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**NATIONAL HEALTHCARE COALITION
PREPAREDNESS CONFERENCE**

*Visions of Progress: Sustainable Strategies for
Emergency Preparedness & Resilience*

Presented By:



MESH

Stuff vs. Staff: The Dilemma

Prioritizing Staff Over Supplies for Effective
Preparedness

Luke Aurner, MS, CCEMT-P I/C, PEM, HcEM-M

Rick Drummer BS, MBA, MS, CHEP

Outline

Disclosures

History of our HCC's

Why we are speaking about this

Responsibilities to NOFO and
workplan

Challenges

Technology

Response

Training

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Presenters

Rick Drummer

Michigan Region 2
North Healthcare Coalition
Coordinator – 16 yrs

BS in Accounting, MBA, and MS
Manufacturing Management
CHEP

Luke Aurner

Michigan Region 6 Healthcare
Coalition Coordinator – 6 yrs

BS and MS in Emergency
Response and Risk Management
CCEMT-P I/C – 25 years
Professional Certs: PEM, HcEM-M,
CHEC-III, NDLSF-I, ICS Instructor,
HERT-I



Disclosures

Both presenters are funded exclusively by the HPP grant.

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Who are You?

Mentimeter Survey

Questions could include:

- Are you a:
 - HCC Coordinator or staff
 - Public Health
 - CMS provider type
 - Other
- How long have you been on the job?
 - Less than one year
 - 1-3 years
 - 4-7 years
 - > 8 years
- What is your background?
 - Healthcare (nurse, physician, EMS)
 - Public Health
 - Emergency Management (no healthcare degree)
 - Business
 - Other
- Add others

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Raise your hand if you are a:

Who are You?

- HCC Coordinator
- Public Health
- CMS Provider Type
- Other

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Raise your hand if you have been on the job:

Who are You?

- Less than one year
- 1-3 Years
- 4-7 Years
- > 8 Years



Raise your hand if your background is:

Who are You?

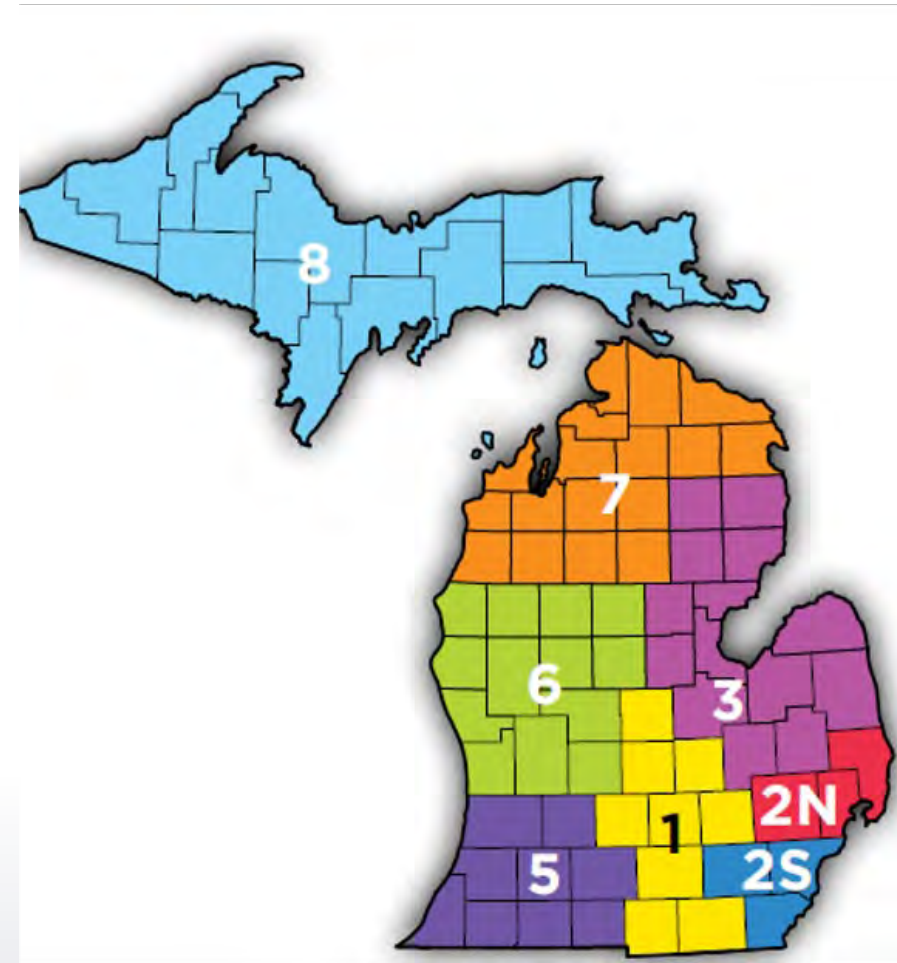
- Healthcare
- Public Health
- Emergency Management
- Business
- Other

