



EVHC
Eastern Virginia
Healthcare Coalition

Building Partnerships in Preparedness

Eastern Virginia Healthcare Coalition

Annual Report

July 1, 2017 – June 30, 2018

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Preface

The Virginia Hospital and Healthcare Association (VHHA) contracts and collaborates with the Virginia Department of Health (VDH), Office of Emergency Preparedness to assist the Commonwealth of Virginia to implement and sustain the U.S. Health and Human Services, Assistant Secretary for Preparedness and Response (ASPR) Healthcare Preparedness Program (HPP). The overarching goal is to



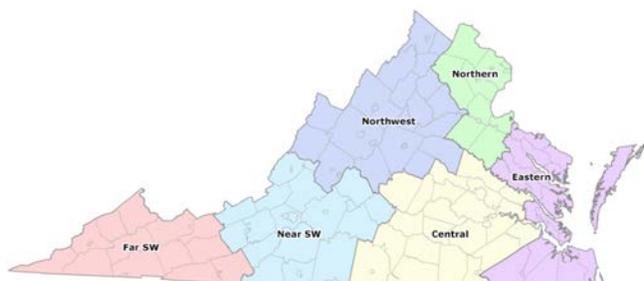
upgrade the preparedness of the Commonwealth's healthcare facilities and enhance medical surge capability through associated planning, personnel, equipment, training, and exercises.

VDH's responsibilities include the establishment of Regional Healthcare Coalitions to foster collaborative planning efforts between healthcare facilities and local emergency response agencies. VHHA has established six Regional



Healthcare Coalitions across the Commonwealth which mirror the six VDH regions. The collaborative work performed by the Health Departments, VHHA, and the Coalitions is collectively managed by the Virginia Healthcare Emergency Management Program (VHEMP).

The **Eastern Virginia Healthcare Coalition (EVHC)** is responsible for facilitating the continuing development of the statewide Healthcare Emergency Management Program and response system that addresses the requirements of the ASPR's Healthcare Preparedness Program Cooperative Agreement for the Eastern Region of Virginia.



The Eastern Virginia Healthcare Coalition

Mission

The Coalition is a collaboration of healthcare organizations, providers, and suppliers, public health departments, Emergency Medical Services (including transport agencies), Emergency Management Agencies and community partners working together to care for the region before, during and after an emergency. The Coalition will provide direct support and liaison to the Virginia Department of Health and Virginia Hospital and Healthcare Association in their administration of the U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response Hospital Preparedness Program Cooperative Agreement.

The Coalition endeavors to develop and promote the emergency preparedness, mitigation, response and recovery capabilities of local healthcare entities by:

- Strengthening community medical resiliency, surge capacity and capabilities
- Building relationships and partnerships
- Developing emergency preparedness, mitigation, response and recovery capability guidelines
- Facilitating communication, information and resource sharing
- Maximizing utilization of existing resources
- Develop and Coordinate training, drills, and exercises
- Guiding and supporting the function of the Regional Healthcare Coordination Center

The Coalition membership structure consists of:

- A Chair and Vice Chair
- An Executive Council to conduct Coalition business as directed by the membership
- A Regional Healthcare Coordinator and staff for day-to-day, and response, operations
- Membership that includes core and partner organizations
- Subcommittees and workgroups as requested, and organized, by the membership that will function temporarily or long-term.

