

# What Does A Response Coalition Look Like?

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Coordinator

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# Agenda

- Review the 2 HCC Regions of COTS
- Discuss the COTS HIL
- The Why? *What brought us to this discussion?*
- *Response vs. Preparedness*
- *Workshops*
- *Final Product*



# About Our Coalitions

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# Mission

- To **create and promote a state of readiness and response** to protect central and SE/SEC Ohio's healthcare system during an emergency; through effective **planning, exercises, education and collaboration between healthcare organizations**, 1<sup>st</sup> responders, emergency management directors, public health, and other emergency response planners.
- To **create a state of readiness and response** by promoting **better outcomes through collaboration** thus achieving quality healthcare delivery during a crisis.



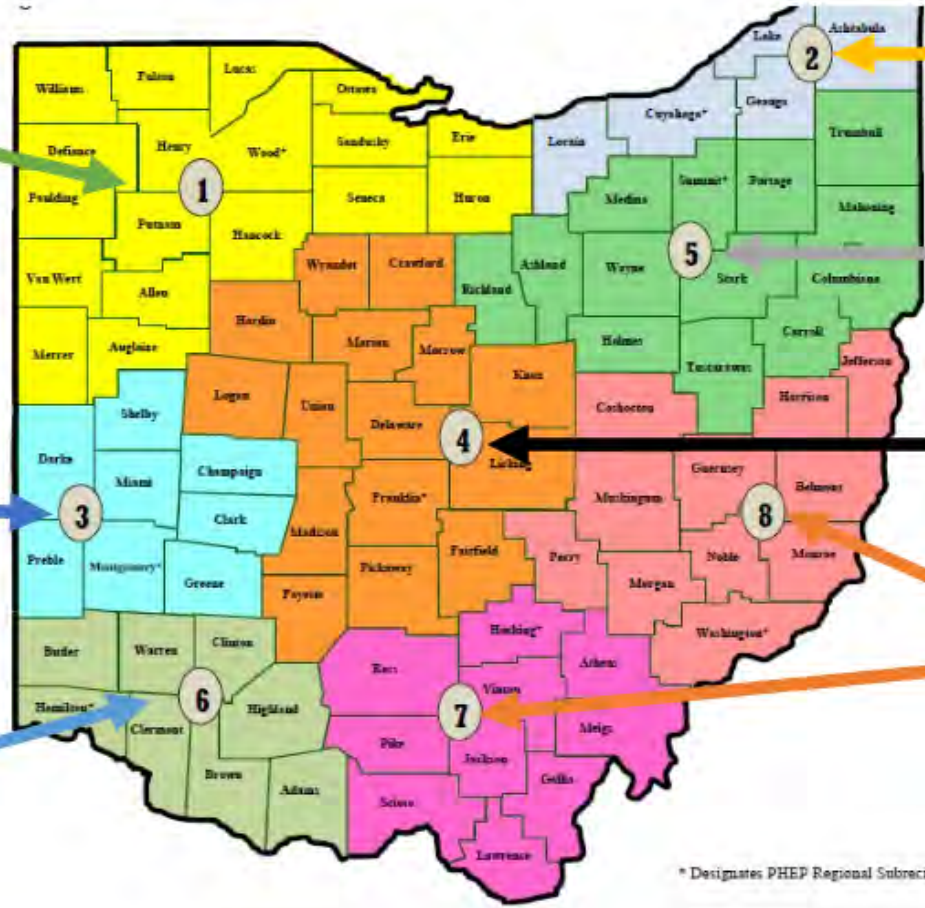
# Eight Homeland Security Planning Regions – receive ASPR funding for HCC Coordination

## Seven Healthcare Coalitions

**Northwest Region**  
Hospital Council of NW Ohio  
RHC: Susan Murphy  
President: Pamela Jensen

**West Central Region**  
Greater Dayton Area Hospital Association  
RHC: Mary Porter  
President/CEO: Sarah Hackenbracht

**Southwest Region**  
The Health Collaborative  
RHC: Jessica Skelton  
VP Clinical Strategies: Tiffany Mattingly



**Northeast Region**  
The Center for Health Affairs  
RHC: Christina Fozio  
VP of Business Ops and Administration: Tracy Wise

