ASPR December Hospital Association Recipient Webinar Transcript
December 15, 2022
Call Transcript

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Megan Wassef: I will now pass it over to Jennifer Hannah, who will open today's call.

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Jennifer Hannah: Good afternoon, everyone, and thank you for joining us today. Before I hand it over to our first presenter, I would like to provide a brief overview of what we will cover today. Next slide, please.

First, Rachel Lehman, the Acting Director of ASPR TRACIE, will share information on current and upcoming ASPR TRACIE resources. Afterwards, Dr. Richard Hunt will lead a discussion on the health care preparedness and response capabilities update, and share an overview of what we will, what will be featured in each capability. Finally, we will leave some time at the end for questions. Next slide, please.

Now I'll turn it over to Rachel.

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Rachel Lehman: Thank you, Jennifer, and good afternoon, everyone. It is a pleasure to be here. Next slide.

This slide highlights select, newly released ASPR TRACIE resources. First, we have the Disaster Available Supplies in Hospitals Tool, or the DASH tool, which was released in August and developed in collaboration with Health Care Ready, the Health Industry Distributors Association, the Region 7 Disaster Health Response Ecosystem, and many other subject matter experts. And I know that the ASPR TRACIE team gave a pre-release demo of the DASH Tool to the Hospital association back in July, but the tool is now available and ready to use and can be accessed at dashtool.org. For anyone not familiar with the DASH Tool, it is intended to help hospitals to understand what supplies they need to have on hand for the majority of incidents that may occur in their area. Using this tool, emergency planners and supply chain staff can estimate products that may need to be immediately available on site at a hospital during various mass casualty incidents, and infectious disease emergencies.

The DASH Tool is comprised of four modules: pharmaceuticals, burn, trauma, and personal protective equipment (PPE). The modules are designed to be complementary to prevent the duplication of supply estimates, and while each module can be completed on its own, users are encouraged to complete the hospital pharmacy, burn and trauma supply modules to generate a full list of supplies needed for a mass casualty incident. And as the Sudan Ebola outbreak continues in Uganda, hospitals may want to use the PPE module to estimate which types of and how much PPE would be needed of a symptomatic patient with a relevant travel history or other potential exposure arrives at their hospital. And then the complement the tool into assist users, we've also created a fact sheet, a comprehensive FAQ document and a great 20 minute demo video where our senior editor, Dr. John Hick, walks through how to use each module. And we hope that the utilization of the tool can inform discussions between hospital and supply chain partners. And we're always looking for feedback and user experiences, so if your members

have feedback to provide, or if they have ideas for enhancements to the existing four modules or ideas for new modules, please let us know; and you can email any feedback to askasprtracie@hhs.gov.

Moving forward, we recently released issue 16 of The Exchange, which focuses on decedent management during disasters. This issue features five articles discussing disaster mortuary operation response teams, decedent management in New York City and Michigan during COVID-19, and fatality management after two very different mass violence incidents: the Robb Elementary School shooting in Uvalde, Texas, a rural area, and the Route 91 Harvest Festival shooting in Las Vegas, which happened in 2017. All of the articles have actual lessons learned, and they're really both incredibly, all of them are incredibly informative and quite touching, so I highly recommend you check out issue 16 of The Exchange.

We've developed chemical emergency considerations for health care facilities checklist. We noticed this does complements the health care coalition chemical surge planning template and exercise toolkit. We continue to update and add resources to our Mpox resource page, and we recently consolidated our avian influenza resources into a quick facts document. Additionally, and related to the quick facts documents, our influenza epidemic/pandemic topic collection now feature an avian influenza section. And then finally, as hospitals across the nation are still struggling with the pediatric surge and respiratory illnesses, we have developed a pediatric surge resource page in collaboration with inter- and intra-agency partners and subject matter experts. And we've also released three related tip sheets on hospital stream mitigation strategies considerations for improving hospital pediatric surge and improving regional pediatric surge. And we also have a really great technical assistance response that provides clinical decision support tools developed by hospitals for the use of high flow nasal canyon on pediatric patients. Next slide.

