



## **COMMUNICATION, COLLABORATION, COORDINATION:**

Utilizing the Multi-Agency Coordination Group for Equitable and Accessible Resources and Shared Commitment Across the State

Tribal Public Health Emergency Preparedness Conference  
Thursday, May 4, 2023

# dx<sup>w</sup>səq<sup>w</sup>əb

## Place of the Clear Salt Water

We would like to begin by acknowledging that the land on which we gather is within the aboriginal territory of the suq<sup>w</sup>abš “People of Clear Salt Water” (Suquamish People). Expert fisherman, canoe builders and basket weavers, the suq<sup>w</sup>abš live in harmony with the lands and waterways along Washington’s Central Salish Sea as they have for thousands of years. Here, the suq<sup>w</sup>abš live and protect the land and waters of their ancestors for future generations as promised by the Point Elliot Treaty of 1855.

Photo credit: [Suquamish, WA : Sunrise from Agate Passage-Suquamish photo, picture, image \(Washington\) at city-data.com](#)



# Introduction

- Have a discussion around the three Cs in forming the Healthcare MAC-G with First People Nations.
- Identify what elements and actions to expand and strength Tribal relationships and engagement.



# The Need for Collaboration



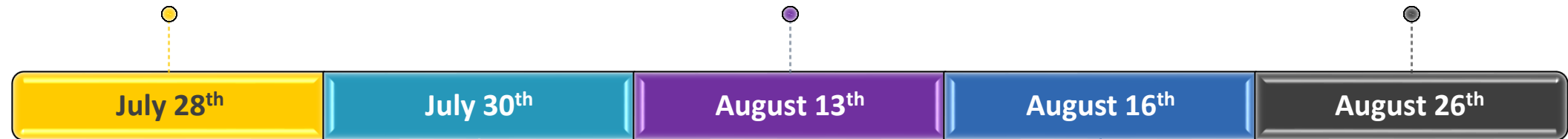
# 2021 Timeline

Crisis Standards of Care meeting with  
REDi Health Care Coalition.

Data trends demonstrating the  
increase of COVID cases to levels not  
seen during the response.

“Published” Healthcare Mitigation  
Decision Paper titled *Discharging  
Patients with No Barriers*.

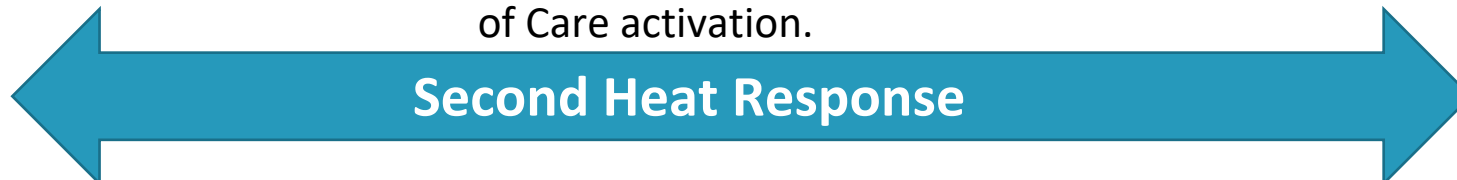
“Published” Healthcare Mitigation  
Decision Paper titled *Hospital Staffing  
Challenges*.



First Healthcare Mitigation Strategies  
meeting.

Started conversations about  
strategies to mitigate Crisis Standards  
of Care activation.

Started work on Second Mitigation  
Decision Paper concerning Hospital  
Staffing.



# Mitigation Decision Papers

Intended for Policy Decision  
Makers and Leadership

- Provide awareness to State Leadership
- Requesting decisions from Policy Level
- Completed in August 2021
- Led to MAC-G development

**Purpose:** In order for our state to avoid impending Crisis Standards of Care due to a surge in acutely ill COVID and non-COVID patients, the following information is provided to Washington State Leadership Teams specifically concerning the patients without barriers to discharge patients who are ready to be transitioned from acute care hospitals to Long-Term Care Facilities.