**Northeast Central Region**  
Healthcare Alliance of Greater Ohio  
RHC and CEO: Sarah Metzger

**Central Region**  
COTS  
RHC: Jodi Keller  
President: Sherri Kovach

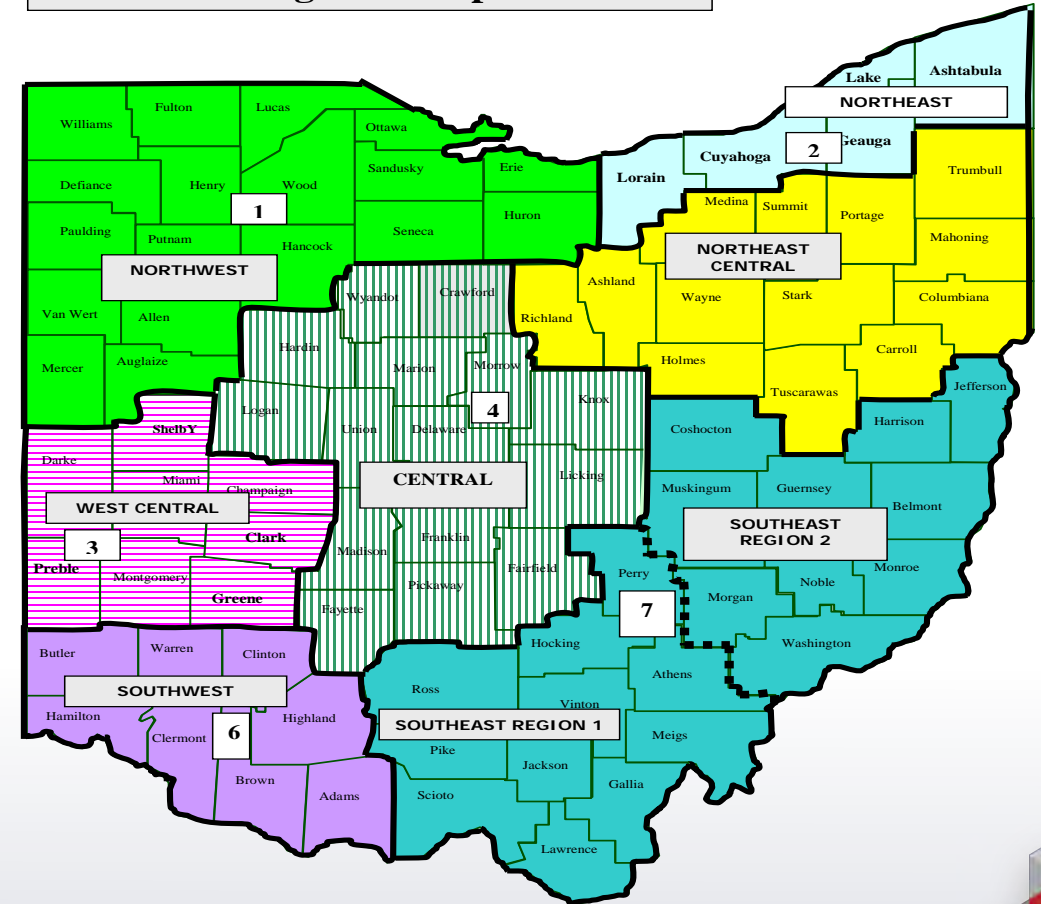
**Southeast/Southeast Central Region**  
COTS  
RHC: Kelsey Blackburn  
President: Sherri Kovach



# RHEP Coalition- Central Ohio

- 15 counties in central Ohio with Columbus being the Urban center
- 29 Hospitals
- 7 Trauma Centers
- 1 Pediatric Trauma Center
- 13 Acute Care hospitals
- 7 Critical Access Hospitals
- 12 FSEDs
- >600 HCC Members

Ohio Hospital Preparedness  
Regional Map



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# SE/SEC Ohio Coalition

- 21 counties
- 17 hospitals
  - 2 - Level 3 Trauma Centers
  - 6 – critical access hospitals
  - **NO** pediatric or burn hospitals
- 5 free-standing EDs
- 170+ Coalition Members