We have also been a very busy refreshing many of our topic collections and resources, some of which can be seen here. Please note that all three of the Health Care Coalition Focus collections were updated, and to coincide with the release of our Exchange on decedent management, we updated our fatality management, and family reunification and support collections. And then two of our most popular resources have been updated; the evaluation of hazard vulnerability assessment tools, and the health care system cyber security, readiness and response considerations, documents. And then, finally, we have numerous new speaker series presentations that may be of interest to you. And then last month we hosted a webinar and collaboration of our NETEC colleagues which focused on incorporating lessons learned from managing special pathogens. And then coming up later this month, we'll be releasing our updated Partnering With the Health Care Supply Chain During Disaster's Documents, and in January we'll be releasing a new on campus hospital armed assailant planning considerations document, and we're very excited for that.

And then, as always, please continue to keep a look up for new ASPR TRACIE resources via the weekly NHPP Newsletter and our monthly Express Newsletter, and if you have any questions or really need anything, please do not hesitate to reach out to our system center. Next slide.

And I'll open it up if there are any questions for TRACIE.

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Jennifer Hannah: And just as a reminder, you can certainly submit a written question by selecting the chat icon and entering it there, and to ask your questions verbally select the participants icon, and then raise your hand and we will open your mic so that you can ask your question live. But please feel free to ask any questions that you may have for Rachel regarding any of the. ASPR TRACIE resources.

Rachel, I'm Not seeing anything in the in the chat, but I know that Rachel will still remain on the on the line for if anything comes to mind a little bit later, during our general Q&A session where you can ask any questions that that you may be thinking but may not have come to mind at this point. But I certainly want to thank Rachel and the entire ASPR TRACIE team for putting together such comprehensive and relevant materials. and I hope that all of you and any of your member health care facilities find those materials useful.

So, I will now pass it over to Dr. Richard Hunt for today's discussion on the health care, preparedness and response capabilities.

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Richard Hunt: Thanks, Jennifer. My name is Richard Hunt. I'm the Senior Medical Advisor for the National Health Care Preparedness Programs Branch here at ASPR. Today we're going to discuss the health care preparedness and response capabilities update and share an overview of what will be featured in the document. We last presented on the capabilities in this Webinar, back in May, where we spoke about the objectives of the update, and got your feedback on the initial proposed topics for discussion or for inclusion. You're going to see today that our objectives for the update remain the same, but we have refined the capability topic areas and really look forward to sharing our vision for the future capabilities with you today. Next slide, please.

The updated health care preparedness and response capabilities are going to set the vision of health care readiness for health care delivery across the nation. Again, the focus being health care delivery. This document lays out a system-wide vision for how health care systems can function to save lives during disasters. The capabilities are not cooperative agreement requirements. The capabilities are being updated to include insights learned during COVID-19 and other recent response efforts. The past years of responses have also revealed many, very at the forefront of pre-existing health, medical, and public health sector frailties from which we can draw critical lessons about what the gaps and challenges were to the health care delivery system and what needs to change moving forward.

During the COVID-19 pandemic, a broad range of health care delivery components needed to adapt and respond to save lives. This reality has informed our goal of updating the capabilities, so that they speak to all entities that participate in healthcare preparedness and response functions. This includes not just hospitals, but EMS, long-term care, primary care, home health care, and others.

The past years of responses also have made clear the structural inequities of our current health care system. We have seen the disparities, the disproportionate impact on communities of color and individuals with access or functional needs. The updated document will continue to make

equity paramount in all activities with the goal of ensuring access to consistent levels of health care, especially in underserved and historically marginalized communities. Next slide.

The updated capabilities will be national in scope, and while the previous capabilities, the 2017-2022 capabilities focused mainly on foundational abilities of health care coalitions, this iteration of the capabilities will focus more on patient care, coordination, and what is most critically needed to save lives and ensure health care continues to function during the response. The previous capabilities will certainly still be available as a resource. This iteration is intended to set the functions for all health care organizations and coordination entities working to support the continuum of care. We think of these updated capabilities as a living document which will be updated as needed to adapt to developments in preparedness and response. Therefore, it will not have a fixed update cycle like the previous capabilities. Next slide.

As we update the capabilities, we're working to incorporate content specific to the challenges all involved in healthcare delivery we have experienced in the past several years of responses, including challenges and lessons observed from COVID-19. But we also are aware of and want to incorporate the lessons that were learned from sometimes simultaneous responses, for example, COVID-19 and wildfires, tornadoes, floods, etc. The full list is on the slide. But I'm going to highlight a few first.