Geographic Boundaries

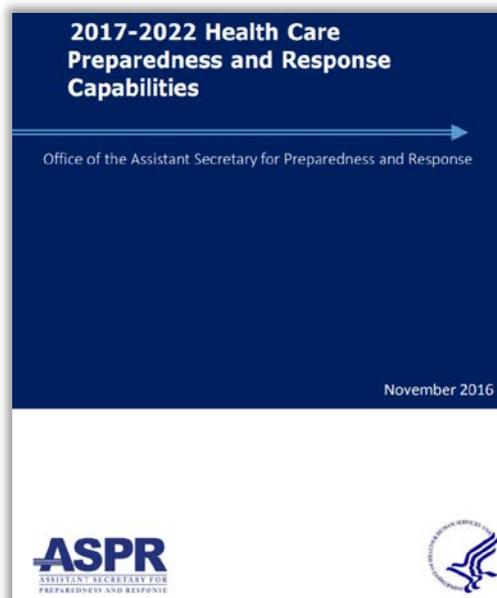
The Coalition is an inclusive body open to all organizations/entities that provide or support health services within the following 26 jurisdictions of Eastern Virginia who will work collaboratively on emergency preparedness, mitigation, response and recovery activities: Accomack County, Chesapeake, Essex County, Franklin, Gloucester, Hampton, Isle of Wight County, James City County, King and Queen County, King William County, Lancaster County, Matthews County, Middlesex County, Newport News, Norfolk, Northampton County, Northumberland County, Poquoson, Portsmouth, Richmond County, Southampton County, Suffolk, Virginia Beach, Westmoreland County, Williamsburg, and York County.

Guidance

2017-2022 Health Care Preparedness and Response Capabilities

The U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) leads the country in preparing for, responding to, and recovering from the adverse health effects of emergencies and disasters. This is accomplished by supporting the nation's ability to withstand adversity, strengthening health and emergency response systems, and enhancing national health security. ASPR's Hospital Preparedness Program (HPP) enables the health care delivery system to save lives during emergencies and disaster events that exceed the day-to-day capacity and capability of existing health and emergency response systems. HPP is the only source of federal funding for health care delivery system readiness, intended to improve patient outcomes, minimize the need for federal and supplemental state resources during emergencies, and enable rapid recovery. HPP prepares the health care delivery system to save lives through the development of health care coalitions (HCCs) that incentivize diverse and often competitive health care organizations with differing priorities and objectives to work together.

ASPR developed the *2017-2022 Health Care Preparedness and Response Capabilities* guidance to describe what the health care delivery system, including HCCs, hospitals, and emergency medical services (EMS), have to do to effectively prepare for and respond to emergencies that impact the public's health. Each jurisdiction, including emergency management organizations and public health agencies, provides key support to the health care delivery system.



Guidance

The 2017-2022 Health Care Preparedness and Response Capabilities document outlines the high-level objectives that the nation's health care delivery system, including HCCs and individual health care organizations, should undertake to prepare for, respond to, and recover from emergencies. These capabilities illustrate the range of preparedness and response activities that, if conducted, represent the ideal state of readiness in the United States.

Capability 1: Foundation for Health Care and Medical Readiness

Goal of Capability 1: The community's health care organizations and other stakeholders—coordinated through a sustainable HCC—have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.

Capability 2: Health Care and Medical Response Coordination

Goal of Capability 2: Health care organizations, the HCC, their jurisdiction(s), and the ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

Capability 3: Continuity of Health Care Service Delivery

Goal of Capability 3: Health care organizations, with support from the HCC and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.

Capability 4: Medical Surge

Goal of Capability 4: Health care organizations—including hospitals, EMS, and out-of-hospital providers—deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

Guidance

Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers; Final Rule

42 CFR Parts 403, 416, 418, et al.

This final rule establishes national emergency preparedness requirements for Medicare- and Medicaid-participating providers and suppliers to plan adequately for both natural and man-made disasters, and coordinate with federal, state, tribal, regional, and local emergency preparedness systems. It will also assist providers and suppliers to adequately prepare to meet the needs of patients, residents, clients, and participants during disasters and emergency situations. Despite some variations, these regulations will provide consistent emergency preparedness requirements, enhance patient safety during emergencies for persons served by Medicare- and Medicaid-participating facilities, and establish a more coordinated and defined response to natural and man-made disasters.