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History of Michigan HCC's

- Funds from Congress through Department of Health and Human Services – 2002
- Michigan Department of Health and Human Services Office of Public Health Preparedness (OPHP)
- Michigan established eight Healthcare Coalitions aligned with the Michigan State Police Emergency Management Districts
- Used an established semi-governmental organization, Medical Control Authority, to serve as fiduciary
- Bylaws and governance established (still used today)
- Partnerships have expanded greatly with CMS conditions of participation



Michigan HCC Members Include

Work with local partners to prepare hospitals, emergency medical services (EMS), and supporting healthcare organizations to deliver coordinated and effective care to victims of terrorism and other public health/healthcare emergencies.

Coordinate medical response during an incident or event, as necessary

- Hospitals
- Emergency Medical Services
- Emergency Management Organizations
- Public Health Agencies
- Specialty patient referral centers
- Behavioral Health Services and Organizations
- Dialysis Centers
- Home Health
- Primary Care Providers
- Schools, Universities, etc.
- Skilled nursing and long-term care facilities
- Others....



Current Paid Healthcare Coalition Staff



Picture from 10th year brochure:

Only 6 of 21 people in picture still involved in
HCCs (29%)

- Regional Healthcare Coalition Coordinator
- Assistant Regional Healthcare Coalition Coordinator
- Regional Medical Director (mostly ER Physicians working part time)
- A few have additional staff for warehouse management or special projects

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First 10 Years Established Groundwork



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Since Beginning - Threats are Evolving and Increasing



