



#NHCPC24

**NATIONAL HEALTHCARE COALITION
PREPAREDNESS CONFERENCE**

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

Presented By:



MESH

Healthcare Coalitions:

Ready to Respond

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Speaker Introductions

- Luke Aurner MS, CCEMT-P I/C, PEM, HcEM-M
 - Michigan Region 6 Healthcare Coalition Coordinator
- Julie Bulson DNP, MPA, RN, NE-BC, HcEM-M
 - Director, Business Assurance, Corewell Health
- We have no conflicts of interest to acknowledge



Organization Overview – Corewell Health

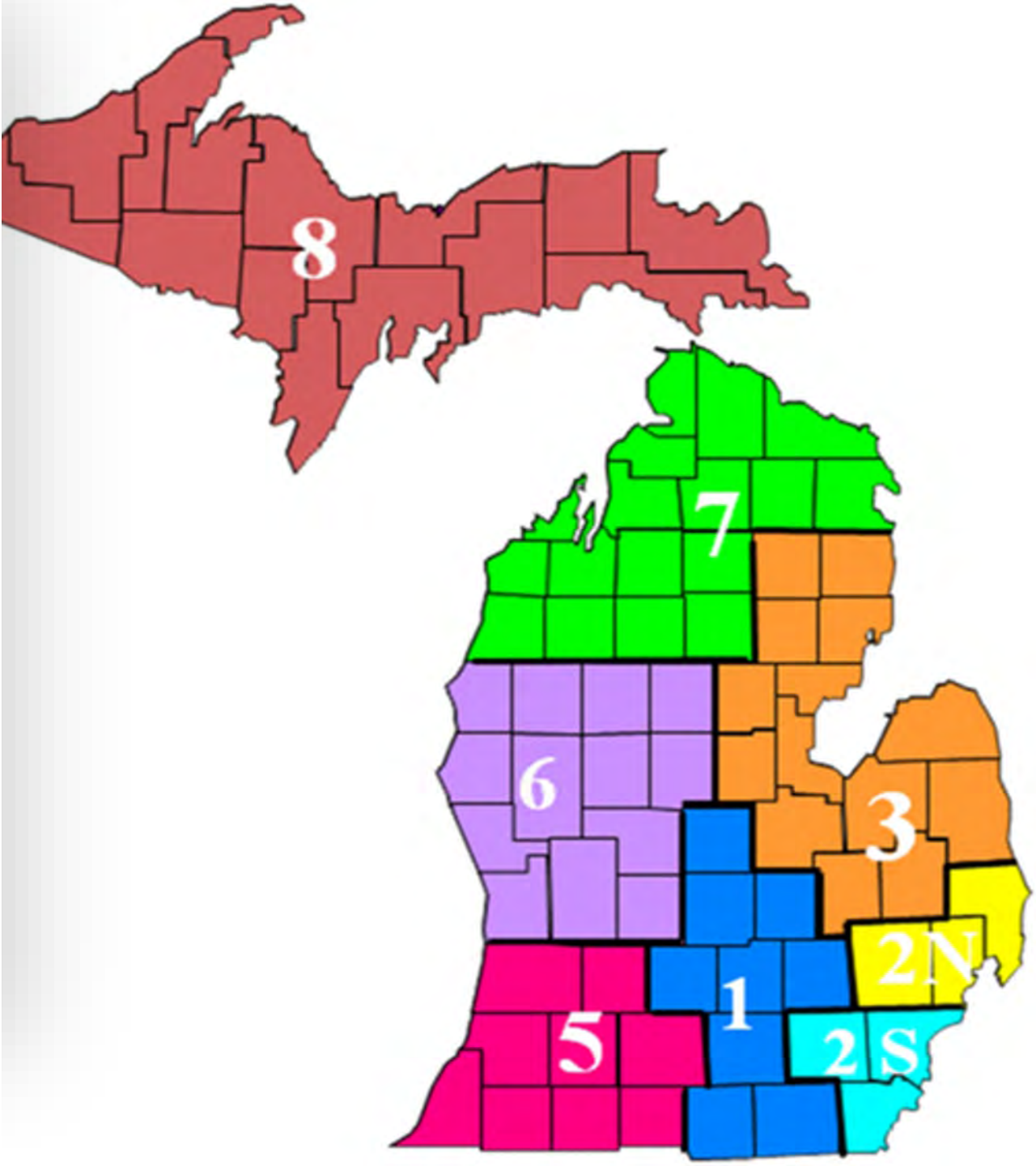
- 21 hospital facilities
 - 1 children’s hospital
 - 2 level 1 trauma unit with burn capability; 4 level 2 trauma units
 - 1 regional emerging special pathogen unit; 1 level 2 special pathogen unit
- 300+ Ambulatory / Outpatient locations
- 1 Insurance company
- 5,000+ licensed beds
 - 264, 179 inpatient admissions; 949, 658 ED visits
- 65,000+ team members
 - 12,000+ affiliated, independent and employed physicians and APPs
 - 15,500+ nurses
- 1.3+ million health plan members
- 9,000+ employers contracted by Priority Health