We are focusing in on how to prevent surge to save lives, giving the recent study from the NIH suggesting that one in four COVID-19 deaths are possibly attributed to hospitals with surging caseloads -- this is critical. We've always been aware of the detrimental effects of surge, but with this study that effect is quantified, providing a clear goal to work together toward and make sure that we prevent that in the future. We're looking at surge through the lens of patient movement in particular, because of how critical it can be in effectively managing strain on the health care continuum. Related to this, we're going to have a focus on clinical integration into incident command and facility-based incident command to support the prioritization of patient transfers and suggest coordination structures like medical operations coordination centers, or MOCCs, for patient movement solutions given the state of burnout, moral distress, and workplace safety during the health care in the health care workforce. Today, this document will home in on actions the health care delivery system can take to support the health care workforce and ensure resilience.

Related to this issue is that of the health care workforce staffing crisis. This document will provide objectives to augment the health care workforce numbers to ensure adequate staffing across the spectrum of health care, delivery because we know it is crucial to the resilience of the workforce and the continuity of patient care during a response. And finally, we're going to be able to provide actions to address how to operate in the face of PPE, medication, and resource constraints, some of which you are probably experiencing today, especially in rural and frontier areas given the intense strain on facilities across the nation due to the supply chain difficulties and widespread shortages. Next slide.

Here the 8 proposed future capabilities. They include incident management and coordination, patient movement, workforce, operational continuity, resources, information management, specialty care, and community integration. Due to the limited time that we have today, we're going to spend the bulk of our time on a few capabilities where we are looking for your input: patient movement, workforce, and information management. However, we will look forward to

sharing the remaining capabilities with you at a later date, so please keep in mind that these capabilities may still change. Next slide, please.

Throughout this presentation we want to ask you all a few polling question and discussion questions to start off, it would be helpful to get your input on where you think your organization's strongest capabilities are. I don't think we identify you by who you are, where you are, where you're coming from, I think these are not identified in terms of that. So, if you could, please respond to the poll, and if our support team has any special instructions around that, that would be helpful.

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Megan Wassef: So, feel free to just respond here, and the results should update live.

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Richard Hunt: And I'll just go ahead and read it while you're working on responding. You can read it a whole lot faster, and I can read it out loud. Which one of the following health care capabilities is your state or territory's strongest capability, and the options are incident management and coordination, patient movement, workforce resources (for example, resource sharing), operational continuity, information management, specialty care, and community integration. And we'll wait for a while for people to respond to this.

Looks like about 34%, about 16 out of all those on the call have responded. Great! Let's wait a about a minute more. It'd be really good to see some additional responses to get sort of a critical mass here, then we're going to show the responses so everybody has a sense of how people are feeling across the country and where the strongest capabilities are.

All right, Megan. Let's see what those results look like.

How about that?!

Well, as I just take a look at this, nobody said workforce was their strength, that's for sure. Sort of reflecting what's going on, and what everybody's seeing. But it's pretty striking that incident management and coordination led the pack here with 56%, and resources, resource sharing, for example, at 33%. Don't be shy about responding to these again. Well, it's not like these are graded, or you don't get grades on this. It's just trying to get some situational awareness on where we are with these capabilities. Appreciate that.

All right. let's go ahead and close this poll and go to the next slide, please. We've got a few other polling questions as well throughout the presentation. So again, now you got a little familiarity with it, jump on it as soon as you can.

All right, so this slide shows an example of how we're structuring these capabilities in the actual document itself. This is, again, this is the draft document. Here we're using workforce as an example. Each capability will have introductory content describing a desired outcome, and then a description of what the capability actually entails, and its importance. Then the capability will be broken out into objectives, as you see on this slide. The objective is sort of the overarching things to do to achieve the outcome, so here we're looking at Objective 1.3 in the workforce for each and yes, it’s a really small font, hard to read, and so forth. But again, we're just trying to portray an example what it's going to look like for each objective, this one being Objective 1.3 in the workforce capability. There are detailed activities which are specific actions stakeholders

across the continuum of care can take to achieve that objective, and for each activity we plan to include what we believe are probably the primary stakeholders who will likely be the most focused on that activity.