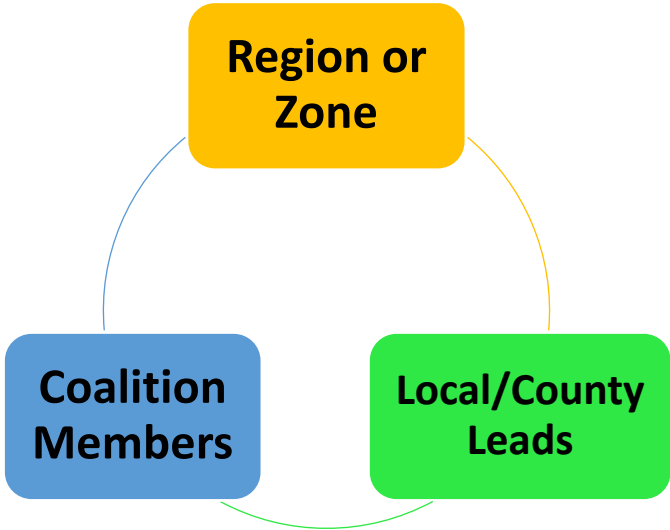
# Local/County Healthcare Coalitions

**Central**

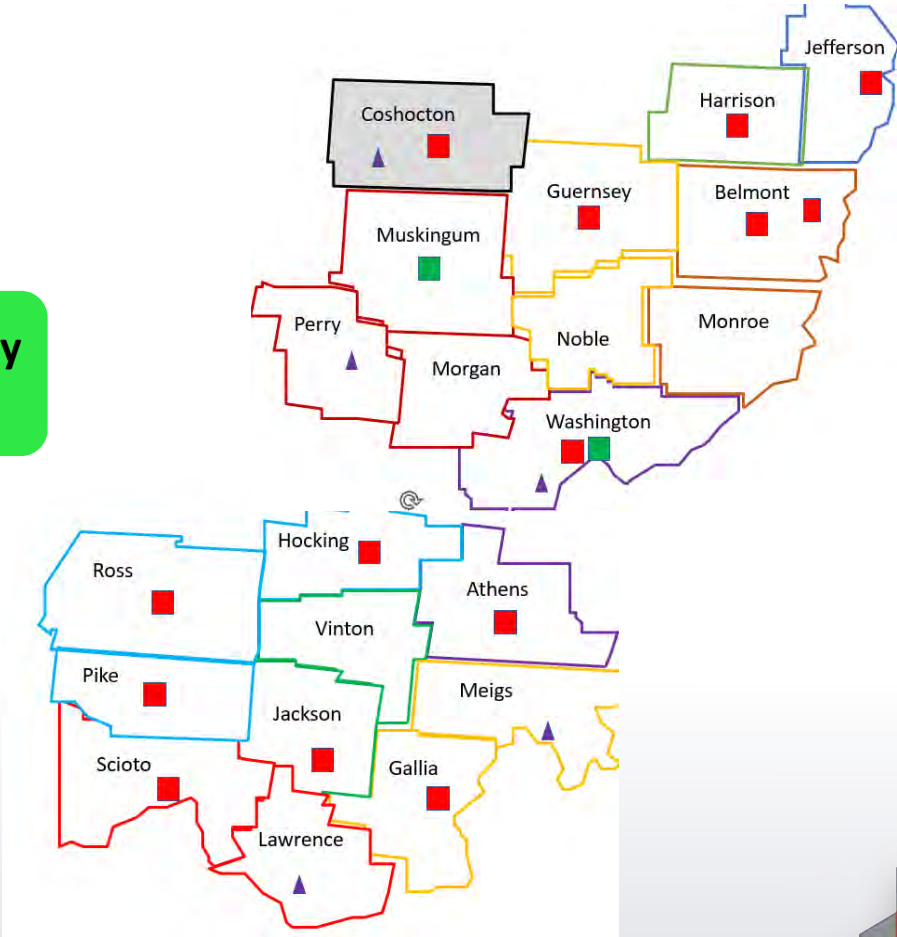
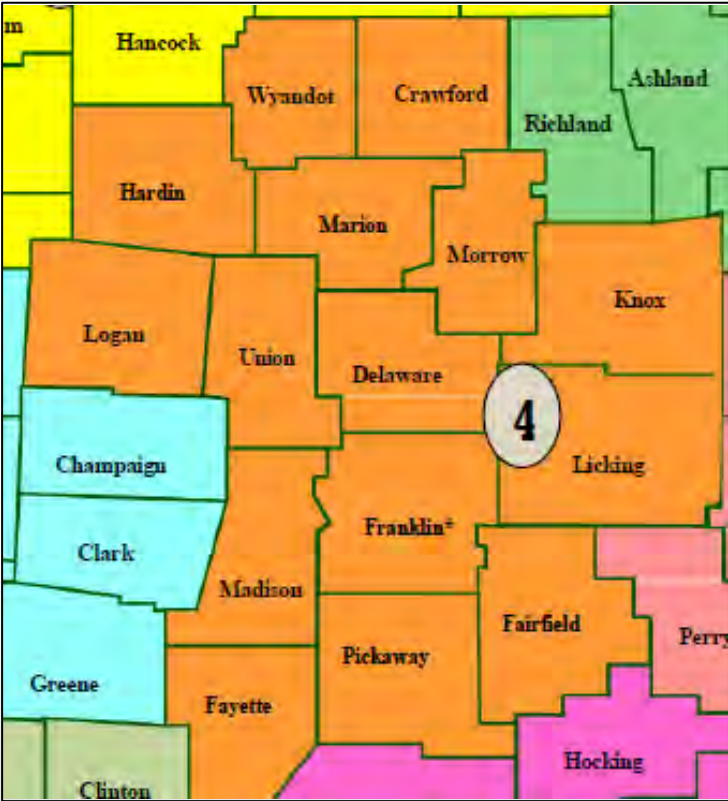
- 15 county coalitions
- Each has a lead agency

