



Washington State Region 9 Healthcare Coalition 2017 Annual Report

srhd.org/programs-and-services/hcc | hcc@srhd.org

Washington State
Region 9 Healthcare Coalition
2016 Annual Report

July 1, 2016 – June 30, 2017



The mission of the Washington State Region 9 Healthcare Coalition is to prepare for, respond to, and recover from crisis using all available resources, providing patient care at the appropriate level and in the most efficient manner.

The Region 9 Healthcare Coalition (R9 HCC) strives to build emergency preparedness across the healthcare system to create resilient communities within the ten counties and three tribes of eastern Washington. To fulfill our mission statement, the R9 HCC collaborates with healthcare partners on various projects and topics for regional healthcare system preparedness with the goal to provide quality patient care during medical surge events. The activities of the R9 HCC outlined here were funded under the United States Department of Health and Human Services (HHS) through the Office of the Assistant Secretary for Preparedness & Response (ASPR) Healthcare Preparedness Program (HPP) grant and administered through a cooperative agreement between the Washington State Department of Health (DOH) and the Spokane Regional Health District (SRHD).

A warm-hearted thanks to all partners for their time and efforts in strengthening the response coordination of Region 9 healthcare system partners. After so many years of great work in healthcare system preparedness, it is exciting to see the R9 HCC implement systems change that supports a collaborative response throughout eastern Washington's healthcare partners. This would not be possible without the effort and dedication of great agencies and great people.

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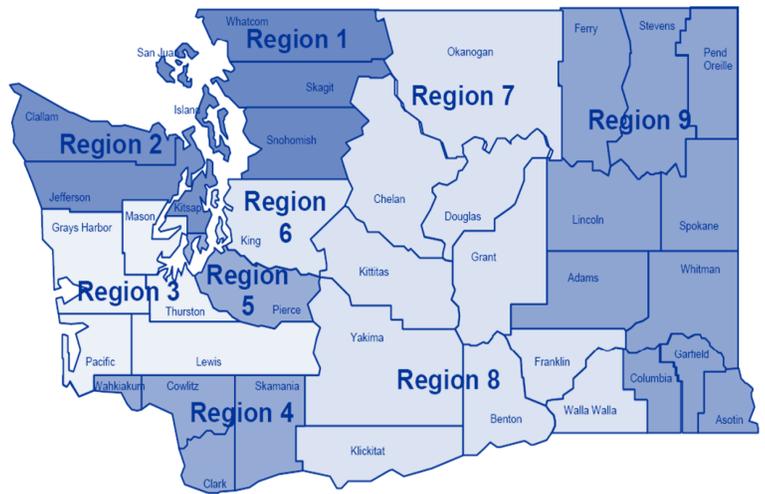
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About the Coalition

Includes membership information, budget, and staffing updates

Region 9 Healthcare Coalition General Meetings

The R9 HCC hosts general meetings on the fourth Thursday of odd months that are open to all types of healthcare providers, emergency medical services, public health professionals, emergency managers and related services. Meetings provide partners with the opportunity to network, understand the roles and responsibilities of partner agencies, and share best practices and lessons learned from responses.



Meetings also provide the opportunity to give updates on committee work including the Disaster Medical Coordination Center (DMCC), patient tracking, and information sharing. 2016-2017 meetings encompassed emergency management programs, notification protocols, hazard vulnerability assessments, and infectious diseases. Lessons learned from exercises and past responses included:

- June 2016, Orlando Nightclub Shooting
- September 2016, Spokane Mumps
- November 2016, Mann-Grandstaff Veterans Administration Medical Center (VA) Ventilator Request
- December 2016, Whitman County Mass Casualty Incident Drill
- Winter 2017, Spokane Influenza
- March 2017, Kootenai Health campus shooting in north Idaho

C-Suite Introduction Series

This last year continued the C-Suite Introduction Series. These presentations introduce local healthcare leaders and the work of their organizations in healthcare emergency preparedness planning to the R9 HCC. Speakers highlight the work of their agencies in preparedness planning, strategic partnerships, and the response roles they play in our region.

