



For the last 15 years, hospitals in the region have been working with one another, as well as with other agencies, to put in place the equipment and plans necessary to respond to a wide-scale emergency event. As the federally designated regional healthcare coordinator for Northeast Ohio, The Center for Health Affairs has led that effort, supporting hospitals as they develop their plans, distributing federal Hospital Preparedness Program funding, and coordinating regional communication, planning and response efforts.

As part of the ongoing work, hospitals routinely conduct drills and exercises to test their plans and identify gaps. However, these regularly scheduled drills are not the only times when these plans have been tested. Real-life events on numerous occasions have resulted in hospitals activating their plans. While there has not been a full-scale regional event involving all hospitals and other stakeholders, a variety of events – from weather-related incidents to illnesses – have resulted in at least a few area hospitals activating portions of their emergency operations plans.

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Polar Vortex 2014

As with any major weather event, when the extremely cold temperatures struck during the winter of 2014, The Center's [emergency preparedness](#) staff closely monitored both the developing weather conditions and the unfolding events and needs at area hospitals. That event was challenging for hospitals because most of them suffered burst pipes, which caused flooding and other difficulties in their institutions. One hospital had to evacuate patients from its intensive care unit to another area of the facility as well as transfer a number of patients to a nearby rehabilitation hospital while repairs were completed.

During that event, the hospitals maintained communication with The Center, which helped connect hospitals in need of resources to those in the position to provide them. While one hospital accepted the transferring patients, another lent equipment such as water extractors and carpet cleaners to assist with clean-up efforts.

The polar vortex was not the only time when hospitals in Cleveland experienced water-related difficulties. Several years back, a water main broke in the area of East 55th Street in Cleveland, affecting several hospitals in the vicinity with low water pressure and other related problems. The Center helped facilitate support among facilities, including connecting one hospital with another to allow for transportation by helicopter of several laboring women.

Regional Effort

While competitors from a business perspective, Northeast Ohio hospitals have demonstrated time and again their willingness to aid one another during times of trouble. When one of them is facing a difficulty, their employees know that a phone call to The Center's emergency preparedness staff will trigger a chain of events resulting in hospitals around the region pitching in, volunteering resources, and providing support.



Hurricane Katrina

When Hurricane Katrina wrought devastation in New Orleans and along the Gulf Coast in 2005, communities across the country rallied to lend resources and aid to those displaced by and suffering from the devastation. That included Cleveland. The local Red Cross took the lead in establishing a shelter for 500 evacuees at the convention center.

Although in the end, an evacuation to Cleveland did not take place, The Center had worked to mobilize a workforce of 100 individuals, including physicians, nurses, and various other care professionals, from each of the main hospitals ready to go to the airport to assess and triage arriving evacuees. There was even a drill that took place, during which these teams reported to the airport. While the evacuees ended up being transported to another state, the work behind the scenes in Cleveland demonstrated that the region is ready and willing to provide care and resources during an event anywhere in the country.

Ebola

The Ebola crisis in 2014 placed Northeast Ohio in the national spotlight after an individual from Texas tested positive for Ebola shortly after having returned home from visiting the Akron area. The Center worked with the Northeast Central Ohio region, which is the federal emergency preparedness region encompassing Akron, to develop a response to the Ebola threat. A key component of that work was facilitating the flow of information as the situation unfolded.

Public health set their surveillance and contact monitoring plans in motion and three large hospitals were identified as having the potential capability to care for a presenting Ebola patient, from screening to discharge. Hospitals conducted drills regarding accepting a patient with Ebola and practiced the complex procedures for putting on and removing the specialized protective gear used by those involved in direct care to Ebola patients.

Even now, two years later, there is continued work on Ebola preparedness planning. These efforts have also expanded to encompass other pathogens, such as measles and smallpox. Hospitals and public health departments have received public funding to support continued work over a five-year time period. Today, Ohio has a designated Ebola treatment center as well as protocols for managing patients.

5 Years

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Republican National Convention

Most recently, hospitals and others throughout the region activated emergency operations plans and opened emergency operations centers in order to be mobilized and ready to respond as needed during the Republican National Convention (RNC) in July.

Planning for the event began last fall when the Secret Service first came to Cleveland, and initially focused primarily on law enforcement. In January, The Center began strategizing with hospitals and community partners, which included establishing work groups that brought together a wide range of organizations, including hospitals, the city and county health departments, the medical examiner's office, Region V of Health and Human Services, and the city's emergency management agency.