Terrorism



Katrina



Zika



Mass Shootings



Anthrax



Cyber



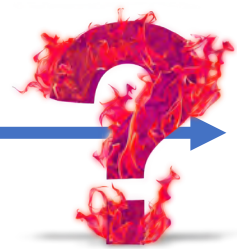
Local Floods



IV Shortage

2002

2024



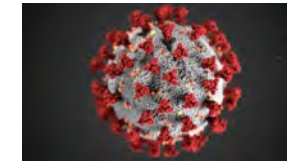
Power Outage



H1N1



Opioids



Pandemic



Water Main Breaks



Meningitis

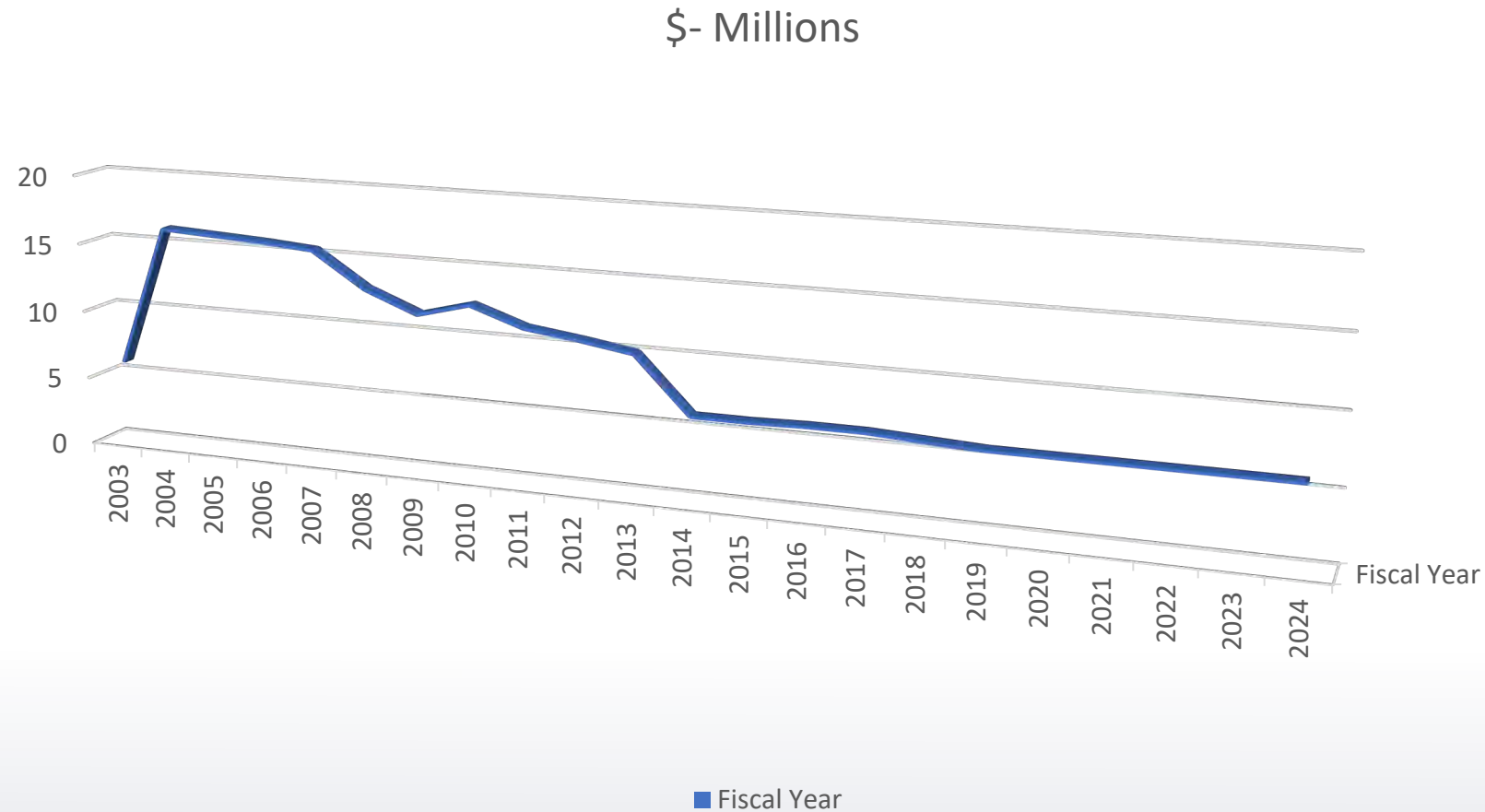


Political Unrest

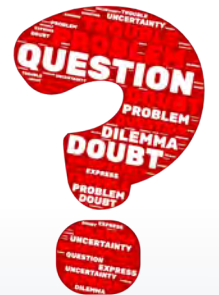
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Funding History in Michigan – Includes HCCs, Michigan Staff, Projects, etc.



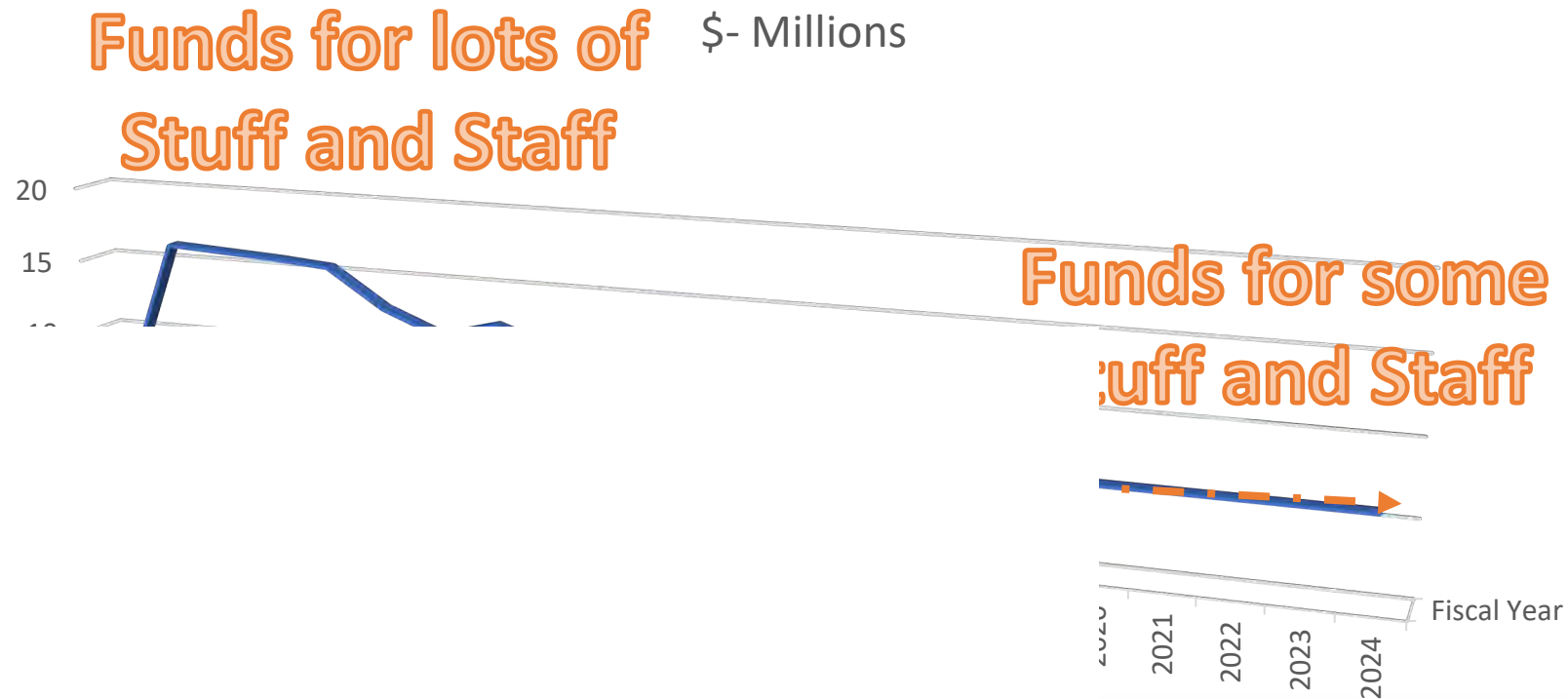
Future Years



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Funding History in Michigan



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Delighted we
still get funding!



