

Effective Practices in Building and Sustaining Healthcare Preparedness Through Healthcare Coalitions

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Background

- FY12 aligns Hospital Preparedness Program (HPP) & Public Health Emergency Preparedness Program (PHEP) to encourage growth of Healthcare Coalitions (HCCs) to augment disaster preparedness and response^{1,2}
- HCC stakeholders include hospitals, long-term care facilities, emergency medical services, volunteer organizations, schools/universities, and safety and law enforcement groups^{3,4}

Specific Aims

1. Investigate opportunities for improved education and training within HCCs
2. Identify challenges to implementation of core disaster health training in HCCs
3. Examine advantages of using the HCC structure for education and training
4. Determine best practices to better inform current and future HCCs

Mixed Methods & Study Design

- 9 case study locations with diverse geographic and demographic characteristics
- Semi-structured interviews were conducted with those in leadership roles within the HCC
- Thematic analysis conducted by hand and with QSR NVivo 10 software
- States visited:



Results

Value of HCCs

System-level view of capacity
increased access to expertise
 Forum for information sharing across organizations
 credibility resource sharing
improved public communication
collaborative planning and training
increased response capacity

Challenges

- Staffing
- Stakeholder Engagement
- Funding
- Education & Training
- Rural Needs
- Grant Requirements
- Cross Border Licensure

Education & Training Successes

- Training stakeholders together to achieve preparedness with less duplication of effort
- Uncovering and addressing false planning assumptions of member facilities
- Improving interoperability of communication, plans, and equipment
- Pooling resources, both monetary and human capital, to train the whole community
- Increasing hospital surge capacity through exercising and resource sharing
- Creatively partnering in municipal exercises to meet divergent training requirements
- Acting as a convener to bring together community
- Creating tailored training modules to fill unique education and training gaps in a community

Education & Training Challenges

- Decrease in funding makes it difficult to maintain a standard level of readiness
- Lack of time/staff devoted to trainings
- Prioritization of training when everyone already has multiple responsibilities
- Best practices are not effectively shared among coalitions
- Difficult to find trainings that appeal to the wide variety of members involved
- Those in administrative or decision-making roles often don't get preparedness training
- Meeting grant deliverables doesn't always address biggest needs
- No requirements for training

Top Training Gaps



Best Practices

1. Develop a charter or strategic plan
2. Include diverse partners
3. Think across regional and state borders
4. Engage private sector – both resources and expertise
5. Align exercises with airports, hospitals, and military installations
6. Use MOUs instead of contracts
7. Use exercises as community engagement opportunities
8. Talk to other HCCs to avoid re-creating the wheel
9. Consider practices that foster coalition sustainability
10. Simplify processes and practices and make it easy to participate

On Education and Training...

“I think exercises and trainings always have to be the cornerstone of what we offer.”

Conclusions

- HCCs add to community resilience & improve workforce training
- Education and training interventions are needed within the healthcare workforce and among HCC leaders and staff
- A resource repository could facilitate educating and training
- Funding and staffing limitations often reduce focus on education and training in coalitions
- Full report will be available at: <http://ncdmph.usuhs.edu/>

References

- ¹ US Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response, *From hospitals to healthcare coalitions: transforming health preparedness and response in our communities*. 2009.
- ² US Department of Health and Human Services Centers for Disease Control and Prevention and Assistant Secretary for Preparedness and Response, CDC-RFA-TP12-1201 Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements, AMENDMENT I (04/17/12)
- ³ US Department of Health and Human Services Centers for Disease Control and Prevention, *Public Health Preparedness Capabilities: National Standards for State and Local Planning*. 2011
- ⁴ US Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response, *Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness*. 2012
- ⁵ Federal Emergency Management Agency, *National Disaster Recovery Framework*. 2011, DHS.