**SE/SEC**

- 12 Local Coalitions
- Each has a lead agency



Disaster response occurs first at the Local level. Local governments and voluntary agencies represent the front line when disasters occur.





# Healthcare ZONES

[coronavirus.ohio.gov](https://coronavirus.ohio.gov)

## ZONE 2



**MIKE DEWINE**  
GOVERNOR OF OHIO

**Ohio**

Department  
of Health



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# Healthcare Incident Liaison (HIL)

- Direct Response to 911
- Hospitals willing to share resources and act collectively in disaster
- Recognition of the value of collaboration in a disaster
- COTS HIL role is written into city, county, regional, and state emergency response plans.



# HIL Role

- On call 24/7
- Coordinates Healthcare Response to Disasters/Emergencies:
  - Collection and collation of regional health information
  - Resource Allocation
  - Situational Awareness
  - Monitoring of health care system performance and capacity
  - Liaison between the region and state agencies



# When to Call the HIL

**Examples of events in which the HIL should be activated include but are not limited to:**

- System-wide communication outages
- No Notice mass casualty incidents
- Facility evacuation
- Hazardous materials exposures (decon)
- Internal hospital emergencies that require absolute diversion of EMS patients, reallocation of patients and/or additional resources
  - With or without an impact to patient care
- An injured suspect fleeing from law enforcement who may present at a Central Ohio emergency department
- Resource request
- An event with anticipated media coverage



This is a communication drill alert from COTS. Coalition members please log into COHDIMS and open the Monthly Communication Drill tile to complete your agency Situation Report by 10:00 a.m. This is for the non hospital members to complete.

**HAVING A DISASTER?  
CONTACT THE COTS HEALTHCARE INCIDENT  
LIAISON (HIL) 24/7**

EMAIL: [cotshil@onpage.com](mailto:cotshil@onpage.com) - Enter your contact information  
or  
PAGER-CALL: 855.266.7243 <sup>Ⓢ</sup>  
and ENTER ID #: 2687445 (COTSHIL)

Open Incidents - Select An Incident

  
 COHDIMS Training Incident\*

  
 Decisive Medallion North Exercise

  
 Decisive Medallion South

Regional Resource Request

[+ new item](#)

[Edit](#) [Hospital](#) [Resource Needed](#) [Time Needed](#) [Status](#) [EST Arrival](#)

There are no items to show in this view of the "Regional Resource Request" list.