Each activity will have a corresponding section. You see the column there labeled Resources, where we'll include direct links to toolkit studies, guidance, and other materials that support implementation. Again, trying to make it as user friendly as possible. You might be unfamiliar with a specific activity you can go directly to the link and find out more and supporting information. We're trying to really structure these to enhance usability and enable the end user to jump to information quickly. Next slide.

So, this capability that we're describing here is patient movement. Our design, a desired outcome for patient movement is, the patients are efficiently equitably and effectively transported distributed across a region in relation to patient care needs to prevent and mitigate the impact of surge. The patient movement objectives cover multiple types of patient movement. The primary distribution of patients from a scene to a hospital, for example, reactive unloading of facilities in response to a no notice incident where the closest hospital, for example, would be overwhelmed and secondary transport -- secondary transfers to support low balancing to prevent and mitigate the impact of surge. It also focuses on developing structures for regional patient care, monitoring, and coordination, such as medical operations coordination centers, and ensuring that clinical expertise is integrated into those structures to help prioritize patient movement. So here are the objectives for this capability. Let's go to the next slide, which is another poll.

This this is like one of the bimodal or yes/no kind of response, so pretty straightforward. The question is, “have you participated in or helped to stand up a medical operations coordination center or a similarly functioning coordinating entity that supports patient movement outside of steady state patient transfer patterns?” So again, we use medical operations coordination center as a term, but we also recognize there are multiple other entities with similar functionality -- so it's a coordinating entity for a patient movement.

So, jumping on this one with a yes or no would be really helpful just to see where we are with that. And Megan let me know when we reach a little bit of a critical mass with that. That would be really helpful.

Well, that's pretty fast. All right, we're about at 37%. So, if you'd like I can end the poll and share those results. Yeah, let's do that. Yeah. Okay. You see them right along with me.

63% indicated yes. 38% indicated no.

I'd say close to teeth, there was, I don't know, 63, 66%. But that's for me. Personally, a bit more than I anticipated. But I also know you know we're like, I guess you said 37% responded to it. So, we haven't reached critical mass with the polling results, but we certainly have some indications about what's going on. Thank you very much. We have another question here coming up to next, please.

This one is a little bit yeah, multiple choice. You get the option of multiple responses to this one. This question is “What activity, strategies or techniques have hospitals within your state or territory used that have been successful for patient movement?” And I'll read them as you’re reading them as well.

First option, identifying clear triggers, for example, for initiation of a medical operations, coordination centers activities. The aligning on indicators to assess facility strain, including clinical expertise, to guide, transfer and care and place decisions. Establishing stakeholder agreements that allow for collecting and sharing of health care system data. Authorizing medical operations, coordination centers, or similar entities to compel acceptance of a transfer of patients that are high risk of deterioration, because they are at a hospital that does not offer the capacity or capability to provide care and then “other.” In terms of the “other,” that “other” box, you can click on that box. As you know, it's a, you have multiple options for responses here, but you can put in the chat other things that we haven't listed here that have been really helpful for hospitals that have engaged with state or territories to achieve success with the patient. We would be great to see some of those in the chat if there's some other strategies we haven't listed there.

Again, if there's other strategies that have been successful that you want to share in the chat, that'd be great for all of us to see.

I would give this one like a few more seconds. All right, let's see the response is this. Wow! It's a lot of information; I’m processing this right along with you.

With the highest percentage, “having the inclusion of clinical expertise to guide, transfer, and care in place,” it's 71%. The next highest is 50% for “aligning on indicators to assess facility strain and establishing stakeholder agreements.” Fascinating. And if you want to, like, raise your hand, I mean, there's you know it's not like we have 500 people on this call, if you want to raise your hands and comment on this, we'd welcome that -- especially the person that did or the individuals that did “other.” I realize it's a small number of respondents, but still, it's a fascinating bell curve there all right. Well let's stop there, and feel free to you know, as I move through this to go ahead and add additional comments afterthoughts in the chat there. Let's go to the next slide, please.

So, moving from those couple of polling questions which actually I have been fascinated by the results --I didn't expect some of those for sure -- now, let’s go to the workforce capability.