Two priority work groups were established, one focused on surge, which addressed hospital capacity at a highly detailed level, and the other on operations, which developed a plan for how the region's hospitals would function during the RNC. The Center also participated in various other planning activities, including those created to address mass fatality planning and epidemiological concerns as well as the Federal Emergency Management Agency (FEMA) Consequence Management Subcommittee.

During the RNC, The Center's [emergency preparedness experts](#) staffed the city and county emergency operations centers and played a key role in collecting and disseminating detailed information from hospitals and other entities on an ongoing basis. Hospitals in Cleveland and throughout the region ramped up their plans, maintaining higher than usual levels of staffing and supplies.



The HPP: How It Began

These incidents and others have demonstrated the strides made by area hospitals and other entities in preparing to respond to man-made and natural disasters. Hospital efforts have received funding support since 2002 under the federal Hospital Preparedness Program, which was created in response to the attacks of Sept. 11, 2001, as well as the anthrax attacks that took place later that year. Initially, the program was focused on providing funding to support the work of hospitals to advance their levels of preparedness for responding to bioterrorist events. That first year, \$125 million was provided to states to address gaps.

Early on, the program was focused on building capacity, and emphasized activities such as decontamination, maintaining pharmaceutical caches, identifying hospital bed surge capacity, and training providers in the diagnosis of diseases caused by bioterrorism. Two years later, the emphasis of the program shifted from a capacity-based, bioterrorism-focused program to an all-hazards capabilities-based approach. The change in emphasis extended hospital preparedness activities beyond purchasing equipment and supplies and into being able to demonstrate the capability to perform core functions common to all responses.

In 2006 Congress passed the Pandemic and All Hazards Preparedness Act, creating the Office of the Assistant Secretary for Preparedness and Response (ASPR). The function of ASPR is to serve as the principal advisor to the Secretary of Health and Human Services (HHS) on all matters related to medical and public health preparedness. The Hospital Preparedness Program was then transferred from the Health Resources and Services Administration to ASPR in 2007.

In March 2013 Congress passed the Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA), continuing the work of HHS to advance national health security. This included authorizing funding for the Hospital Preparedness Program through federal fiscal year 2018, which runs until Sept. 30, 2018.¹ In order for the program to carry on beyond that date, Congress will need to pass additional legislation authorizing continued funding.

Earlier this month, the Centers for Medicare and Medicaid Services (CMS), the federal entity within HHS that oversees those two healthcare programs, released a final rule bolstering emergency preparedness requirements for hospitals and other entities. The CMS regulations emphasize creating a communication plan, developing a comprehensive all-hazards emergency response plan, establishing appropriate policies and procedures based on risk assessments, and implementing training and testing.²

For hospitals, these new regulations cover much of the same ground as other requirements, such as Joint Commission accreditation standards and deliverables of the Hospital Preparedness Program grants. However, the CMS regulations also encompass other types of facilities and they demonstrate that preparedness planning remains a priority for the federal government.

Looking Ahead

Preparedness planning never reaches a finish line. It is an ongoing effort to train staff, test and update plans, maintain equipment, and ensure new and emerging threats are anticipated and incorporated into planning work. Since these activities are not reimbursed as a component of patient care, federal emergency preparedness funding has been crucial to hospitals' abilities to achieve and maintain a high level of preparedness.

While hospitals are committed to serving their communities, without an extension of the Hospital Preparedness Program grants beyond 2018 they would be required to shoulder that financial burden. Action by Congress to continue the program into the future will support the ongoing work of hospitals in Northeast Ohio and throughout the country and ensure they have the resources they need to maintain readiness and take care of their communities during an emergency event.

In case you missed part one of this series, [Hospital Disaster Readiness Part 1: Planning and Preparing](#), please visit neohospitals.org.

It provides an overview of the work accomplished so far through The Center for Health Affairs emergency preparedness initiative – from purchasing equipment and supplies to planning and conducting training drills and exercises.



Endnotes

¹ U.S. Department of Health and Human Services Office of Assistant Secretary of Preparedness and Response. *Public Health Emergency*. "Pandemic and All-Hazards Preparedness Reauthorization Act." <http://www.phe.gov/Preparedness/legal/pahpra/Pages/pahpra.aspx>. Accessed Sept. 15, 2016.

² Advisory Board. *Daily Briefing*. "CMS finalizes emergency preparedness requirements for health care facilities." Sept. 12, 2016. <https://www.advisory.com/daily-briefing/2016/09/12/emergency-preparedness-plans>