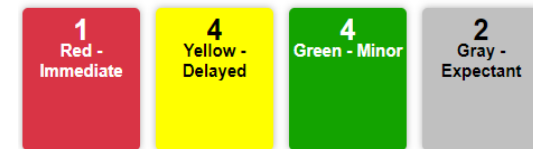
Facility Type	Trauma Designation	ED Status	ED Activity	ED # Boarding	Bed Availability: Adult Med Surg	Bed Availability: Adult ICU	Bed Availability: Adult Burn	Bed Availability: Pediatric Med Surg	Bed Availability: Pediatric ICU	Bed Availability: Neg Flow Isolation	Bed Availability: Teleretry	Bed Availability: Acute Long Term Care	Morgue Capacity Status	Comment
CAH	Not Designated	Normal	Mild	1	4	0	0	0	0	0	4	0	Open	
STAC	Not Designated	Normal	Moderate	5	1	1	0	5	0	0	1	0	Open	
CAH	Not Designated	Normal	Mild	1	9	0	0	0	0	2	4	0	No Morgue	No ICU capacity / No inpatient beds available
STAC	Not Designated	Normal	Mild	0	6	0	0	0	0	5	6	0	Open	4 drawers available
STAC	Not Designated	Normal	Mild	0	0	1	0	0	0	0	0	0	Open	No burn unit available / no pediatric unit / no...

# Information Sharing and Communication Systems

Status	Updated
High	08/16/2024 08:37
Moderate	08/15/2024 15:19
Moderate	08/16/2024 06:52
Mild	08/16/2024 09:00
High	08/16/2024 01:17
Moderate	08/16/2024 09:09
High	08/16/2024 09:04
Mild	08/16/2024 05:07
Mild	08/16/2024 07:09
High	08/16/2024 07:28
Moderate	08/16/2024 09:32
High	08/16/2024 07:30

Summary of Patients - Active Only - Condensed - Triage Category - Incident - Open User T...

Patient Total: 11



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# The Why?

- >6 years ago- ASPR talked about creating response ready coalitions for HCCs to strive to be and evaluate themselves.
- During COVID updates to SurgeNet/EMResource, RTAS, COHDIMS, and OHA dashboard started daily
  - Post COVID the updates to EMResource continue 2x daily, and during real-world incidents the HIL can be activated, and mass notification can be sent to share information and gather situational awareness
- Healthcare coalitions shift from *WHAT things we need* to respond to *HOW* do we respond.
- **Validate what we are already doing and evaluate if there is more that we could be doing...**



# The WHY?

**TERRORISM**

© Can Stock Photo

- The THREATS are REAL!



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# Preparedness vs. Response Organizations

## Exhibit 1-5. Preparedness versus Response Organization

### Preparedness Organization:

- Provides a structure and function to manage the coordination of emergency management activities, which take place in a non-emergency context.
- Conducts emergency management program activities, including committee meetings, EOP development, preparedness planning, training, exercises, resource management, and program evaluation and improvement.

### Response Organization:

- Provides a structure and function to manage the coordination of actions to achieve objectives under emergency conditions.
- Conducts information management, emergency decision-making, incident planning, actions to implement decisions, and coordination of resources.





# Workshop

- Two in-person sessions – one in SE/SEC region and one in Central region
- Different disciplines (EMA, Hospitals, EMS, Public Health)
- Five break out sessions with a COTS facilitator
  - Coordination Agency
  - Communication Tools/Platforms
  - Core Members and Other Members Engaged
  - Medical Surge and Response
- 20-minute discussion and rotate one time



# Task at Hand

- Work in your table workgroup to discuss your topic
- Take credit for what the RHEP and SEOHC Coalition already has in place
- Think big picture: Are there more things to put in place to be response ready?
- Also, think about this as a checklist for coalitions around the country



# Topics

- Coordinating Agency
- Communication Tools/Platforms
- Valued Services
- Core Members and Other Members Engaged
- Plans and Procedures
- Surge/Response



# Results and Similarities

- **Coordination Agency –**
  - Both regions have access to the COTS HIL 24/7 365
- **Communication Tools/Platforms –**
  - Many situational awareness platforms to gather incident information
  - Need additional training on EMTrack
- **Core Members and Other Members Engaged –**
  - Utilized local healthcare coalitions
  - Need additional EMS participation
  - Show value to members for participation
- **Medical Surge and Response –**
  - Load Balancing
  - Communication between coordination agency and scene to provide real-time information



