service outages; denial of service attacks
- Highway road access
- Chemical spills
- Bus crashes

Some of the most notable incidents involving direct facility response and support have included:

- The widespread impacts of Hurricane Sandy during September 2012, just six months into the partnership. HAP's emergency preparedness team supported 38 acute care, 98 long-term care, and three intermediate care facilities that had interruptions to power and other utilities services. The coordinated efforts of HAP, DOH, PEMA, PA National Guard, Army Corp of Engineers, and FEMA (supported by the utility companies, PUC, and state leadership) prevented the evacuation of these health care facilities.
- Franklin Regional High School knife attack that injured 21 individuals during April 2014
- Mercy Fitzgerald active shooter incident during July 2014 that injured two individuals and one fatality
- Ebola virus disease crisis starting during October 2014 when HAP's emergency preparedness team guided hospital preparations, training, and participated in the CDC/DOH Ebola treatment center review and designation process; supported and facilitated general hospital training and exercises; and supported the hospitals experiencing admission of "Persons Under Investigation"
- Amtrak derailment during May 2015 that injured 200 individuals (11 critically) and eight fatalities
- I-78 snowstorm crash during February 2016 that involved 64 vehicles and injured 73 individuals

HAP's emergency preparedness team also supported the planning and coordination of services for a variety of special events, such as Groundhog Day, Little League World Series, a variety of airshows and regattas, NASCAR races, several national golf tournaments, Papal visit, DNC, and NFL draft.

For the Papal visit, the HAP emergency preparedness team staffed "health care coordination desks" at both the Philadelphia and Montgomery County Emergency Operations Centers. Critical activities included tracking 438 patients in the first aid stations, communication of road closures, coordination of access to/from the 12 health care facilities isolated by security barriers, facilitating 78 patient transfers, 179 deliveries of pharmaceuticals and radioactive materials and other supplies critical for diagnostics and treatments, 98 patients in labor with subsequent deliveries, and the transport of patients and organs for 19 transplants. The team also coordinated access for homecare and hospice staff and resolved variety of other health care related issues as they arose.

## **The Partnership Going Forward**

As described by Deputy Secretary Barishansky, the latest federal guidance philosophically shifts from health care facility-based preparedness to health care community-based preparedness. With this, the funding shifts from individual health care facilities to regionally-based Health Care Coalitions (HCCs).

With this change, the DOH/HAP Partnership has established updated activities and services for HAP as follows:

- Provide operational support for HCCs
  - Foster increased and expanded HCC membership and involvement
  - Support development of HCC emergency operations plans
  - Support implementation of HCC projects to meet regional needs
  - Support HCC exercises
- Continue to support DOH Bureau of Public Health Preparedness (BPHP) activities
  - Support/administer Knowledge Center/health information management system
  - Support/manage statewide mutual aid agreement
  - Support/advise BPHP and health care facilities preparedness activities
- Assist DOH and the HCCs in implementing the capabilities and functions prescribed under the newly released Hospital Preparedness Program (HPP) federal funding program requirements. The new capabilities reflect a consolidation of the previous eight capabilities to the following four:
  - Strengthening the foundation for HCC and health care readiness
  - Improving health care and medical response coordination
  - Strengthening the continuity of health care operations
  - Coordinating medical surge management
- Provide financial management for the HCCs (total budget for nine HCCs—\$3.2M)
  - Support coalitions in development of HCC budgets for HCC identified projects
  - Provide HCC financial planning, management, and reporting
  - Provide purchasing of budgeted and approved supplies, equipment, and services for HCCs
- Continue to provide staff “Health and Medical Operational Support” at the local, regional, or state level as needed



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## **Keeping Pennsylvania’s Hospitals Prepared for Emergencies of All Kinds**

For more than a decade, government, hospitals, and other stakeholders have worked together to identify and prepare for the many different types of emergencies that could affect local communities, regions, the Commonwealth, and our nation. This “all-hazards” approach to preparedness is a recognized best practice and includes preparation for emergencies related to weather, public health, and casualty generating events. HAP and hospitals collaborate regularly with all levels of government on this important work.

For the past five years, the DOH/HAP Partnership has promoted health care facility preparedness, built the foundation for regional health care coalitions, established information sharing capabilities recognized as best practices, and responded to and successfully managed a wide array of emergencies affecting health care facilities. The results have minimized these emergencies’ impact on Pennsylvanians’ ability to access health services as well as minimized the health facilities’ ability to provide these services.

Finally, Pennsylvania’s most vulnerable individuals rely on the specialized care and services provided by Pennsylvania hospitals in times of emergencies. For example, trauma centers and burn centers provide highly skilled teams of medical specialists to provide care during and after an occurrence of trauma or burns. Critical access hospitals provide inpatient services in some of Pennsylvania’s most rural communities. It is critical that these hospitals continue to receive supplemental Medicaid payments to continue providing these services to the state’s most vulnerable and medically needy citizens as well as to serve in times of disaster.