## Introduction

Topic: Discharging Patients with No Barriers	Date: 8/6/2021	Response Requested by Friday, August 13, 2021
<p>The Issue Is:</p> <p>Hospitals are having difficult time discharging patients with no barriers to Long-Term Care Facilities. Long-term Care Facilities state the inability to accept patients is due to lack of staffing. In many cases, the patients needing to be discharged do not have acute care needs but do have higher acuity long term care needs. This next week (ending 8/13/21) is critical and hospital beds must be freed up to avoid crisis standards of care.</p>	<p>Significance Is:</p> <p>Hospitals within the state are running at extremely high capacity, due a combination of higher-than-normal volumes related to delayed procedures, lack of post-acute discharge placement options and lack of staffing. In addition to cancellation of non-urgent procedures, hospitals have intermittently moved to treat and transfer or divert strategies to better consolidate staff and free up inpatient beds to provide patients care. This impacts the regional capability to accept transfers into Acute Care Hospitals, especially transfers to support our Critical Access Hospital transfers. Exacerbating the situation is the inability to discharge patients without barriers to discharge who no longer need acute hospital care. This document serves to ensure reasonable mitigation strategies are addressed in order to avoid crisis standards of care.</p>	
<p>The Ideal Outcome Is:</p> <p>Patients are discharged to Long-Term Care Facilities within 2-3 days of identifying their medical readiness for discharge. Within the next week, it is asked that State Leadership provides answers and policy guidance.</p>		
<p>Background Information:</p> <p>Since January 2020, Washington State hospitals, healthcare systems and long-term care facilities have contended with the COVID-19 pandemic. The pandemic has strained many of the resources throughout the state including employees in the hospitals and Long-Term Care Facilities. Coalitions reiterate there is a nurse and overall staffing shortage at hospitals and Long-Term Care Facilities. There are record number of staff retirements and changes in careers. Long-term care facilities report loss of certified nursing assistants, dietary and housekeeping employees to other industries such as the restaurant sector. All of these factors and more have occurred during the pandemic leaving our healthcare facilities in ominous circumstances for patient care and safety.</p> <p>Since January 2021, discharge reports have been compiled and distributed regarding numbers of patients with and without barriers who are ready for discharge. Health Care Coalitions are having twice weekly calls with hospital leadership where hospitals share verbal reports about hospital capacity issues. Washington Medical Coordination Center (WMCC) provides routine reports to Health Care Coalitions outlining the tripled volume of WMCC calls. It is becoming more prevalent that hospitals are boarding 30-60 patients in their emergency departments on a daily basis. There are patients requiring higher level of care in critical access hospitals who must wait until a bed opens in an acute care hospital to be transferred. The wait can be days instead of hours to complete the transfer. There have been multiple attempts to bring in out-of-state staff, but a national shortage has essentially decimated this option. On the other hand, there are anywhere from 150-</p>		

# Healthcare Mitigation Groups

## Decision Papers

- Discharging Patients with no Barriers
- Hospital Staffing Challenges

## Payor Issues

- Result of Decision Paper
- Health Care Authority
- Easing barriers to discharge patients
  - Managed Care Organizations
  - Long-Term Care Facilities

## Bremerton Hospital

- Investigating how Harrison Hospital in Bremerton could evolve into an alternate care facility
- Ease burden of difficult to discharge patients
- NWHRN, DSHS, DOH, WSHA

# 2021 Initial Participating Agencies

## **Early August - Initial Group included:**

- Northwest Healthcare Response Network
- REDi Health Care Coalition
- Healthcare Alliance
- DOH Programs

## **Late August - Included associations**

- Washington State Hospital Association (WSHA)
- Washington Health Care Association (WHCA)
- LeadingAge of Washington
- Health Care Authority

