

The Health and Human Services DC Coalition Partnership Grant

**Providing a Pathway to DC Healthcare
System Readiness for Emergency
Response**

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Good Morning



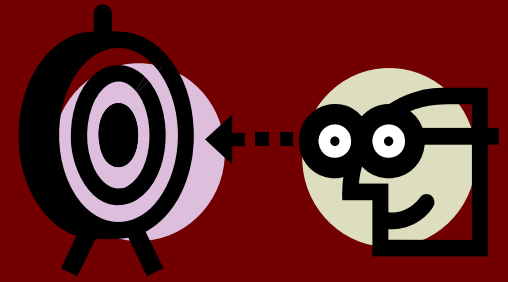
- Director Institute for Public Health Emergency Readiness – Washington Hospital Center
- Practicing Emergency Department Physician Assistant
- DC Coalition Partnership Grant Director

My Message Objectives



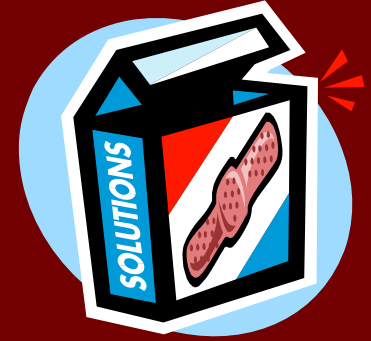
- Outline how did we develop our grant
- Discuss the grant seven deliverables
- Describe our pathways to completion
- Identify how our work might be helpful to others

Writing This Grant



- Started out thinking it was something different
- Blending individual vs. collective interests
- Sometimes you can do it better than a consultant
- Is writing a grant the time to build a consensus?

What About the Grant



- \$5 million dollars
- WHC received the grant
 - Ultimately accountable
 - Provides overall administrative coordination and support
 - Serves as the “banker”
- Provide 6 individual and 1 over arching deliverable
- Grant Steering Committee provides strategic guidance
 - Multiple hospital representatives
 - Government agencies (DC DOH, DC HSEMA, Mayors Office)
 - NGOs

What Are We Trying to Do?

1. Create community EMP, EOP and conduct HVA => conduct training and an exercise
2. Complete security risk assessment for 8 hospitals and complete design charrette for implementing assessments for 4 others
3. Provide LMS and emergency preparedness modules for primary care and mental health clinics

More Work!

4. Create ED-IT connectivity for family reunification?

- Web based -“Break the class” utilization
- Do we integrate with a RHIO project?

5. Enhance our radio (HMARS) and internet information system (HIS)

- Technology upgrades to meet system needs and meet pending changing FCC bandwidth requirements
- Expand technology to non – hospital Coalition members

6. ER *ONE* schematic and engineering designs

Over Arching Objective

**Promote NIMS
compliance**

Also Important

- Outside evaluation of the project
 - Georgetown University School of Nursing
 - George Washington University
- To look at
 - Process
 - Deliverables
- Observe and record
- Survey completion/interviews/
performance evaluations



How Are We Trying to Do This?

- **Emergency Management Committee**
 - Task Forces
- **Deliverable Work Groups**
- **Grant Management Team**



Other Critical Keys



- **Following MSCC Tier 2 approach**
- **All of the Healthcare System involved**
- **Funding for personnel participation**

Work Done Through

- **Face to Face Meetings**
 - Whole Committee/Work
 - Subcommittees
- **Teleconferences**
- **Individual efforts**
- **SharePoint**
 - Posts meeting minutes
 - Work products
 - Calendar



Some of the Issues Encountered

- Time
 - Contract time
 - Peoples time
- Variable expertise
- Building collaboration, trust, common understanding and consensus takes time
- Integration of various activities



How Have We Benefited So Far

- Completed EMP and HVA
- EOP underway
- Improved networking and familiarization
- Getting things done and not just talking about them



What Might You See Out of This?

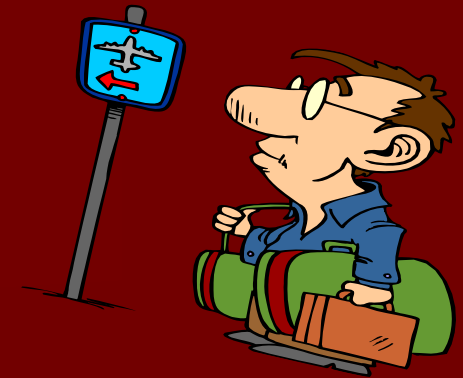
- Tier 2 development example
- Best Practices
 - Integration of hospital and non-hospital based providers variation on MMRS model
 - Community healthcare system EOP/HVA
 - Hospital enhanced security design features
 - IT-ED connectivity for patient tracking/RHIO integration
 - Better understanding of primary care clinics and mental health provider emergency preparedness needs and contributions
- Conference Report Out/Publications

In Summary



- Partnership grant is the impetus for major changes and improvements in our healthcare system readiness
- Expanded partnership has already resulted in improved cooperation and understanding
- Money is not the sole key to success a game plan, hardwork, and expertise is needed too

In Closing



- Thanks to HHS for this opportunity
- Hope this has been beneficial
- Contact me for more information

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