

Hospital Preparedness Division
Annual Report and Program Review
August 2010



NORTH DAKOTA
DEPARTMENT *of* HEALTH

Prepared by

Brenda Vossler, Hospital Preparedness Division Director

North Dakota Department of Health

The spring flooding experienced in 2009 with the threat again in 2010, as well as the H1N1 influenza pandemic has provided us with a renewed understanding of why we prepare for emergencies. It also provided us the opportunity to demonstrate the capabilities that our health-care system has developed over the past years. The successful health and medical response would not have been possible without the dedication, capabilities and cooperation of the health-care facilities in North Dakota. Thank you to each of you for the role you played in those events.

The Hospital Preparedness Program (HPP) continues to utilize a regional committee structure with each facility providing a representative to participate in identifying needs and setting priorities for preparing the health-care system to respond to emergencies. The current regional representatives to the executive committee are as follows:

NE Region Chair	Kevin Kopplin, Altru Health Systems
NW Region Co-chairs	Julie Baustad, Heart of America, Rugby Randy Schwan, Trinity Health System, Minot
SE Region Chair	Tim Vangerud, Sanford Health, Fargo
SW Region Chair	Derek Hanson, St. Alexius Medical Center, Bismarck.

The North Dakota Healthcare Association (NDHA) facilitates hospital preparedness activities through contract with the North Dakota Department of Health. Tim Blasl facilitates the project for NDHA. For the past two years, we also have contracted with the North Dakota Long Term Care Association (NDLTCA) to promote and facilitate preparedness and response activities for long-term care facilities. Kris Magstadt is the project leader for NDLTCA.

The primary goals of our program are as follows:

- The interoperable communications system for the health and medical sector of emergency response in North Dakota will be maintained.
- North Dakota Department of Health (NDDoH) will upgrade hospital radio communication to digital systems.
- The NDDoH will maintain and enhance its resource tracking system, *HC Standard*, which will function on the secure, redundant hospital wide area network system to assure communications, even when public communication systems, such as telephone, cell phone and Internet fail.
- North Dakota Public Health Emergency Volunteer Reserve- Medical Reserve Corp (PHEVR-MRC) electronic system will be maintained and enhanced meeting current and future Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP) program requirements.
- North Dakota hospitals will have fatality management plans that integrate with local and state plans.

- North Dakota participating hospitals will have comprehensive plans for evacuation and adequate resources to shelter-in-place, as appropriate, when an emergency event occurs creating a potential threat to staff, patients and facility visitors.
- North Dakota will have minimum care facilities sufficient to serve 0.8 percent of the population.
- North Dakota Department of Health will have the capacity to establish medical shelters and Advanced Life Support level pre-hospital staging areas.
- North Dakota Department of Health will maintain a cache of pharmaceutical supplies through a vendor managed inventory relationship.
- North Dakota Department of Health will maintain a cache of medical supplies and equipment, including personal protective equipment (PPE).
- Hospital Preparedness Program participating hospitals will provide decontamination services consistent with OSHA requirements for first receivers.
- North Dakota participating facilities will be National Incident Management System (NIMS) compliant.
North Dakota Department of Health will maintain an exercise program compliant with Homeland Security Exercise Evaluation (HSEEP) guidelines.

NIMS Consultation Team

North Dakota hospitals are well on the way to full implementation of NIMS requirements; however, a consultation team is available to provide on-scene consultation for those that identify an inability to move forward with implementation of some or all NIMS requirements. Peer consultants include emergency managers from our tertiary hospitals and those that have received team training for the specific role of assisting other hospitals with plans and acquisitions that meet HPP expectations. We are currently in Phase II of on-site hospital consultations. Please contact Tim Blasl at NDHA to schedule your consultation and delivery of new Powered Air Purifying Respirators (PAPRs).

In the past year, NIMS/ICS training, including ICS 100, 200 and 700 has been provided for N.D. long-term care facilities with 270 participants attending from 69 facilities.

Decon Equipment and Training

Filters approved by the National Institute for Occupational Safety and Health (NIOSH) are no longer available for the Neoterik PAPRs previously provided by the Hospital Preparedness Program (HPP). New 3M PAPRs have been purchased as a partial replacement of the old PAPRs. The new PAPRs have arrived. The consult team will deliver and demonstrate the new PAPRs and complete an on-site consultation to your facility (hospitals) over the next several months. Each facility should initiate the visit by contacting Tim Blasl to schedule a date and time for your consultation.

Operations level decon training for “first receivers” (hospitals) is in the final planning stages and will provide a training opportunity for core decon staff from each hospital. It is not necessary for

your entire team to be trained to this level, however, at least one or two decon team leaders should have this training and be able to train, exercise and manage a functional decon team. Look for classes to occur early fall.