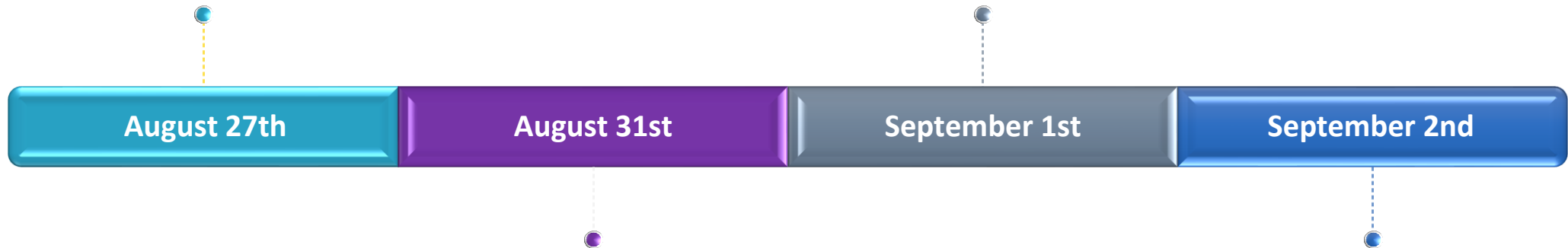
# 2021 Healthcare MAC-G Forming

# 2021 Timeline

Conversations with Partners Prior  
Week for Larger Group

Internal Meeting for MAC-G  
Development

First Healthcare MAC-G Planning  
Meeting



First Healthcare MAC-G Strategy  
meeting

Washington State Healthcare Briefing

# Level Setting for Participating Agencies

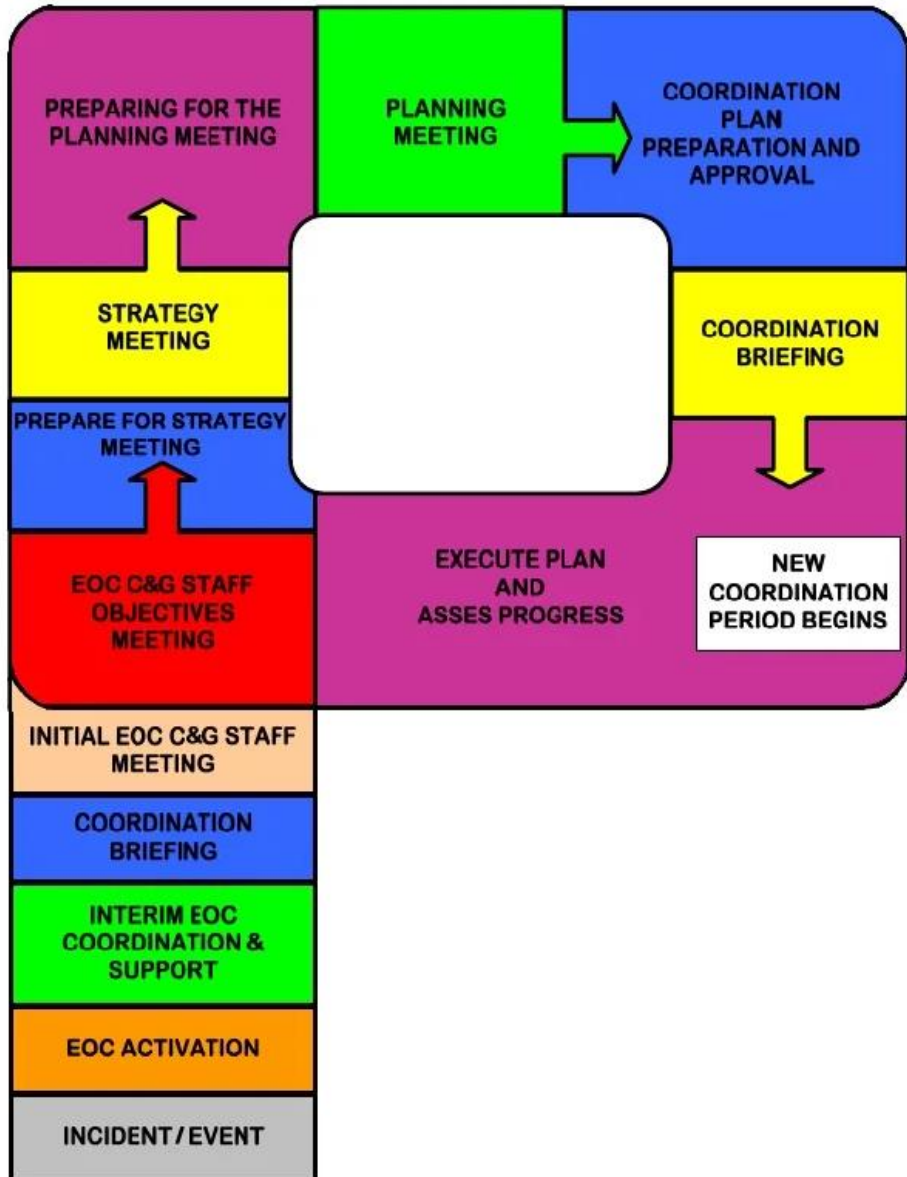


## Introduction to Healthcare MAC-G

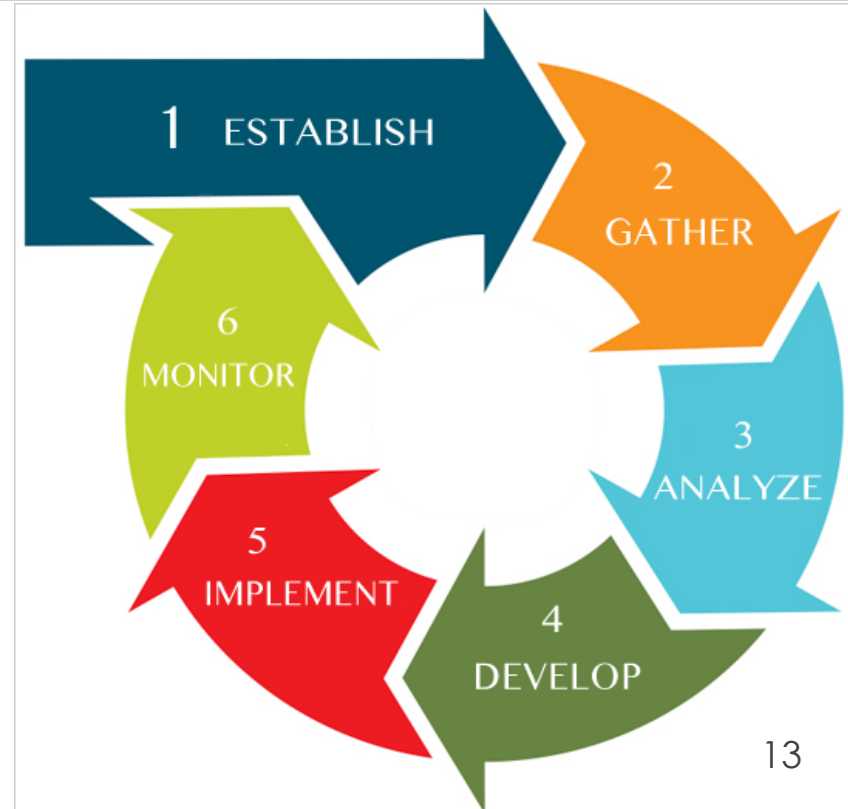
- Provided Purpose Statement
  - Respect to Tribal, local and regional Incident Command System structures
  - Work to support and assist resources for mitigating current and future impacts of healthcare surge
  - Use a health equity lens
- Agreed to Core Beliefs:
  - Communications, Collaboration and Coordination
  - Transparency, Authenticity, Accountability

# Overarching Goals

- Provide interagency and inter-organization representation and coordination to support healthcare systems, hospitals, long-term care facilities, and out of hospital medical care and transport providers such as emergency medical services (EMS)
- Support collaborative priority identification and subsequent mitigation planning efforts between Sovereign governments, agencies, organizations and facilities
- Provide consistent communications to maintain a common operating picture
- Ensure collective accountability amongst participating and cooperating agencies
- Identify urgent and long-term priorities and categorize the priorities to address, mitigate and/or resolve
- Further the implementation of the short-term and long-term options developed in the Decision Papers to mitigate Crisis Standards of Care and healthcare surge



