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
We would like to begin by acknowledging that the land on which we gather is within the aboriginal territory of the suqʷəbš “People of Clear Salt Water” (Suquamish People). Expert fisherman, canoe builders and basket weavers, the suqʷəbš live in harmony with the lands and waterways along Washington’s Central Salish Sea as they have for thousands of years. Here, the suqʷəbš 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
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.

Second Heat Response
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 MACG development

WASHINGTON STATE HEALTHCARE MITIGATION DECISION PAPER

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

<table>
<thead>
<tr>
<th>Topic</th>
<th>Discharging Patients with No Barriers</th>
<th>Date: 8/6/2021</th>
<th>Response Requested By: Friday, August 13, 2021</th>
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The Issue Is:

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 due to lack of staffing. In many cases, the patients were being discharged to different settings based on the discretion of the care teams. In some cases, patients were discharged to facilities that do not 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.

Significance Is:

Hospitals within the state are running at extremely high capacity, due a combination of higher than normal patient volume and frontline staff shortages. In addition to cancellation of non-urgent procedures, hospitals have intermittently moved to treat and transfer of patients to other hospitals. This impacts the regional capability to treat patients without barriers to discharge who no longer need acute hospital care. This document serves to support our Critical Access Hospital transfer.

The Ideal Outcome Is:

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.

Background Information:

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 that there is a nurse and overall staffing shortage of hospitals and Long-Term Care Facilities. There are record number of staff retirements and changes in careers. Long-term care facilities report loss of healthcare staff due to COVID-19, and other industries such as the restaurant sector.

All of these factors and more have occurred during the pandemic leaving our healthcare facilities in ousous circumstances for patient care and safety.

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 Coalition has twice weekly calls with hospital leadership where hospitals share verbal reports about hospital capacity issues. Washington Medical Coordination Center (WMCC) provides outline reports to Health Care Coalition outlining the needs and volume of WMCC calls. It is becoming more prevalent that hospitals are boarding 30-40 patients in their emergency departments on a daily basis. The goal is to require higher level of care in critical access hospitals for patients that must wait until a bed opens in an acute care hospital to be transferred. This has been the case for the past few months.

The worst-case scenario would be a national shortage of ventilators and this option was presented to the state. There has been multiple attempts to bring in critical care staff from other states to staff critical access hospitals. A shortage of ventilators would essentially decimate this option. On the other hand, there are anywhere from 5000-7000 ventilators in the state.
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

August 27th
Conversations with Partners Prior Week for Larger Group
Internal Meeting for MAC-G Development
First Healthcare MAC-G Strategy meeting

August 31st
First Healthcare MAC-G Planning Meeting

September 1st

September 2nd
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

1. Establish
2. Gather
3. Analyze
4. Develop
5. Implement
6. Monitor
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

Washington State DOH
COVID-19 Incident Management

Deputy Incident Commander
for Healthcare Surge
(Director for MAC-G)

Policy & Legal SMEs,
PIO and Finance

MAC-G Coordination
Section Chief

Participating Agencies

MAC-G Planning
Section Chief

Situation Unit Leader

Coordinating Agencies

Logistics
2021 Healthcare MAC-G Team
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?
Further Questions?
Healthcare Preparedness Team
Executive Office of Resiliency and Health Security
Washington State Department of Health

Kristine Camper
Healthcare Preparedness MAC-G Coordinator
Kristine.Camper@doh.wa.gov

Kris Hansen
Healthcare Preparedness Administrator
Kristina.Hansen@doh.wa.gov
To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.