# Differences

## Central Region

- Load balancing with pre-hospital partners during an MCI
- Surge Operations Call Center (coordinated load balancing)

## SE/SEC Region

- Intrastate coordination
- Load balancing between regional hospitals
- Standardize triggers/indicators for response
- Enhance Telemedicine



# Coordinating Agency

- COTS HIL
- Local Coalition Leads
- Coordination calls during a response – include additional partners based on the event
- Include Key agencies in drills, training, and exercises
- Develop strike teams
- Review activation triggers in response plan
- Standardize template for coordination between PSAPs and coordination agency
- Funding



# Communication Tools/Platforms

- EMResource and EMTrack – additional training needed
- COTS HIL
- EMTrack and role of ARC in family reunification
- Using tools to obtain real time information from the scene to coalition
- Text messages are helpful vs phone calls
- Resource requests – additional education needed for request process (i.e. EMA vs Coalition)
- Consider monthly drills
- COHDIMS needs revised – difficulty to navigate, remote options
- HSIN
- SOPs for notifications – EEs for specific incidents
- Opt in or Opt out receiving TENS alert – local coalitions do a review of TENS recipients
- Alert members, sharing information, obtain information, report facility status and patient tracking
- Is there a better way to get the information to coalition members? So many emails from COTS - who is receiving the information when emails are sent from COTS or local coalition leads. Include in TENS who the message is going to or time stamp. Maybe a situational awareness sharing platform (i.e. announcement section).



# Valued Services

Exercises and training

24/7 HIL response

SMEs

Exercises need to tie back to HVA

Use TTX in box for hospitals to test at their own facility

Use partners to serve as evaluators in the region

How to write an AAR training

Relationship building – networking events for collaboration

Internship for EMs

- Host a COTS open house
- Better education about what is happening in the field
- Best practices and sharing of plans/information - platform/site
- Strike teams – consider developing
- LE and Physician engagement (retired)
- Regional Planning
- Resource Sharing
- Full Scale Exercises – Large Scale with longer play time
- Off shift drills/exercises
- Best practice in the state for coalitions
- Conference Calls

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# Core Members and Other Members Engaged

- Missing Law Enforcement in local and regional level
- Tiered notifications (who gets what alerts)
- Task forces by disciplines (i.e. LTCFs)
- What are each other resources?
- LEPC connections with the local coalitions
- Local Lead- time commitment
- Local TTXs participation was better than a normal meeting
- Define member groups better – commitment levels (need a dedicated representative from PSAP, mental health agencies)
- Community Engagement – looking at upcoming events and communicate with the public
- Partner more with MRC as back up to coalition members



# Plans and Procedures

- ✓ Regional Response Plan
- ✓ Regional Preparedness Plan
- ✓ Pediatric Surge Annex
- ✓ Burn Surge Annex
- ✓ Infectious Disease Annex
- ✓ Regional Surge Annex
- ✓ Continuity of Operations Plan
- ✓ Radiation Surge Annex
- ✓ Chemical Surge Annex



# Surge/Response

- HCC is able to provide bed status in 1 hour
- 20% surge across the coalition
- Off loading of patients with LTCFs
- Process for load balancing
- Engagement of trauma centers and leadership
- Blood bank engagement
- Pre event response
- Volunteer management
- HCC Hospitals have a surge plan
- HIL
- Ohio Fire Chiefs Response Plan
- Patient Tracking
- Resource Requests
- Public Messaging and PIOs
- Decon team that is decon ready
- Strike Teams
- Live CAD PERFECT WORLD

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## WHAT DOES A RESPONSE COALITION LOOK LIKE

### What Does a Response Ready Coalition Look Like?

- Coordinating Agency
- Communication Tools/Platforms (blood) (beds/facility)
- Valued Services
- Core Members and Other Members Engaged
- Plans and Procedures
- Surge/Response (time frames/sense of urgency)