The 2016-2017 C-Suite speakers included:

- Megan Snow, Executive Director, American Red Cross of the Inland Northwest
- Sharon Hershman, Chief Nursing Officer, Providence Holy Family Hospital
- Gail Callas, Director of Patient Care Services, Rockwood Health System

General membership meeting video links, webinar recordings, minutes, and agendas can be found on the R9 HCC website at www.srhd.org/programs-and-services/hcc.

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Region 9 Healthcare Coalition Membership

Membership in the R9 HCC is defined as any healthcare entity within the ten counties and three tribal nations of eastern Washington that actively contribute to HCC strategic planning, operational planning and response, information sharing, and resource coordination and management.

In practice this means completing the following elements within one calendar year:

- Participation in R9 HCC Essential Elements of Information (EEI) Response Process.
- Share exercise outcomes and lessons learned with R9 HCC members through presentation, newsletter contribution, sharing after action review improvement items or contribution to R9 HCC website.
- Participation in one of the following options:
 - Attendance and contribution to a planning workgroup.
 - Attendance at R9 HCC sponsored training.
 - Presentation at a R9 HCC meeting or submission of a newsletter article.

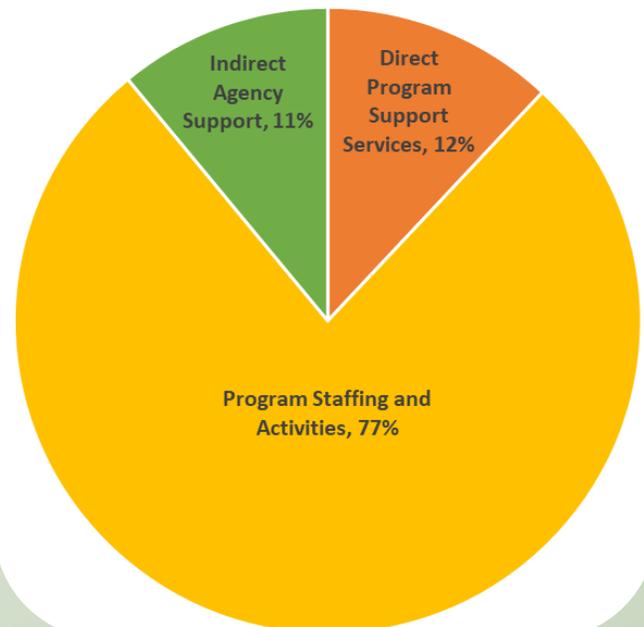
2016-17 Financial Report

The R9 HCC was awarded \$251,383 through a grant contract between the Washington State Department of Health and Spokane Regional Health District for the July 2016 - June 2017 fiscal year.

Expenditures:

Category	Expense	Percentage
Program Staffing and Activities	\$194,000	77%
Direct Program Support Services	\$ 30,000	12%
Indirect Agency Support	\$ 27,000	11%

Region 9 Healthcare Coalition 2016-17 Expenditures



About the Coalition

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Staffing Updates

Summer 2017 welcomed two new staff members to the R9 HCC.

Carolyn Cartwright and Casey Schooley joined the team to provide support in WATrac, communications, regional trainings and exercises. This increased staffing will allow the R9 HCC to concentrate on effective communication and resources for healthcare providers and first response partners in Region 9.

Additionally, the Washington State Healthcare Preparedness and Response (HPR) program has provided funding for three positions to support multi-region partners in Washington healthcare preparedness region north central (Region 7 Healthcare Coalition), south central (Region 8 Healthcare Coalition) and east (Region 9 Healthcare Coalition).

Hannah Cylkowski, Eastern Washington HPR Information Management Coordinator, Maren Murphy, Eastern Washington HPR Planning Coordinator, and Heidi Wilson, Eastern Washington Training and Exercise Coordinator will focus on supporting coalitions in eastern Washington planning regions.

Coalition Communications

The R9 HCC strives to keep members engaged in emergency preparedness information and activities through a variety of methods including email, newsletters, bulletins and information shared on our website and social media platforms.



