

Florida Hospital Preparedness Program Summary of Mid-Year and End-of-Year Surveys September 2011

The Florida Department of Health (FDOH), Hospital Preparedness Program (HPP) has been providing funds for health system preparedness since 2002. Over that period, the preparedness of Florida's hospitals has improved as evidenced by the state's ability to respond to recent events, exercise evaluations, and survey data. As the FDOH HPP continues to assist with the continuous development and enhancement of medical surge capability and capacity, it is useful to examine the progress made for medical surge preparedness in Florida.

Part of the effort to evaluate progress is to ask hospital partners to self report on a number of measures. Twice a year, Florida acute care hospitals with emergency departments are asked to complete a survey designed to assess selected elements of hospital preparedness. The collection of information from hospitals focused on the enhancement of disaster preparedness, capacity, and capability.

Included in this document is summary information of HPP Mid-Year and End-of-Year reporting spanning the past three grant cycles.

MID-YEAR REPORT SUMMARY

The following are the average of reported results of HPP Mid-Year Report for the grant cycles of FY 2008-2009, FY 2009-2010, FY 2010-2011.

Bed Reporting

The Hospital Available Beds for Emergencies and Disasters (HAVBED) system provides a real-time hospital bed tracking system to address a surge of patients during a mass casualty event.

- 98% of hospitals report available beds, according to HAVBED definitions, to the State Emergency Operations Center (EOC) within 4 hours of a state request during an exercise or event. Of this number:
 - 58% reported they could report available beds according to HAVBED definitions in less than 1 hour.
 - 29% reported they could report available beds according to HAVBED definitions in 1 – 2 hours.

Exercises

- 58% of hospitals participated in a statewide or regional exercise that incorporated NIMS concepts and principles.

NIMS Adoption

Federal guidance encourages hospitals to adopt the National Incident Management System (NIMS). NIMS provides a systematic, proactive approach that can guide facilities to work to prevent, protect against, respond to, recover from, and mitigate the effects of incidents.

- 78% of hospitals reported they adopted NIMS throughout the healthcare organization including all appropriate departments and business units.

Preparedness: Planning

- 66% of hospitals reported they revise and update emergency operations plans (EOPs), standard operating procedures (SOPs), and standard operating guidelines (SOGs) to incorporate NIMS and National Response Framework (NRF) components, principles, and policies, to include planning, training, response, exercises, equipment, evaluation, and corrective actions.
- 78% of hospitals reported they participated in interagency mutual aid and/or assistance agreements, to include agreements with public and private sector and non-governmental organizations.

Preparedness: Training

- 74% of hospitals reported they identify the appropriate personnel to complete ICS-100, ICS-200, and IS-700, or equivalent courses.
- 68% of hospitals reported they identify the appropriate personnel to complete IS-800 or an equivalent course.
- 81% of hospitals reported they promote NIMS concepts and principles into all organization-related training and exercises.

Communication and Information Management

- 71% of hospitals reported they promote and ensure that equipment, communication, and data interoperability are incorporated into the healthcare organization's acquisition programs.
- 82% of hospitals reported they apply common and consistent terminology as promoted in NIMS, including the establishment of plain language communications standards.
- 76% of hospitals reported they utilize systems, tools, and processes that facilitate the collection and distribution of consistent and accurate information during an incident or event.

Command and Management

- 76% of hospitals reported they manage all emergency incidents, exercises, and preplanned (recurring/special) events in accordance with Incident Command System (ICS) organizational structures, doctrine, and procedures, as defined in NIMS.
- 66% of hospitals reported their ICS implementation included the consistent application of Incident Action Planning (IAP) and common communications plans, as appropriate.
- 67% of hospitals reported they adopt the principle of Public Information, facilitated by the use of the Joint Information System (JIS) and Joint Information Center (JIC) during an incident or event.
- 73% of hospitals reported they ensure that Public Information procedures and processes gather, verify, coordinate, and disseminate information during an incident or event.

END-OF-YEAR REPORT SUMMARY

The following are the average of reported results of the HPP End-of-Year Report for the grant cycles of FY 2008-09, FY 2009-10, FY 2010-11. Note that when using “numbers” of personnel or patients rather than percentages, the number can show trends but does not represent the full level of hospital participation as it is based only on the number from reporting hospitals each year.