Shelter-in-Place

Each facility should have a written plan that includes sheltering-in-place and strive to have the resources to shelter in place for at least 72 hours. The HPP program has purchased three portable water purification systems to enhance facility ability to shelter-in-place. The portable water purification equipment will reside at Altru, Grand Forks; Sanford Health, Fargo; and Trinity Health, Minot. St. Alexius Medical Center, Bismarck and Medcenter One, Bismarck, also have the same water purification equipment, which was purchased through our Hospital Competitive Awards process in 2008 and 2009. These units are available for use by any facility (hospitals and long-term care) and should be requested, if needed, by contacting the NDDoH case manager.

To contact the NDDoH case manager, call state radio at 800.472.2121

State Medical Cache

Over the life of the HPP, we have purchased medical supplies and equipment that have been maintained in a warehouse or rotated by vendors to have a ready supply available during an emergency. In many situations, such as pandemic influenza or a widespread terrorist attack, supplies are likely to be in short supply. Many facilities accessed N95 respirators from the medical cache during H1N1.

Additional respirators, surgical masks, intensive care capable ventilators, oxygen concentrators and treatment beds were purchased with HPP funding this year. We also have enhanced the response capability of the medical cache by acquiring supplies for medical shelters and pre-hospital stabilization sites (sharing these costs with the CDC Public Health Preparedness Program). Materials for medical shelters and pre-hospital sites have been packaged as kits for rapid deployment.

Medical shelter kits include materials to provide low level medical support to people that do not meet criteria for hospital admission, often on home-health services or dependent on family members to provide assistance. Pre-hospital stabilizations kits are designed to provide Advanced Life Support pre-hospital level care to victims in mass casualty situations close to the scene until transport to an appropriate health-care facility can be accomplished. These kits also may be useful to expand emergency room capacity at a hospital.

The North Dakota state medical cache is quite substantial. The Public Health Preparedness Program, funded by the Centers for Disease Control and Prevention (CDC), employs one full-time and one part-time employee to manage the warehouse. The HPP program shares rental costs.

To view the materials that are available or to request supplies from the medical cache during an emergency, log-in to “HAN Assets” at <http://hanassets.nd.gov>.

Chempacks

Chemical exposure treatment medications (Chempacks) are located and maintained at Altru in Grand Forks, Sanford Health in Fargo, St. Alexius in Bismarck, Jamestown Hospital, Trinity Health in Minot and St. Joseph’s Hospital in Dickinson. Chempacks are available for use by any facility and should be requested if needed to respond to a chemical event by contacting the NDDoH case manager.

Antibiotic Cache and Strategic National Stockpile Point of Dispensing Plans

An initial supply of antibiotics (doxycycline and ciprofloxin) are stored and rotated with a pharmaceutical vendor in N.D. In the event of the need to prophylax hospital staff and families following an exposure to an infectious agent, additional antibiotics would be available from the Strategic National Stockpile (SNS). Each hospital has the option of preparing a point of dispensing (POD) plan in accordance with SNS expectations to qualify to receive antibiotics directly to the hospital for dispensing to staff and family members. Those that choose not to develop a plan would need to direct staff to a community POD managed by the local public health agency for prophylaxis. The community PODs have provisions for priority prophylaxis of emergency responders, including health-care workers if necessary. This is a facility specific decision. A template for developing the plan is available with much of the standard policy language already written. If previously developed plans address prophylaxis of staff, a plan assessment tool also is available to identify the minimum areas that should be addressed in the plan.

Plans for long-term Care facilities to prophylax residents and staff members include picking up medication at the community POD and dispensing to residents and staff. Off-duty staff may be directed to the community POD.

Patient Tracking System

In March 2010 we installed patient tracking software on hand-held data collection units that read the bar code from our state wide consistent triage tags and store patient identification information and minimal medical status information. A wireless router in each critical access hospital transmits patient tracking data to the Health Care Standard (HC Standard) server housed at the North Dakota Information Technology Department. Training and implementation of the patient tracking system has occurred via the BT WAN and also is archived on the NDDoH website at www.ndhealth.gov/ET/WebcastCalendar/Default.aspx. The patient tracking system was deployed rapidly to allow Fargo hospitals to be ready to use the system had evacuation been necessary for flooding this spring. The system also has been exercised in a city/county mass

casualty exercise with favorable results. If you need assistance with the patient tracking system, please contact our Quality Improvement Coordinator, Scott Larson, at 701.328.1101.

The patient tracking system is actually part of an upgrade to our HC Standard resource tracking program. Scott currently is building new data collection tables in the upgraded HC Standard software and very soon we will provide training on the new version and abandon the old version. From that point forward, reporting of bed availability and other emergency response information will be reported in the new version. Though change and retraining is always hard, we are confident that the newer version is easier to use and the new features, like patient tracking, are worth the effort.

Training and Exercises

An exercise kit containing mannequins, triage tags and a short tornado scenario have been delivered to each hospital. Each hospital is asked to complete an exercise by Sept. 30, 2010, that exercises the patient tracking system and your mass fatality capacity. The Hospital Preparedness Program will complete an after action report based on your feedback.