@Healthcare Coalition



@Region 9 Healthcare Coalition



@R9HCC

The Coalition Connection Newsletter is a bi-monthly e-publication containing information on status of R9 HCC workgroups and committees, updates and stories regarding emergency preparedness and best practices, general membership meeting previews and summaries, along with a list of upcoming events around the region, including training opportunities and conferences.

In addition to the Coalition Connection Newsletter the R9 HCC sends a smaller e-publication, the Coalition Connection Bulletin. These more frequent publications serve as timely, but succinct reports on immediate regional and national news.

In late August, the R9 HCC website transitioned under the new SRHD website (www.srhd.org/programs-and-services/hcc).

Region 9 Healthcare Coalition Staff

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Our aim is to provide accurate and timely information to keep our members well-informed.

Planning

Includes projects, committees, and HCC communications that build infrastructure to connect partners

Region 9 Healthcare Coalition Response to 2017 CMS Requirements

On September 8, 2016, the Federal Register posted the Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers. The regulation went into effect on November 16, 2016. This final rule references healthcare coalitions over 35 times as a community resource for planning, training, exercise, and response for healthcare providers. Organizations from all seventeen impacted provider types are receiving guidance from regulators and accreditation agencies to document their participation in community based planning, training and exercise efforts.

To support the multitude of healthcare provider types concurrently developing plans to comply with the September 8, 2016 CMS Emergency Preparedness Condition of Participation Rule, the 2017 Region 9 meetings adapted to share education pertinent to the CMS rule and join peer organizations in facilitated discussions to share resources, plans and cooperatively plan for compliance. The 2017 CMS workgroup meeting schedule featured the following areas of focus: hazard vulnerability assessment, emergency management program, policies and procedures, and communications plan.

For information regarding CMS resources, please see our [R9 CMS Emergency Preparedness Rule Resources Matrix](#). To schedule a coordination meeting with R9 HCC staff to see how your agency can be involved, send a request to hcc@srhd.org.

Region 9 Healthcare Coalition Situational Awareness Response Process

In 2014, the R9 HCC strategic planning process identified a need to define the R9 HCC response function. To provide an answer to this question, a multi-disciplinary committee formed in July of 2015 to define the operational response of the R9 HCC. Dubbed Healthcare System Operational Response Committee (HSORC), representatives from hospitals, blood centers, dialysis, and agencies serving vulnerable populations identified

When asked about the benefits of the R9 HCC Situational Awareness Response Process, participants said, "The ability to see in real time how our region was being affected and to help us prepare ourselves"

the need for increased situational awareness among healthcare partners during an emergency event. HSORC developed tools and protocols to allow the R9 HCC to meet this need by gathering and disseminating EEI during an ongoing event.

Tested in response to wildfire, windstorm, influenza and other hazards, the Region 9 EEI process continues to be improved and refined based on experience and user feedback. The situation reports combine information regarding status, staffing and resource concerns from a variety of different partners including hospitals, blood centers, dialysis centers, and long-term care facilities. Reports are shared with healthcare, EMS, emergency management, public health, and state and regional partners.

To contribute to and receive situation reports, submit three contacts from your organization please use the following link [here](#).

Planning

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WATrac

The Washington system for Tracking Resources, Alerts, and Communication (WATrac) is a web-based application serving the Washington healthcare system by providing two distinct functions: 1) daily tracking of patient care bed availability and agency status 2) incident notification and situational awareness for disaster response. WATrac is a tool that assists healthcare across the state to provide coordinated patient care in the event of a disaster. The R9 HCC serves as the WATrac Regional Lead for Region 9 and manages user accounts.

This year, WATrac was used in various responses and exercises including Frozen Contagion, Hoopfest, and Influenza. In particular, WATrac users are exploring the Patient Tracking module of WATrac to expand future use of this WATrac component as a response to mass casualty incidents or evacuations.

Travis Nichols and Bill Whitman continue to serve on the Washington State WATrac advisory board helping guide and direct statewide policies and protocols. We are excited to have Mike Lopez, City of Spokane Assistant Director Integrated Medical Services and Hannah Cylkowski, Eastern Washington HPR Information Management Coordinator join this committee. Travis Nichols, R9 HCC Coordinator and Carolyn Cartwright, R9 HCC Communications Specialist are WATrac regional administrators and available to assist with training.