# Planning Cycle



# 2021 Documentation

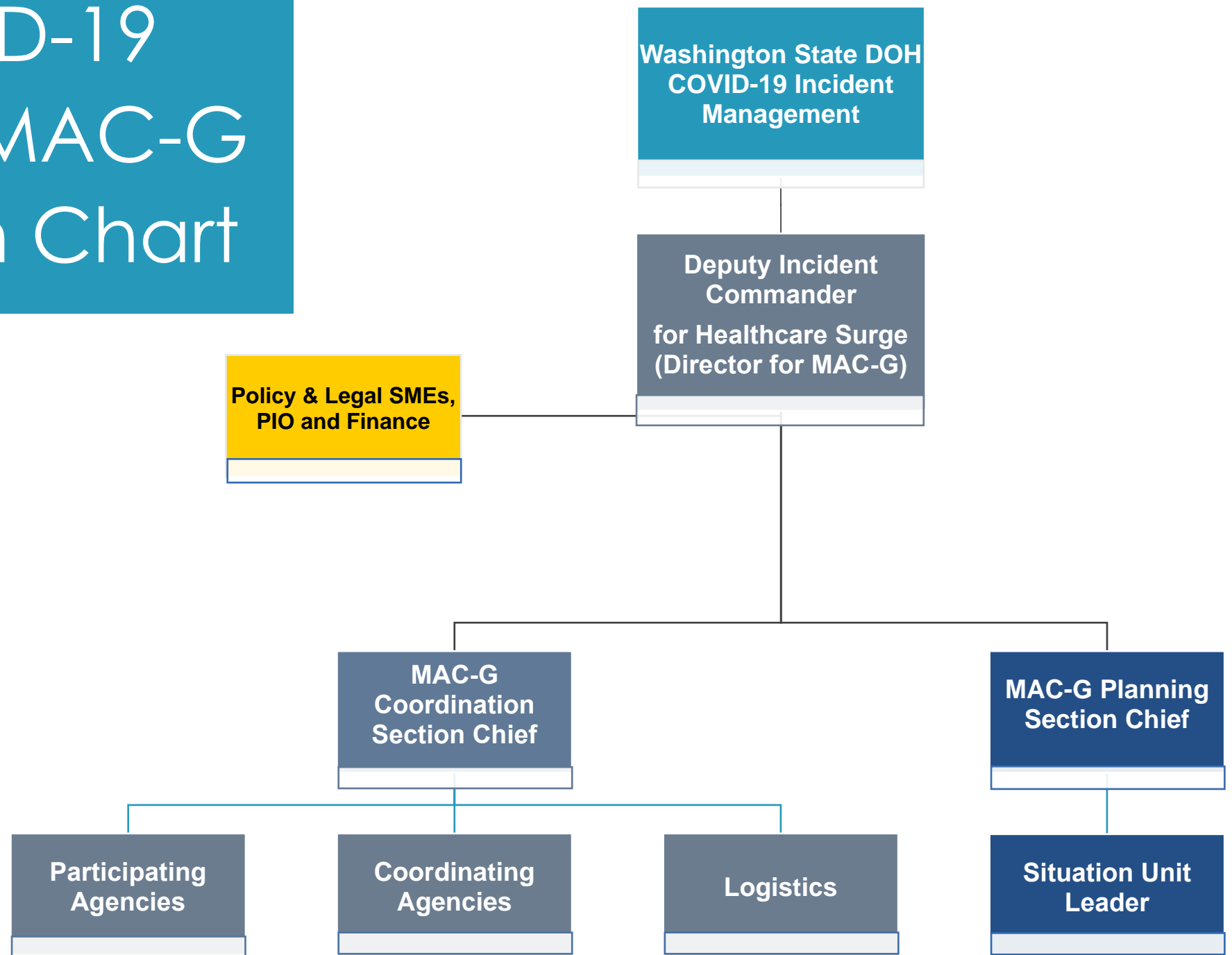
## Healthcare Situation Report

- Twice a week
  - Tuesdays and Fridays
- Used Smartsheet form to gather information and data
- Participating agencies
- Situational awareness from invested agencies, associations, and coalitions