What Does a Response Ready Coalition Look Like?	
Surge/Response	
Planning	
	The HCC proactively plans for a surge PRIOR to a large mass gathering event. <ul style="list-style-type: none"> <li>• Bed reporting.</li> <li>• Blood inventory reporting</li> <li>• Touchpoint conference calls</li> <li>• Sit/reps (Response Ready Reports [R3 Reports])</li> </ul>
	The HCC hospitals update bed availability at least once a day to give a baseline number of available beds for the day. Some HCCs may choose to update more frequently.
	All HCC hospitals have written surge plans.
	Regional Surge Annexes are in place (peds, infectious disease et. al)
	HCC facilities have a volunteer management plan. (MRC)
	Engagement of trauma centers and leadership.
	Engagement of hospital blood banks and blood bank vendors in the region.
	MOUs are in place to assist with the response.
	HCC relationships are established prior to the event. Look for ways to build emergency management relationships.
	Agencies have caches of supplies in house for at least 96 hours of a response. (PPE, Stop the Bleed, Burn, Pediatrics, oxygen)
	Regional Caches exist as defined by the Coalition.
	The HCC provides frequent training sessions on the regional response plan and surge.

	The HCC conducts at least annual mass casualty exercises with a surge into the hospital emergency departments.
	The HCCs located on regional or State borders, plan and respond together.
Response	
	HCC partners, PSAPs, hospitals notify the coordinating agency within 30 minutes when the following occur: <ul style="list-style-type: none"> <li>○ System-wide communication outages</li> <li>○ No notice mass casualty incidents/surge of patients</li> <li>○ Hazardous materials exposure- decon required in ED</li> <li>○ Internal hospital emergencies that require absolute diversion of EMS patients.</li> <li>○ Security issue/active shooter</li> <li>○ System outages that impact patient care (cyber, oxygen, suction etc.)</li> <li>○ An event has occurred with large media coverage</li> <li>○ This list is not all inclusive</li> </ul>
	The HCC <u>is able to</u> provide requested bed availability and other urgent requests for information in a 1-hour time frame.
	The HCC <u>is able to</u> surge 20% of staffed inpatient beds across the coalition.
	A process exists and has been tested to offload patients from the hospital to long term care facilities



	to make room for incoming acute care patients to the hospital.
	Ability to load balance among hospitals with an established operations call center.
	The HCC blood banks <u>are able to</u> report blood inventory on a platform that is visible to all blood banks/hospitals and coordinating agency.
	A Coordinating Agency is in place to coordinate the HCC response during an incident.
	EMS has mutual aid agreements in place. (local, regional, statewide)
	A platform exists for patient tracking.
	A process exists for regional resource requests from HCC members.
	A process exists for load balancing <u>patients</u> pre-hospital during a large-scale event.
	All HCC hospitals maintain an active decon team that is mission ready.
	The HCC <u>is able to</u> provide public messaging with public health, hospitals and EMA all providing a consistent message.
	The coordinating agency, hospitals and coalition members <u>are able to</u> pivot response actions based on the need during a response.
	The HCC <u>has the ability to</u> expand resources by utilizing telemedicine.
	HCC possesses the ability to receive real-time information from the scene of an incident. *Suggested "LIAISON" to HCC from the scene* [This ensures real-time communication to partners for items such as patient transfers and better

	communication after initial acknowledgement of an incident.]
	The HCC provides an optional Emergency Management Strike Team, upon request only, to assist hospital/facility EM Point of Contact (POC) during an incident impacting their facility.
Recovery	
	If funding is available, re-establish used cache items.
	Return borrowed equipment.
	Return to Steady State.
	Always evaluate the response, write an after-action report and close any identified gaps.



# 2023-2024 Responses

## Central

- The Arnold Sports Festival
- Red, White and Boom
- Home OSU Football Games
- Columbus Marathon
- Pride Festival
- Rickenbacker Air Show
- Licking County Bus Crash- MCI
- Logan County EF3 Tornado- MCI
- Bat Exposure to 250 campers/Vaccine
- CrowdStrike Outage
- Fentanyl Exposure at Corrections Facility
- Vehicle into a Restaurant MCI
- Solar Eclipse- path of totality- 2+ years of planning

## SE/SEC

- County Water Main Break
- Blood Shortage
- Meningitis Outbreak
- Blood Cultural Shortage
- Solar Eclipse Response
- Severe Weather – Tornadoes
- Super loads
- Rabies Exposure
- CrowdStrike IT System Outage
- Flooding
- Correctional Institution Botulism Outbreak
- Temperature Extremes – Heat Advisory
- Nursing Home Water Disruption

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# Questions?

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