Organizational Overview

– MI Region 6

- Population – 1,550,418 9,671 square miles
- 77 miles of Lake Michigan shoreline
- Major tourist destination events
- 22 Hospitals with Emergency Departments
- 1 Children’s Specialty Hospital
- 11 Medical Control Authorities
- 10 EMS Agencies
- 63 Long Term Care Facilities
- 40 Assisted Living Centers
- 7 Public Health Departments
- 1 Federally Recognized Sovereign Nation
- 14 Emergency Management Programs
- 8 Homecare/Hospice Agencies
- 11 Community Mental Health Agencies



Objectives

- Describe the evolution and current state of the Healthcare Preparedness Program including Healthcare Coalitions and their role in emergency response.
- Identify the key functions and capabilities of the healthcare coalitions in facilitating situational awareness, surge management, resource allocation, and alternate care site establishment during complex incidents.
- Analyze real life examples of successful responses by a Midwest Healthcare Coalition and apply the lessons learned to their own coalition context.



Introduction

- Since the inception of Healthcare Coalitions in 2002, there has been some level of response engrained in the overarching framework as designed by HRSA and then ASPR.
- In the beginning, coalitions had the core functions of preparedness; provision of situational awareness; facilitation of surge management; allocation of scarce resources; and establishment of alternate care sites.
- As the preparedness front became more demanding and more complex due to an increase of large health systems and more complicated responses (e.g., cyber, etc) the healthcare coalitions have evolved to meet the demand of complexity.



Evolution of the Healthcare Preparedness Program

- After 9-11, a need was identified for better coordination and cooperation between hospitals, EMS, and public health.
- Northern Virginia Hospital Alliance (NVHA) was formed in 2002 as both a planning and response entity with an initial focus place on creating a real time information sharing and management system.
- Intent of the HPP funding is to ensure connectivity continues to be developed and planned for with all partners within the healthcare sector.
- Healthcare coalitions serve as the convener!



Healthcare Coalitions as a Response Entity

- It is critical the healthcare coalition is tied into the local emergency management structure.
- Healthcare coalitions organized to form regional networks can improve communications of resource needs and provide situational awareness enhancing the response management of arriving patients.



Healthcare Coalitions as a Response Entity

Capabilities of HCC during complex incidents

- Facilitation of situational awareness
- Ensuring continuity of health care service delivery
- Surge management
- Resource coordination and allocation
- Alternate care sites

Coordination of this magnitude allows for healthcare leaders to focus on the clinical response required to support the victims of the incident.



Healthcare Coalitions as a Response Entity Responses

COVID

Newaygo County Ice Storm / Power outage (2022)

Tornado Response- Belmont (2023)

Tornado Response- Region 5 (2024)

Civil Unrest (2023)

Baxter Fluid Shortage (2024)

Healthcare Cyber Attack- Multiple (2024)



Best Practices and Challenges

- Communication is Key!
 - Must have an open line with your partners
- Trust
 - Partners need to know they can trust you.
- Cooperation with partners and neighbors
 - Foster a collaborative environment. Ask for help when needed.
- Understanding of your partners priorities and needs



Future Direction Goals

- Enhanced Regional Situational Awareness
- Adaptive Resource Allocation
- Comprehensive Training and Credentialing Pathways
- Advanced Crisis Communication Systems
- Data Analytics and Predictive Modeling



Future Direction

Lessons Learned

- Strengthen Inter-agency Communication
- Streamline Resource and Asset Management
- Increase Workforce Preparedness and Cross-Training
- Develop Unified Cybersecurity Response
- Enhance Data Collection and Utilization
- Integrate behavioral health in planning
- Enhance Training and Exercising



Conclusion

- Hospitals and other healthcare response agencies must work together under the framework of a healthcare coalition to ensure collaboration, coordination, and consistency using a systems approach to disaster planning and response.



Conclusion

“Strong, robust, and well managed healthcare coalitions will play an important role in enhancing the response to any catastrophic event and may be uniquely positioned to be able to coordinate key response actions that cross jurisdictional lines” (Hanfling, 2013).



Questions

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