Hoopfest, stock photo



Region 9 Disaster Medical Coordination Center



The Disaster Medical Coordination Center (DMCC) is a critical component of response to any Mass Casualty Incident (MCI) or healthcare facility evacuation. The purpose of the DMCC is to place patients from an MCI or healthcare facility evacuation into a healthcare facility that provides the appropriate level of care based on the patients' need as quickly as possible. Secondly, the DMCC aims to prevent the need for secondary transfers.

The large geographic area of Region 9 required a unique sub regional DMCC model to adequately serve the needs of our healthcare partners. Holy Family Hospital serves as the DMCC for the northern three counties (Pend Oreille, Stevens, and Ferry). Deaconess Hospital serves as the DMCC for the central counties (Spokane, Lincoln and Adams). Pullman Regional Hospital serves the southern counties (Whitman, Asotin, Garfield and Columbia). Deaconess Hospital also serves as the DMCC regional lead to support all DMCC functions region wide when necessary. Each DMCC is responsible for making patient placement decisions based on current healthcare system capabilities and communicating that placement decision to the transport officer on scene within their sub-region.

In the 2016, the R9 HCC initiated an 18-month planning process, including four DMCC exercises from January to April 2017. The outcome of these exercises and planning meetings was an updated [Region 9 DMCC Response Plan](#). (continued on p. 9)

Planning

Includes projects, committees, and HCC communications that build infrastructure to connect partners

Region 9 Disaster Medical Coordination Center (cont.)

During this planning and exercise process in 2016-2017, two communication gaps were identified: delayed activation of the DMCC, and an inability for the DMCC to communicate patient placement information with the transport officer on scene. As a result of these identified gaps, the following system improvements have been implemented:

- Emergency Room Directors in Spokane County have identified their facility patient capacity they can support at any time in excess of their routine patient load. This work identifies the number of patients a hospital can receive during an MCI event regardless of their current operating status. The remaining Region 9 hospitals have been assessed and their initial numbers have been determined. This information was used to develop a patient placement matrix.
- The Combined Communication Center (CCC) in Spokane can now place patients from an MCI event using a predetermined patient placement matrix with guidance from the DMCC. This assures patients are placed at the appropriate facility based on patient need and healthcare system capabilities at the time of the event. This model is reproducible for each communication (dispatch) center in our region.
- WATrac Command Center is now utilized by hospital and healthcare partners to share real time situational awareness during an event. This allows the CCC to post the most current information regarding the MCI scene and it allows healthcare facilities to post current information regarding their facility. This assures that the response system has a clear and concise operating picture of the healthcare system during patient placement.
- The WATrac patient tracking module was tested allowing; patients from an MCI event to be tracked throughout their treatment during an MCI event. Patient tracking begins with triage and tagging with bands on scene, followed by patient data entry upon reception at a healthcare facility.

Thanks to the work of our regional partners, these system improvements have enhanced communication resulting in better healthcare system situational awareness, rapid patient placement decisions, and an improved ability to track patients throughout the response.

Russel Phillips and Associates

The Washington State DOH has completed a multi-year project to conduct medical surge assessment visits at all hospitals within the state. The visits were conducted under contract with Russell Phillips and Associates (RPA). The assessment visits resulted in customized response tools supporting components of Emergency Support Function (ESF) 8, along with decision making about resources and asset needs, hospital surge capacity, transportation planning to support hospital evacuations, and a patient categories-of-care resource tool.

The R9 HCC worked closely with DOH and RPA to complete these assessments for the hospitals in Region 9. These resource needs are outlined in the RPA-developed tools received by each hospital. Trainings with each hospital focused on how best to utilize these tools, while R9 DMCCs trainings focused on how to use these tools to guide their DMCC functions during a response.

Planning

Includes projects, committees, and HCC communications that build infrastructure to connect partners

Crisis Standards of Care

Hurricanes Irma and Harvey (2017), Wild Fires in Central and NE WA (2014, 2015, 2016), Superstorm Sandy (2012), Joplin Missouri, St. John’s Medical Center (2011), Hurricanes Rita and Katrina (2005)...

