



## History of Healthcare Emergency Preparedness in Eastern Washington

*Revised: 05.27.2021*

Community-based healthcare emergency preparedness has long been established in the eastern Washington community. This document outlines our region's history and recognizes the extensive effort partners have invested in emergency preparedness.

### History by Catchment

#### *Tri-Cities Catchment*

Planning meetings and completion of forms to create a coalition in WA DOH Region 8 occurred in September and October 2002. In November 2002, the Region 8 Hospital Bio-Terrorism Committee was formed with a dual chair consisting of a representative from the South-Central EMS/Trauma Council and the Benton-Franklin Health District. The Committee met monthly, and partners included all 12 hospitals in WA DOH Region 8 and the VA Hospital in Walla Walla. Key partners also included the Department of Health, Emergency Management, Law Enforcement, Fire/EMS Departments, and the Local Health Jurisdictions.

Planning during this period included working closely with the hospitals and other partners to develop regional emergency response plans incorporating surveillance, lab capacity, communications, education, and training. Since their development, the regional plans have been approved at the hospital's top executive level and incorporated into their organization's response plans. Plans were reviewed annually and were updated to include preparedness in Smallpox, mass casualty burn care, isolation and quarantine, alerting, mass casualty/patient surge, resource request and management, mutual aid memorandums of understanding, and equipment caching and sharing.

Funding from the Health Resources and Services Administration (HRSA) administered through the WA DOH and the Washington State Hospital Association (WSHA) were available to help meet contract deliverables, increase community preparedness, meeting attendance, reporting, planning work, training/education, and exercise participation. In addition, funding was available through 2014 to meet the equipment needs of the partners to meet WA DOH recommended guidelines.

In 2008, the Region 8 Hospital Bio-Terrorism Committee underwent a leadership and name change to reflect the move from a focused emphasis on bioterrorism planning/response to all-hazards planning and response. The coalition became the Region 8 Healthcare Coalition (R8 HCC) under the leadership of the Region 8 Regional Emergency Response Coordinator from the Benton-Franklin Health District.

Since its inception, the R8 HCC was successful by providing robust services and communications to bring value and meet its partner's needs through monthly, quarterly, and annual; meetings, workshops, planning, exercises, training, reporting, response, and resource coordination. In addition, the coalition experienced exceptional participation from its partners and membership increased each year especially in 2017 due to the new CMS Emergency Preparedness Final Rule.

### *Wenatchee Catchment*

In the Wenatchee Catchment, the Healthcare Coalition planning began in 2002 with three individuals representing EMS, Hospitals, and Public Health. In 2003, funding shifted to the Health Resources and Services Administration (HRSA) at HHS, with the Washington State Hospital Association (WSHA) managing part of the funding. In 2005, funding came from the Assistant Secretary of Preparedness and Response (ASPR), with Washington State DOH attending the R7 HCC meetings to support these ASPR deliverables. This year also brought decontamination trailers with satellite phones to all area hospitals and the HCC conducted its first functional exercise.

In 2008, the first HCC Memorandum of Understanding (MOU) was created between all 12 hospitals, 5 Emergency Management agencies, and 4 Local Health Jurisdictions. In 2010, the first R7 HCC All-Hazards Plan was created. R7 HCC also created a federal ACF & MOU with the Town Toyota Center and conducted an R7 drill by bringing all R7 ACF trailers to one location for set-up and drill. 2014 was the final year that Washington State DOH allowed ASPR funds to be used for training or supplies.

In 2015, the WSHA contract ended with DOH. 2015 also brought two incidents in which event shelters were set up. In 2016, Chelan, Douglas, Grant, Okanogan, and Kittitas Counties had a functional ACF drill. In 2017, the HCC conducted a communications drill and a low-notice surge drill. In May 2018, the HCC conducted a surge test drill.

### *Spokane Catchment*

In the Spokane Catchment, planning started in 1985 under the leadership of Ben Hayworth at Sacred Heart Hospital and Linda Cox at Deaconess Hospital. A fatal helicopter crash at the Bloomsday Road Race catalyzed the development of the Spokane County EMS hospital subcommittee that was devoted to disaster planning. After Spokane County Firestorm 1991, Fairchild Air Force Base active shooter MCI in 1994, Fairchild B-52 crash MCI and Ice storm 1996 it was clear that healthcare disaster planning needed to inclusively cover a regional network of counties.

In 1997, East Region EMS Organization formed the Hospital Planning Subcommittee, under the leadership of Spokane Regional Health District (SRHD) through discussions around emergency preparedness for hospitals at a regional level.

In 2002, after the September 11, 2001 attacks and the 2002 anthrax attacks, the National Bioterrorism Hospital Preparedness Program (NBHPP) in the Health Resources and Services Administration (HRSA) at HHS funded healthcare emergency and disaster planning. The Region 9 Healthcare Coalition was formed in 2005 as East Region EMS Hospital Planning Committee chair, taking guidance from the “2004 Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies (MSCC Handbook).”

In 2008, the Region 9 Healthcare Coalition administration shifted from East Region EMS to Spokane Regional Health District under the leadership of Susan Sjoberg. In 2010, the Region 9 HCC hired its first employee to advance several objectives of the HCC, including performing a complete regional assessment of current capabilities and gaps, growing the membership beyond its core of hospital partners, and hiring a second employee to serve as the HCC Director.

From 2014 to 2018, the Region 9 HCC steadily grew its membership and staff to support preparedness and response activities across the region. Staff expanded from 2 to 6, to include a team of training and exercise, information management, communication, and planning coordinators.

#### Eastern Washington Coalition Integration

In March 2018, the Washington State Department of Health (DOH) Emergency Preparedness and Response Program announced the integration of three coalitions (Region 7, Region 8, and Region 9) into one coalition for eastern Washington, to be managed by Region 9 Healthcare Coalition (HCC) staff starting July 1, 2018. Several precipitators led to DOH's restructure, including a shift in federal funding and requirements. Likewise, coalitions in western Washington shifted to one coalition, the Northwest Healthcare Response Network. This integrated coalition model enables the healthcare system and partners to leverage multi-regional resources, relationships, and expertise while developing consistent systems and practices to support healthcare disaster response.

In this integrated Healthcare Coalition model, planning and meetings are structured around the recognition of three healthcare catchment areas to be in alignment with patient flow patterns: Spokane, Tri-Cities, and Wenatchee.

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#### MISSION

*To prepare for, respond to and recover from crisis using all available resources to provide patient care at the appropriate level in the most efficient manner for the best patient outcomes.*

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