So, for workforce capability, we start with a desired outcome for each of these capabilities. The desired outcome we have in mind for this one is a resilient, adequately resourced, protected, and supported health care workforce that can adapt during and after a response. The objectives for workforce are intended to provide actions to maintain the health care workforce in steady state and ensure that they're trained to adapt to a new disaster, different roles in disasters, and different responsibilities. This capability also touches on how the workforce is recalled or deployed to address acute health care needs, and finally, we're including actions to ensure that the health care workforce is supported during response and recovery. Next slide.

During recent response efforts, what workforce augmentation strategies have been successfully used in hospitals within your state or territory, and the key word here is which of these, I mean, a lot of people have been using a lot of strategies, but it would be really helpful to know which ones have actually worked in terms of getting a workforce back to where it needs to be. So, I'll just read the options here to fill time while you're responding to these (I think these are like multiple choice as well): Staff and agreements, contracts with external providers, staff sharing plans with other local or regional facilities, telemedicine, volunteers, federal programs. or “other” and again, with the “other” if you're sharing the chat what that “other” is, or raise your hand, that'd be great.

Okay, yeah, a multiple choice, might take a little while, but for those of you who have already responded and others that might we have a follow up question to this one, too, to think about before we see these results, and that's going to be “What is critical to the success of these strategies?” I think everybody searching for these answers, and so to share them will really help. All right. what do you think? Ready? I think so. 30 or 40%, we just reached that. 40%, whoa! Okay, All right. You're seeing them for the first time, right along with me.

Telemedicine 72%, and then staffing agreements (contracts with external providers) 67%. My own personal reaction to this: what I saw like, okay, here are the options, I thought staffing agreements would be number one, the telemedicine one. while in some respects intuitive to me, I'm not sure I would have expected that. Very, very helpful.

And what's particularly interesting to me is the question about what is successfully used by hospitals. And its hospitals that I mean, based on these responses, hospitals are using telemedicine successfully to augment the workforce challenges, and you know, many think about telemedicine. When I talked to family and friends or talking about like telemedicine, like to the primary care provider, but this is fascinating that the hospital utilization of telemedicine. So yeah, thank you very much for putting that up and for all those who participated. I really appreciate that.

The next as a discussion question, and it may be that you just need to answer this internally by yourselves, but it would be helpful to share if there have been, you know, really critical, like branch points that helped you get successful with these strategies. It would be great to have people share those verbally in the chat. Otherwise particularly interesting about like what made it so. A hospital could like really use telemedicine successfully to help augment the workforce challenges.

All right, I'm not seeing any but feel free, and even if we move on -- we're gonna move on to the next slide, but feel free to share in the chat or we'll have time at the end as well for input too. All right, let's go to the next slide.

I want to focus next on another capability and that's information management. Again, we start each of these with the desired outcome. The desired outcome for information management is a health care delivery system where all partners can access, analyze, use, and report, healthcare system and response information through appropriate platforms consistently and within a useful timeframe. The objectives focus on effective response coordination, which relies on a common operating picture for decision making about operations, clinical care, community care and patient distribution. This requires bi-directional exchanges of information among facilities, EMS coalitions, state, regional and federal systems -- and yes, I realize we're articulating here an ideal statement that doesn’t reflect necessarily on our current reality.

Next slide, and it's a poll! Has your Hospital Association supported the sharing of objective and subjective information during a response? Yes, no? But I think I mean that it's sort of like objective and subjective information. So have you, has your association supported both objective and subjective information sharing for internal response.

And for those of you that have already responded the discussion question that's coming next is “are there examples you could share of how your organization has best supported real-time information sharing across hospitals and other organizations?” One of the things particularly I double down on, personally, when I look at our desired outcome, is it being useful in real time.

Megan? Is it slowing down, or still coming?

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Megan Wassef: Looks like it's slowed downward about 31%. I can end it and share the results now if you like.

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Richard Hunt: Yeah, let's go ahead and do that. Wow! A lot said yes -- applied those efforts, that's great! All right, next slide.