Many training opportunities occur throughout the year. Most are archived for viewing at any time on the NDDoH website.

Base Station Radio Upgrade

We currently are researching the status of hospital base station radios. The HPP Program has budgeted funding to upgrade hospital radios that do not meet the digital standards that will be required by 2013 in conjunction with the N.D. State Radio plan. Additional technology enhancements may allow transmission of radio communication through the BTWAN network. That would allow radio communication to hospitals all across the state. This is a long range plan and will take several years to accomplish.

BTWAN

The largest single expenditure from the Hospital Preparedness Program grant goes to support the monthly service for the Hospital Bioterrorism Wide Area Network (BTWAN) system. The hospital wide area network includes the videoconferencing system and voice over internet protocol (VOIP) phone for each hospital, plus a wireless router for transmitting data from the hand held patient tracking units. Recognizing that communication is a key ingredient in every successful emergency response, we are committed to continuing to support the BTWAN as long as sufficient grant funds are available. The addition of a site at the North Dakota Long Term Care Association office is planned for the upcoming year. Long-term care facilities are encouraged to identify the nearest hospital or public health videoconference site and participate in planning meetings and training.

Health and Medical Volunteers

The North Dakota Department of Health has purchased an off-the-shelf Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP) compliant software program for the management of health and medical volunteers, as well as non-medical volunteers. The system provides web access to a database into which volunteers register and update information. The database can be accessed and sorted by specific volunteer criteria. The system supports the credentialing of volunteers into all ESAR-VHP credential levels. Installation and administrative training has been completed. The new software was installed in 2008 and was fully operational in February 2009. North Dakota has successfully utilized our current system to activate volunteers in recent events. Twenty-five volunteers were deployed to staff medical shelters and support long-term care facilities and hospitals in order to increase capacity for evacuated patients, residents and vulnerable populations during spring 2009 flooding events. Twenty-nine volunteers were deployed to 26 sites in five counties to assist with H1N1 flu vaccinations. Volunteers also were notified and on alert for potential flooding this past spring.

Our volunteer coordinator has successfully established an advisory committee and completed the development of written policies and protocols.

HPP State Conference

For the coming grant year, July 1, 2010, through June 30, 2011, we have budgeted for a Hospital Preparedness Program conference. Early discussions are underway for a spring or summer 2011 conference. It is my hope that representatives from hospitals, long-term care, clinics, EMS and other partner agencies will participate as we discuss the health-care emergency response roles and challenges.

Expectations of HPP Participating Facilities

Successful health and medical emergency response is not possible without the cooperation of individual health-care facilities. The success of the Hospital Preparedness Program is dependent upon you. Each year we report to the federal grantor the number of "participating" health-care facilities in North Dakota and the percentage of participating facilities that are meeting the program performance indicators. Your responses to the HC Standard surveys provide the data for our responses.

Participating facilities enjoy program benefits, such as the following:

- Cost of BTWAN monthly service charges, software upgrades and maintenance support (acute care hospitals with ER services)
- Education opportunities
- Plan templates
- Partnerships/support with other health-care facilities

- Access to the state medical cache
- Access to pharmaceutical caches
 - Antibiotics
 - Chemical antidote
- Access to grant purchased equipment
 - Water purification units
 - Porta-count fit testing units
 - Portable hepa-filter units
 - Ventilators and Oxygen concentrators
- Inclusion in Health Alert Network notification system; access to the system for facility specific notifications to your employees.
- Decontamination equipment and training (acute care hospitals with ER services)
- Peer consultation team site visits

A participating health-care facility will have demonstrated the following:

- Signatory on HPP program MOU (not yet available for long-term care), or letter of intent describing your level of cooperation with response
- Active participation in regional meetings
- Participation in drills and exercises, meeting time expectations
 - Completion of after action reports and improvement plans
- Completion of biannual surveys
- Plan for capacity to surge during emergencies (target 10-20 % increase in bed capacity)
- Implementation of National Incident Management System (NIMS)
 - Training of ICS team in ICS 100, 200, 700 and 800
- Completion of Emergency Response Plans
 - Base Plan (All Hazards)
 - Pandemic Influenza Annex
 - Mass Fatality Annex
 - Evacuation/Shelter-in-Place Annex
 - Point of Dispensing Plan (Hospitals-Optional)
- Ability to provide decontamination services (acute care hospitals with ER services)

It is our desire to provide assistance, as needed, so that all facilities will be “participating” to the fullest extent possible. Please don’t hesitate to contact us with your questions and concerns. We look forward to another year of progress on our emergency response plans and capabilities and, if necessary, successful responses.

Brenda Vossler
Hospital Preparedness Division Director
North Dakota Department of Health

Dr. Steve Pickard
Career Epidemiology Field Officer, N.D.
Centers for Disease Control and Prevention

701.328.2748
bvossler@nd.gov

701.328.2365
spickard@nd.gov