The four elements of the CMS emergency preparedness program are as follows:

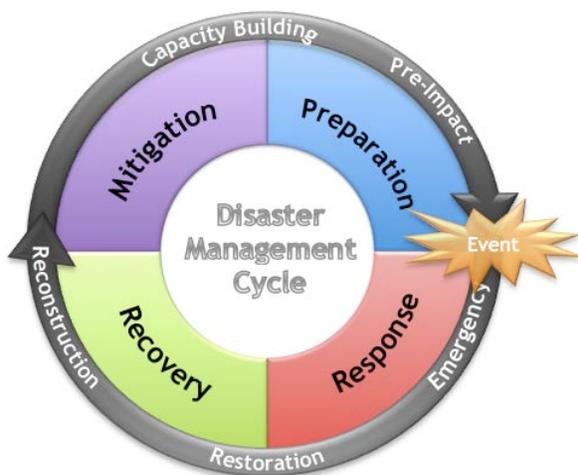
- *Risk assessment and emergency planning:* Facilities are required to perform a risk assessment that uses an “all-hazards” approach prior to establishing an emergency plan. The all-hazards risk assessment will be used to identify the essential components to be integrated into the facility emergency plan.
- *Policies and procedures:* Facilities are required to develop and implement policies and procedures that support the successful execution of the emergency plan and risks identified during the risk assessment process.
- *Communications plan:* Facilities are required to develop and maintain an emergency preparedness communication plan that complies with both federal and state law. During an emergency, it is critical that hospitals, and all providers/suppliers, have a system to contact appropriate staff, patients’ treating physicians, and other necessary persons in a timely manner to ensure continuation of patient care functions throughout the facilities and to ensure that these functions are carried out in a safe and effective manner.
- *Training and testing:* Facilities are required to develop and maintain an emergency preparedness training and testing program. A well-organized, effective training program must include initial training for new, and existing staff in emergency preparedness policies and procedures, as well as annual refresher trainings. The facility must offer annual emergency preparedness training so that staff can demonstrate knowledge of emergency procedures. The facility must also conduct drills and exercises to test the emergency plan to identify gaps and areas for improvement.

Guidance

The 2017-2022 Health Care Preparedness and Response Capabilities is the overarching guidance document for the Eastern Virginia Healthcare Coalition (EVHC). The CMS Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule details specific requirements for 17 healthcare provider/supplier types, and is aligned with the goals of the Health and Human Services' health care capabilities goals.

The EVHC recognizes the opportunity to collaborate with all healthcare provider/supplier types in the eastern region in meeting their CMS requirements by providing technical assistance, emergency plan review, peer collaboration, training and exercises (testing). Utilizing hazard analysis, training and exercise needs surveys, lessons-learned, after action reports and improvement action plans as guidance. The EVHC develops short and long-range training and exercise programs that are relevant to the needs of the provider/supplier types, contributes to requirement compliance, and meets the objectives of the preparedness capabilities. The EVHC also collaborates with in identifying patient surge, facility evacuation and provider safety equipment gaps, and provides funding to bridge equipment gaps that *benefit the region*.

The EVHC also collaborates with jurisdictional and regional emergency management agencies such as the Hampton Roads Metropolitan Medical Response Strike Team, the Hampton Roads Planning Districts All-Hazards Advisory Committee, the Hampton Roads Emergency Management Committee, both the Peninsula and Tidewater Emergency Management Services Councils, and many others. These relationships allow for jurisdictionally based, multi-disciplinary and relevant emergency planning exercise development which meet regulatory requirements and provide a platform to ensure mutual disaster planning, mitigation, response and recovery efforts.



Staff

Regional Healthcare Coordinator.....Glenn McBride

- Coordinate the development and maintenance of a Regional Emergency Operations Plan
- Provide sustainable operation of the Regional Healthcare Coordination Center (RHCC)
- Supervise the performance of individuals employed in support of the EVHC
- Assist with strategic planning for the region
- Assist with planning, facilitating, and documenting of disaster drills and exercises
- Develop and manage EVHC budgets, and maintains accurate financial records for the region

Regional Healthcare Coordination Center Manager.....Shawn Metzner

- Supervise activation of RHCC during actual emergency events, exercises, and trainings
- Develop, maintain, test and provide training for the Region's communications systems
- Assist with the maintenance of a Regional Healthcare Emergency Operations Plan
- Plan and participate in communications and disaster training and exercises