## Coordination Plan

- Once a week
- Objectives and Planned Activities
  - IS-204 Form
- Communications List
  - IS-205A Form
- Used Smartsheet Form
- Thursdays at Washington State Healthcare Briefings

# During COVID-19 Healthcare MAC-G Organization Chart



# 2021 Healthcare MAC-G Team



# Connections & Conversations



## **Building Relationships and Trust**

During a response can be  
challenging



## **Difficult Conversations**

Differing points of view  
Competing priorities from  
participating agencies'  
leadership  
Asked meeting participants to  
use an Open Mindset



## **Prioritize strategies and actions**

Discharging patients  
Alleviating stress on hospitals

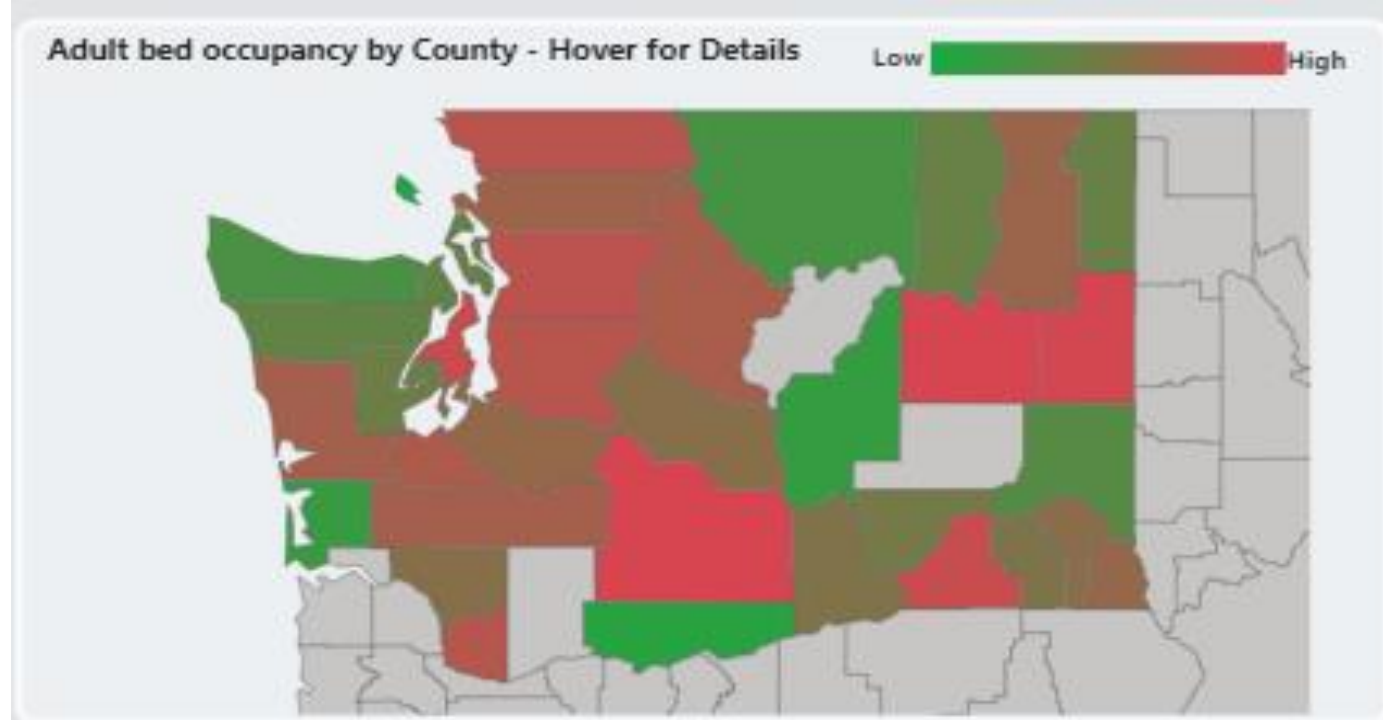
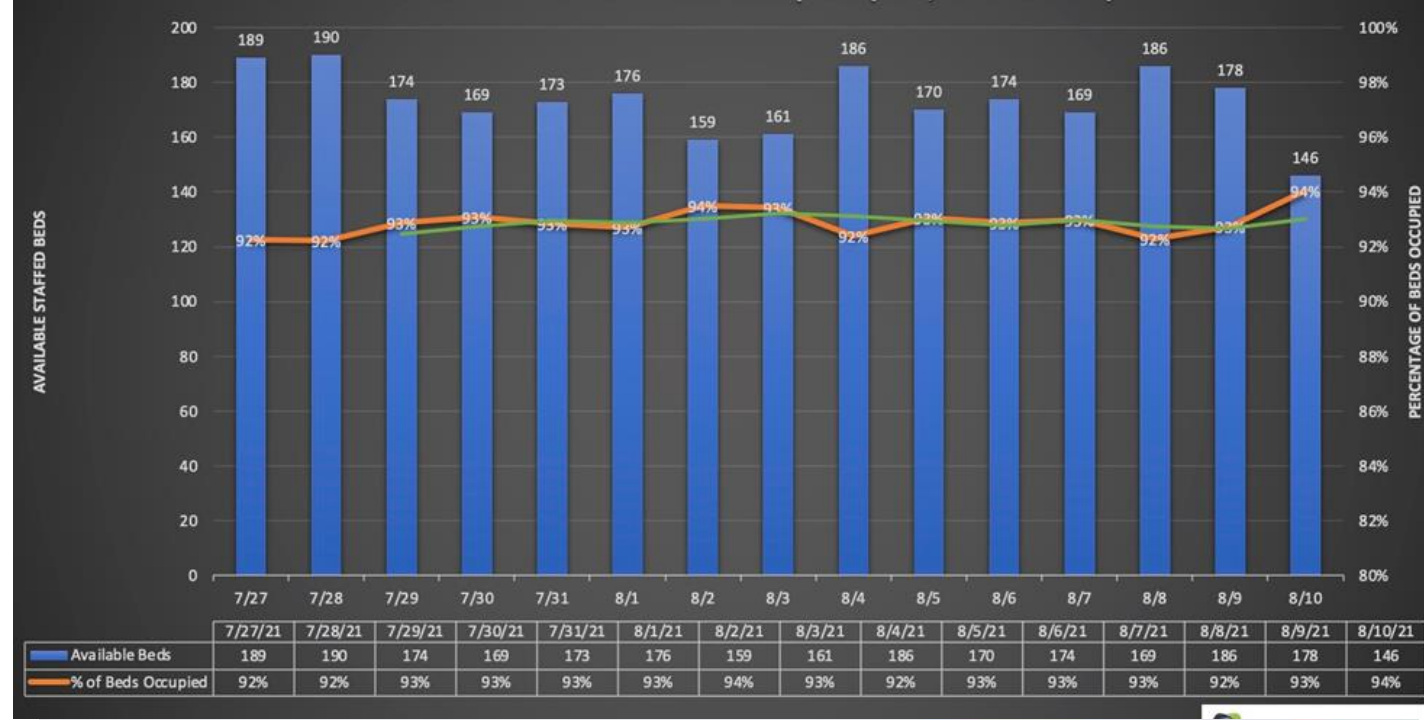
# Decision Making & Data

## Situational Reports from:

- Department of Health IMT Situation Unit
- Northwest Healthcare Response Network
- REDi Health Care Coalition
- Healthcare Alliance
- Department of Social and Health Services
- Washington Medical Coordination Center
- RHINO Team (ESSENCE)

## Dashboard Data from:

- WATrac
- WA HEALTH



# In-Action Review

## Strengths

- Intentional Collaboration
- Flexibility
- Cross Coordination
- Communication with Variety of Partners
- Inclusivity of Initial Stakeholders