All significant disasters requiring implementation of Crisis (or Altered) Standards of Care – sometimes where these standards did not previously exist.

With the exception of wildfires, these types of natural disasters are implausible for eastern Washington. Yet they all have a common element to which we can relate – complete loss of power to medical institutions for extended periods of time, evacuation or shelter-in-place contingencies, reliance on generators that may never have been stress tested, and just-in-time medical supplies reliant on a transportation infrastructure that may be incapacitated.

Many of these communities and their healthcare systems have learned the lessons necessary to truly plan for the implementation of Crisis (or Altered) Standards of Care and disaster response. In Texas, through the coordinated efforts of the Southeast Texas Regional Advisory Council, hospitals and skilled nursing facilities were more prepared than ever before to handle the effects of severe flooding, power outages, and isolation due to impassible roads during and after Hurricane Harvey. As a regional community, we are working toward this type of healthcare system preparedness and resiliency.

The Spokane County Disaster Clinical Advisory Committee (DCAC) emerged a little over a year ago after an educational workshop on the topic given by Dr. John Hick. The committee has met a handful of times to grapple with and strategize about the best path forward, learning about Bioethics, parallel work at the WA State DOH level, and building a foundation of understanding regarding the emergency response structure within Spokane County and where DCAC fits into that structure. We are not yet a representative group of core committee members and that is where time has been spent by the committee facilitator over the past many months; meeting with individual physicians, an ethics committee, and on-boarding the new Health Officer for SRHD – Dr. Bob Lutz. Dr. Lutz will be actively engaged in helping guide this work going forward.

A draft charter has been created and will be available at www.srhd.org/programs-and-services/hcc. Please direct questions, concerns or expression of interest in supporting this work to Susan Sjoberg (ssjoberg@srhd.org, 509.324.1669).



Spokane Windstorm 2015

Trainings

To test plans and processes, trainings and exercises improve emergency preparedness capability in the region

The R9 HCC arranged trainings and workshops this past year to assist members in improving their knowledge and skills to strengthen their capability to respond. Some of the offerings included: ESF 8 Response and Resource Manual Workshop, Disaster Mental Health training, Triage and Treatment course, Hospital Emergency Response Training, Highly Infectious Disease Workshop and Hospital Evacuation and Shelter in Place training.

Triage and Treatment Center Training:

Equipping Non-emergency Facilities to Respond during Disasters

On May 2, 2017, the Kitsap Public Health District and R9 HCC provided a triage and treatment training for over 40 non-emergency personnel at the Enduris Training Center. This curriculum provided foundational knowledge and emergency response training for personnel not typically quipped for these disasters. The training built staff response capability to help within their community during emergency situations.

Disaster Mental Health

On March 23, 2017, over 35 people attended the Disaster Mental Health training day provided by Washington State DOH Emergency Preparedness and Response program and Frontier Behavioral Health. This 6.5-hour course addressed how to operate with “Boots on the Ground” as a Mental Health Professional. This course was designed specifically for behavioral mental health providers who practice in a clinical or hospital setting and could be requested to do field work in the event of a disaster. Attendees rated the training highly with one participant saying “Very informative, helped show me mental health provider’s role in the disaster response.”

Hospital Shelter In Place (SIP)

Over 20 healthcare partners attended a two-day Hospital Evacuation/Shelter in Place (SIP) course May 9 and 10. This training was provided by DOH and Region 9 Healthcare Coalition, and hosted by St. Luke’s Rehabilitation Center. Coursework was designed to both educate and train hospital personnel in the skills needed to successfully plan, determine tactics (full/partial, SIP) and execute an evacuation of a healthcare facility. Hospital Evacuation/SIP response was discussed in the contexts of the Hospital Emergency Operations Plan, Incident Management Team/Hospital Incident Command System organizational structure. This course was designed specifically for management of a hospital evacuation or SIP disaster.

Participants shared that they found this information valuable and enjoyed the speakers.