Partners have told us that the only reason the Healthcare Coalitions function and exist, is because of the staff:

- Regional Coordinators
- Assistant Regional Coordinators
- Medical Directors
- Office Space and Equipment
- Travel Funds
- Michigan Support Staff
- Fiduciaries
- Etc.

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The Dilemma



With Limited Resources

Do We:

Purchase tangible assets (stuff)

or

Invest in Human Resources (staff)

Not necessarily an either or thing, but requires thoughtful thinking and dialog

Why are we up here?

Decreasing funding

Increasing responsibilities

More partners

Evolving risks

More requirements

More responses

Replacement and maintenance of legacy spending

**Need to set
priorities and
strategies**



Deanne Criswell
FEMA Administrator

Remarks during a recent podcast

She's talking about FEMA, but they could also apply to Healthcare Coalitions

- Role is to help people
- **Invest in emergency managers and their growth**
- Focus on equity – can't have a one-size-fits-all approach
- **How do we get to them vs. Forcing them to come to us**
- Shift to mitigation and preparedness vs. Response and recovery
- Systems based approach
- Shift focus – good at solving complex problems before, during, and after



HCCs are Partnerships



Making a Partnership Successful

While needs, capabilities, and two-way communication are the basis of a public-private partnership, a partnership should have several characteristics in order to be successful. You can remember these characteristics by the mnemonic device PADRES. A partnership should be:

- **P**ublicly **A**ccessible: Partnership includes the private sector
- **D**edicated: Partnership is managed by a liaison
- **R**esourced: Partnership has funding, facilities, and tools
- **E**ngaged: Members of partnership are actively participating
- **S**ustainable: Partnership is supported by strategic plans, funds, and resources
- https://emilms.fema.gov/is_0660/groups/63.html

Strategies Going Forward

Does your coalition work with partners to plan for the future?

- Funding allocations or additions
- Reduce legacy costs
- Decide what "stuff" should be provided by the HCC
- If your partners are doing it, don't try to "take it over" – leverage them
- Have the right staff with the right education and training
- Leverage 501(C)(3) status



Evaluating Everything!

Since Staff is Most Important:

Looking at staff training, education, support, numbers

Looking at stuff we have with legacy costs and also if we need new stuff:

- Warehouses

- Expiration Dates

- Maintenance

- Consolidation

- Having partners take it over

- Sharing expense



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Warehousing

Challenges

Warehouse

Manpower

Expiration dates

Partners have same storage issues



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Response Capability

Michigan Healthcare Coalitions are more than planning and preparedness; We are response HCCs:

- Power outages
- Flooding
- Tornados
- Mass Shootings
- Pandemic
- Medical Equipment Needs
- Multi Agency Communications and Coordination (MAC)
- IV Shortages
- Cyber Attacks
- And More...

- Evaluating the Regional Medical Coordination Centers constantly:
 - Right people
 - Right equipment
 - Mobile capabilities
 - Sharing between regions
 - Working with MI Community Health Emergency Coordination Center
 - 24/7 Contacts
 - Redundant communications
 - Letting partners know we are there to help

Staffing

*What are you
doing in your
Healthcare
Coalitions in the
staffing area?*

- Benefits of more staff
 - Interns
 - Administration
 - Support across regions
- Education and Training
 - Conferences
 - Courses
 - Certifications



Training



- Training our staff
- Using staff to provide training to others:
 - Hazards Analysis
 - HERT
 - ICS
 - Michigan Systems
 - BDLS, ADLS, CHEC
 - Crisis Standards of Care
 - Burn Surge
 - Medical Surge



Audience Participation



What is your experience?

Are your HCCs in a similar situation?

What didn't we cover that you want to hear about?

What questions do you have?

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Moving forward

"If I had six hours to chop down a tree, I'd spend the first four hours sharpening the axe."

Abraham Lincoln

- Continue to:
 - Evaluate and Make Decisions On:
 - What we do and why we are doing it
 - Future funding and impact on priorities
 - Future HPP requirements
 - Look for opportunities to collaborate to leverage all skills and abilities
 - Train and Educate the HPP staff
 - Train and Educate with our partners
 - Look for other funding sources if appropriate