## Areas of Improvement

- Lack of Concept of Operations Plan
- Closing the Loop concerning Policy Decisions
- Funding Mitigation Strategies
- Situation Report Template for Standard Reporting from Participating Agencies
- Lack of Representation from Tribes and Access and Functional Needs

# Corrective Actions



Further defining trigger points to scale activations



Writing and implementing  
Concept of Operations



Partner reporting to include  
LTCF in HCC reports



Provide further education on ICS  
and Planning P for all partners



Next Steps



# Develop Sustainable MAC-G

- Meeting once a month as an entire group
  - Focusing on Healthcare System in Washington State
  - Healthcare Preparedness Program to facilitate
  - ESF #8 Lead Agency
- Expanding to other agencies and coalitions:
  - NW Blood Coalition
  - Tribal Nations
  - Access and Functional Needs Populations
  - Rural Healthcare
  - Behavioral Health

# MAC-G Steering Committee

- Representation from:
  - Health Care Coalitions and Alliance
  - Department of Social and Health Services
  - Washington State Hospital Association
  - Health Care Authority
  - Emergency Management Division
  - Department of Health, Healthcare Preparedness Program
  - Tribal Nation representation
  - Access and Functional Needs representation
- Developing responsibilities
  - Review, Focus, Strategy, Advise

# Develop Formal Documents



CHARTER



MEMORANDUM  
OF  
UNDERSTANDING



CONCEPT OF  
OPERATIONS

# Increasing Awareness & Cohesion

- Hot Topic Conversations
  - Behavioral Health
  - Pediatric
  - Rural Health
- Implementing Corrective Actions
  - NIMS, ICS and Planning P
  - G-2300, Emergency Operations Center Course
- Agencies providing mission, vision, goals, objectives
  - Gain understanding of each other

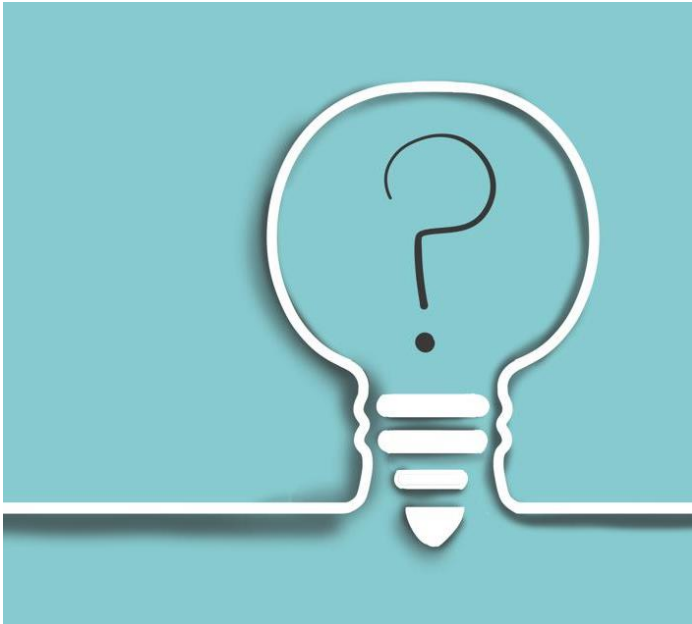
# Expanding to Tribal Involvement

- Discussion with Lou Schmitz, AIHC
  - Lummi Tribe and Healthcare
  - Balancing Tradition with Public Health protocols and policies
  - Due to COVID-19 Response Demands
    - Conversations paused
- 2023 Healthcare MAC-G Capacity increased
  - Reconstructing mission, introduction, charter
  - Reaching to AIHC

# Conversation – Tribal Involvement

- How would Tribes be involved with Healthcare MAC-G?
  - How do you see your participation?
- What expectations are needed?
  - What space is needed for involvement?
- After this presentation, what suggestions would you like to add for the MAC-G?

100



# Healthcare Preparedness Team

Executive Office of Resiliency and Health Security

Washington State Department of Health



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