SIP Course 2016 at St. Luke’s Rehab



“Really the entire course as taught by the presenters has been outstanding and pertinent to the field of healthcare. Not only has it been well presented, but thought provoking with many take-aways.”

-SIP Participant

Exercises

Working together to test and improve our responses

Frozen Contagion and Special Pathogens/Ebola

Preparedness work for Ebola and Other Special Pathogens (EVD/OSP) continues in healthcare coalitions across Washington State. The goal is to enhance the capability of designated facilities to safely manage patients with EVD/OSP, including the preparedness activities of the healthcare coalitions that surround them, including the R9 HCC.

Under the HPP Ebola Part B funding, Washington is designated the lead state in HHS Region 10 and is home to the Regional Treatment Center (RTC), Providence Sacred Heart Medical Center and Children's Hospital (PSHMC & CH) in Spokane. "A regional EVD and OSPD concept of operations plan (ConOps) was written and a new Special Pathogens Unit (SPU) completed in November of 2016 to fulfill this role.

On May 16, 2017, Frozen Contagion, a regional exercise, tested the reception of an Ebola patient by the PSHMC Special Pathogens Unit. Frozen Contagion was a two day exercise series that involved three separate exercises. The first was a full scale exercise that began in Kodiak, Alaska and involved the transport of a Person Under Investigation (PUI) for EVD from Kodiak to Anchorage. PSHMC&CH and Washington State were not involved with that exercise. The second exercise was a functional exercise that involved transportation arrangements of a confirmed EVD patient from an Assessment Hospital in Anchorage to the Region X RTC in Spokane. During this functional exercise, Washington State Department of Health (DOH) using the Region X ConOps coordinated clinical and transportation arrangements with Providence Anchorage, Alaska Department of Health and Social Services, Spokane Regional Health District (SRHD), and PSHMC&CH as well as several local partners.

The third exercise in this series was a full scale exercise that involved the simulated transport of a confirmed EVD from Alaska to PSHMC&CH. The exercise began at Spokane International Airport (SIA) utilizing an aircraft to simulate the arrival of the patient and EMS transport was provided from SIA to PSHMC&CH by American Medical Response (AMR). Transport from SIA was supported by the Spokane Police Department as well as AMR and Spokane Fire Department. Upon arrival at PSHMC&CH, the patient was transported to the SPU and all operational procedures to support the arrival, transport, security, communication, and patient care of an EVD were exercised. The exercise was an excellent opportunity to coordinate with local, regional, state, and inter-state partners. Lessons learned reinforced best practices and identified areas to improve to become more proficient in this high risk, low demand mission.

This [video](#) provides a summary of the exercise and includes interviews by many of the agencies and partners who supported the exercise.



Frozen Contagion Exercise, May 2017

Exercises

Working together to test and improve our responses

Hoopfest Patient Tracking

The April 18, 2017 Hoopfest Recovery Tabletop Exercise was conducted with twenty-five plus community organizations and focused on post-incident recovery operations in a mass casualty incident (MCI) due to an active shooter/Improvised Explosive Device (IED.) It addressed information sharing and alerting, evacuation, patient transportation and tracking, and reviewing plans and standard operating procedures for short-term recovery.

As a parallel exercise from of the Hoopfest Recovery Tabletop scenario the R9 HCC Patient Tracking Committee tested their Patient Tracking ConOps. A group of trained registrars from Holy Family Medical Center gathered in a separate room and entered simulated patient information into the WATrac Patient Tracking module. The exercise proved to be very successful given the registrars excitement about the process and interest in continuing the education and implementation. The process of entering data was easy for the registrars to execute and they saw patient tracking as a feasible process within their hospital.

Areas of improvement were identified and addressed. Post-event and future efforts have been focused on providing region-wide WATrac trainings and the development of an implementation plan with the Patient Tracking ConOps workgroup.

“It was incredible to see all of the hard work of the committee in action” said Elena Mierau, former HCC employee.

“Thought and discussion went into every aspect of the ConOps, and its success in this exercise was a huge step forward in the process.”