Bed Reporting

- 98% of hospitals reporting (contracted and non-contracted) can report available beds, according to HAvBED definitions, to the State EOC within 60 minutes or less of a State request.

Exercises

- 99% of hospitals reported they participated in an exercise (i.e., table top, drill, functional exercise, full scale exercise, statewide/regional exercise), or actual incident.
- 90% of hospitals reported they have developed improvement plans based on after-action reports.

Communication and Information Management

- 91% of hospitals reported they have a dedicated, redundant communications system (i.e., UHF radio, VHF radio, 700 MHz radio, 800 MHz radio, POTS telephone, cellular telephone, LAN, WAN, VoIP, microwave, satellite, HAM, and/or other).
- 89% of hospitals reported they demonstrated dedicated, redundant communications capability during an exercise or incident reflected in exercise evaluations and/or after action reports.
- 88% of hospitals reported they have two-way communications capability (i.e., UHF radio, VHF radio, 700 MHz radio, 800 MHz radio, POTS telephone, cellular telephone, LAN, WAN, VoIP, microwave, satellite, HAM, and/or other).
- 87% of hospitals reported they demonstrated two-way communication capability during an exercise or incident reflected in exercise evaluations and/or after action reports.
- 78% of hospitals reported they tested sustained two-way emergency communications capability with your local EOC or Tier 2 partners during exercise or incident.
- 77% of hospitals reported they demonstrated two-way communication capability with local EOC or Tier 2 partners during an exercise or incident as reflected in exercise evaluations and/or after action reports.
- Over the three years, between 32.7% and 39.6% of hospitals reported greater than two hours of tested sustained two-way communications capability.

Preparedness: Planning

- 64% of hospitals reported they have a written plan for mass fatality management. Of those without a written plan, 57% reported having draft plans to address mass fatality management.
- 84% of hospitals reported they have written plans for medical evacuation/shelter-in-place. Of those without a written plan, 61% reported having draft plans to address medical evacuation/shelter-in-place.

NIMS Adoption

- 98% of hospitals reported they have identified appropriate personnel for training for the following courses or their equivalent - IS 100, IS 200, IS 700, IS 800/800B.
- 93% of hospitals reported they verified completion of training by appropriate hospital personnel for the following courses or their equivalent - IS 100, IS 200, IS 700, IS 800/800B.
- During the three years, survey respondents reported more than 57,000 hospital personnel were trained in NIMS courses.

Isolation and Quarantine

- Over the three years, the reported number of patients hospitals can maintain in negative pressure isolation in Emergency Departments (ED) increased from 320 to 410.
- Over the three years, the reported number of patients hospitals can maintain in negative pressure isolation in non-ED areas increased from 1,526 to 2,468.

Decontamination

- Over the three years, the reported number of ambulatory patients hospitals can decontaminated within a 3 hour period increased from 9,474 to 13,791.

Laboratory Testing Capability

- Over the three years, the reported number of hospital based lab personnel (medical and clinical laboratory technologists and technicians) increased more than 50% from 4,157 to 6,423.

Mutual Aid Support

- 80% of responding hospitals reported participation in a partnership/coalition.
- The most commonly reported Memorandums of Understanding (MOUs) hospitals participate in are for supplies and bed space. Other MOUs have been for staffing, alternative care sites, or transportation. A small number were also reported for "other" purposes.

Next Steps

1. The department will analyze current response trends to identify areas of needed emphasis or gaps that the program can address or target funding such as: expanding

plans to incorporate more hospitals in regional and statewide exercises to begin to test for large scale events; continuing to improve bed availability reporting systems; or exploring ways to improve fatality management and evacuation planning;

2. Future surveys will target questions to areas required by Federal ASPR funding and will be standardized to allow for a clearer picture of trends among hospitals participating in HPP funding.
3. The department will explore expanding data collection to include other health system partners in order to get a better picture of health system preparedness and determine ways to enhance all system preparedness.
4. Improvements to the survey process will allow for more statistical analysis over time and present better trend data that may formulate action items, better define gaps, and identify priorities for consideration.

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