It may just be a rhetorical question, but I think it's an important one, “are there specific examples about how your organization has best supported real-time information sharing across hospitals and other organizations?” At least from my observation, I think there was a lot of novel, many novel approaches to really respond to when COVID was really in some critical phases. And If any of you are willing to share those that'd be great in the chat or raise your hand. All right, let's go to the next slide

I want to share some take-home messages here while we continue developing this version of the capabilities there's the key takeaways we want to get across. The capabilities are first and foremost intended to save lives and ensure the continued functioning of health care. Our hope is that there will be these will be the North Star for future guidance, partnerships, policies and investments in healthcare preparedness and response. We learned from COVID-19 and other responses that preparedness and response requires coordination. The cooperation of people and entities across communities, across entities that are industries, professions, and regions. Our vision is for a highly coordinated health care delivery system that works together and across the public and private sectors, building connections and functioning cohesively. And finally, we want to drive home that the capabilities provide actions to save lives across the entire life cycle, preparedness, response, and recovery. Next slide, please.

So, big thank you for the input particularly in those polls. And this is not the only opportunity that you have for input, please submit questions or written feedback about the capabilities to myself, and I think the next slide has my email and Jennifer's email address. I’m going to open this up now for any questions from the audience.

Might be the first time. I've never had questions from 42 people. It might be that people have shopping for a holiday on their mind, I don't know.

Jennifer, I'm going to turn this back over to you. But, again, I really appreciate the participation in the polls. I mean there are some real insights there in some of those responses, even though, you know, sometimes we've got like 30%. There are some real insights there, and surprises for sure in in positive ways. Thanks, Jennifer and, thanks to all of you.

00:47:07.180 --> 00:49:09.810

Jennifer Hannah: No, certainly, thank you, Dr. Hunt. I want to thank everyone as well for your participation in those out in those polls, but certainly again, I want to thank Dr. Hunt for leading a really productive discussion. And, you know, just want to make sure that we are ensuring that we are keeping everyone updated and as Dr. Hunt stated, this is not the last time that you'll see this information. As we continue with our development, we'll certainly bring this in front of this group again, and there also will be later opportunities for you to provide comments and

feedback, and really see a more detailed actual document which we are anticipating we will have draft capabilities available for comment and sharing in early 2023. So, if we could go to the next slide, please.

We have a few minutes before the top of the hour, so we wanted to open up the line for any other questions, either for the presenters or any questions that you may have for ASPR in general. As a reminder, you can submit written questions using the chat icon, or ask the question verbally. You can select participants, and then raise the raise hand icon. So, as stated to you, any questions that you can direct to Rachel regarding any of the ASPR TRACIE resources, or Dr. Hunt, regarding the capabilities. And if we have an answer we'll answer, or we'll get back to you in follow-up.

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Richard Hunt: Jennifer actually I have a question, or well actually for the staff. My question is, the slides are going to be available somehow, right?

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Jennifer Hannah: That is correct. Typically, what we do is following the webinars, our team cleans the recordings, and then, once the recording is as is available for playback, we post it on our ASPR website. and also send a follow up email with the link to the recording as well as the slides, so the slides will be available.

So again, if you want to ask a question, please enter into the chat, or you can certainly raise your hand, and you can ask your question live. We'll pause for a for a minute here to see if there are any questions. We certainly want to also be respectful of your time.

Okay? Well, I'm not saying anything in the chat, not seeing you raised hands. Please let's go to the next slide.

I want to thank all of our presenters today for their time, and to all of you, for your active participation in today's meeting. As a reminder, as I think we remind you every month, is that we invite you to share any stories regarding how you or your member hospitals or health care facilities or other health care-related entities are using ASPR funding to make a positive impact in your communities. If you have a story to share, please fill out the Stories From the Field submission form or reach out to your assigned field project officer for more information, and a member of our team will drop the Stories From the Field submission form link in the chat for easy reference. We look forward to hearing about the great work that you are doing.

And you know, as we kind of reflect on the only year, I know that it has been non-stop and that you're still working through, it all, but certainly want to thank everyone for all of their hard work. Thank you for taking time each month of your very busy schedules to join these webinars, and we hope that you find that you can make content relevant and useful, but also, as we plan for future webinars in the coming year in 2023, if you have ideas for content, or if any of you would like to be featured during any of our any of our webinars, please feel free to reach out to me, or you can certainly send an email to the to our resource mailbox, which is hpp@hhs.gov, and we would love to be able to feature and highlight the good work that all of you are all doing on a daily basis.

But again, just want to thank you all for everything that you that you are doing. But with that we are going to close out today's meeting. I hope everyone has a very safe and enjoyable holiday season, and we look forward to seeing all of you again in in the new year, in 2023. So, thanks everyone, and have a great day.