Regional Exercises

The following are regional exercises that the R9 HCC participated in, observed, or evaluated:

- **December 2016** - Whitman County mass casualty incident exercise
- **February 2017** - Pend Oreille County local emergency planning committee full-scale exercise
- **April 2017** - Idaho Region 2 North Central Healthcare Coalition Genesee active shooter mass casualty incident exercise
- **May 2017** - Fairchild Air Force Base full-scale mass casualty incident exercise
- **May 2017** - Panhandle Health District North Idaho exercise
- **June 2017** - Adams County local emergency planning committee Othello tabletop exercise



Whitman County Mass Casualty Incident Drill

Regional Responses

Working together to efficiently respond and recover

Influenza Response: Sharing information during potential surge events

Hospitals coordinate high patient census often, yet hazards and disease outbreaks can cause organizations to face extremely high patient census, activating surge plans. Hospitals are not the only agency in the healthcare system affected by emergent incidents; blood banks, dialysis centers, and long-term care facilities can also be affected. The R9 HCC Situational Awareness Response Process informs regional healthcare partners of region-wide impacts for a potential surge.

At the beginning of the year, the Washington State DOH declared influenza at epidemic levels, as hospitals on the west side of the state were managing extremely high patient census and activating surge plans to manage patient loads. Although eastern Washington never saw the same influenza numbers as the west side, through the situational awareness response process the R9 HCC confirmed there was not a need to implement surge plans.

The situational awareness response process was useful to healthcare partners. They found the tool useful in confirming there was no concern for a potential surge like what many healthcare counterparts were mitigating on the west side of the state. Partners were able to make operational decisions based on what other agencies were doing for influenza prevention and mitigation. In some cases, partners initiated mitigation practices using the situational awareness response process as a trigger.

The influenza response provided an opportunity for the R9 HCC to improve by developing an online data collection tool. This new tool provides for a quicker response and improved efficiency in collecting, analyzing and disseminating information.

This process was cited as a, "Good overview of impacts to healthcare entities that participated based on the event/incident that was happening."

Implemented in response to influenza from January to February of 2017, healthcare agencies found strengths in the situation report, "Readily available information about the illness activity in the community as a whole."



Source: Stock Photo

Moving Forward



Whitman County MCI Exercise Site

July 2017 - June 2018 Projects

Projects for the upcoming year will continue to build on the capability and capacity of our healthcare system. Some areas of focus include:

- **Region 9 Healthcare Coalition Preparedness and Response Planning** - Work will focus on creating a Preparedness and Response Plan outlining coalition structure and roles and responsibilities of members. Plans will be organized and written with other response plans in mind to ensure we provide a standardized and coordinated response within our region, our state and across the borders with our other healthcare partners.
- **Advisory Committee Development** - Activities will result in the formation of a formalized advisory committee to provide strategic direction to coalition work and help advise the R9 HCC on needs and priorities of our healthcare partners. The Committee will also help develop meaningful program evaluation metrics to ensure the Coalition is providing value to all healthcare partners.
- **Healthcare-Driven Information Sharing** - The Coalition will continue to improve information sharing systems, tools and processes as lessons are learned and feedback is gathered from participants. Outreach efforts will continue to be able to include all healthcare entities in our region.
- **Evacuation Exercises** - The Coalition will facilitate exercises, including evacuation exercises scheduled for 2017-2018, to test plans and processes, and continually improve the healthcare system response as well as provide benefit to daily functions of healthcare entities.
- **Patient Tracking** - Use of the WATrac Patient Tracking Module will continue to support activation of the R9 Patient Tracking ConOps Training Plan. Collaboration efforts are also underway working with other WA state partners in coordinating patient movement across the state and state borders.

Acknowledgments

The R9 HCC is grateful for the many partners that further emergency preparedness work

Thank you

Community based healthcare emergency preparedness planning started in Region 9 in 1985. As an evolution of the decades of work and contribution from many agencies the R9 HCC works in conjunction with partners and members to build resilience to threats. The R9 HCC staff looks forward to working with each of you and to building new relationships as healthcare emergency planning and preparedness expands in Region 9. Again, thank you for your continued investment in the health of our community.