Medically Vulnerable Populations Coordinator.....S. Michelle Cowling

- Coordinate emergency preparedness activities of long term care facilities (non-acute care residential)
- Coordinate the regions Long Term Care Mutual Aid Plan
- Assist with strategic planning and development of regional long term care objectives and goals
- Coordinate projects and activities with Long Term Care and other coalition stakeholders to enhance their preparedness, response and recovery efforts individually, and collectively
- Engage Long Term Care facilities as coalition partners in the regions preparedness efforts
- Identify coalition budget needs, and stakeholder project needs to improve emergency preparedness
-

Exercise and Training Coordinator.....Judy Shuck

- Provide expertise on regulatory and compliance requirements for the Coalition members
- Develop exercise and training opportunities for the region to meet requirements
- Implement short-term and long-term exercise and educational goals/objectives
- Propose, coordinate, and develop an annual "Education and Training" plan for the region

Resource Management Specialist.....Chris Banton

- Manage and maintain inventory of HPP purchased materials
- Tracking and documentation within the Virginia Healthcare Alerting and Status System (VHASS) and inventory management system
- Manage HPP disaster equipment inventory, serving as a resource for EVHC partners.
- Develop and revise HPP equipment and supply sustainment plans
- Coordinate regional supply and equipment capability assessments
- Assist EVHC members with HPP purchased equipment training and information
- Recommend healthcare material and equipment response solutions and purchases.

Hazard Analysis

A healthcare Hazard Vulnerability Analysis (HVA) and risk assessment provides a systematic method to recognize hazards or risks which may affect demand for healthcare services or the ability to provide those services within a community, county, or region. The risks associated with each hazard are analyzed to prioritize planning, mitigation, response and recovery activities. Healthcare facilities perform HVA or Threat and Hazard Identification and Risk Assessments (THIRA) for their individual facilities based on the communities they serve.

The EVHC HVA is based on an analysis of known threats and is based on probability and severity of consequences to determine relative risk. This analysis is compared to the similar analysis performed by the Hampton Roads Planning District to ensure alignment of risk for the region. The EVHC HVA also includes analysis of regional events logged in VHASS to ensure emergency events, which occur in the region, are evaluated for event frequency and consequence.

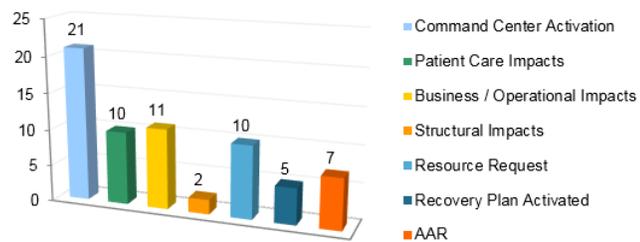
Based on the current hazard analysis, the EVHC's top hazards are

- Flood or Storm Surge
- Tornado
- Sheltering in Place

This analysis is supported by the region's most frequent actual incidents which were effects of inclement weather (five occurrences), power outages, and HVAC failures (two occurrences each). Mitigation factors to resolve these, and other identified hazards and risks, are addressed in the Strategic and Operational Objectives section of the Eastern Virginia Healthcare Coalition Preparedness Plan.

Summary For - Eastern Virginia Healthcare Coalition 2018

ALERT TYPE	OCCURRENCE
Command Center Activation	21
Patient Care Impacts	10
Business / Operational Impacts	11
Structural Impacts	2
Resource Request	10
Recovery Plan Activated	5
AAR	7
Total Alert	29



2018		
TOP 10 HVA	RANK	OCCURRENCE
Flood or Storm Surge	1	0
Tornado	2	1
Shelter in Place	3	0
Mass Casualty Incident	4	2
Hazmat Incident	5	1

2018		
TOP 10 ACTUAL ALERTS	OCCURRENCE	HVA RANK
Inclement Weather	5	
Internal Fire	2	
Other	2	
Power Outage	2	16
HVAC Failure	2	17

The complete Hazard Vulnerability Analysis can be downloaded from:

<http://www.evhc.org/index.php/resources/hazard-vulnerability-assessments>

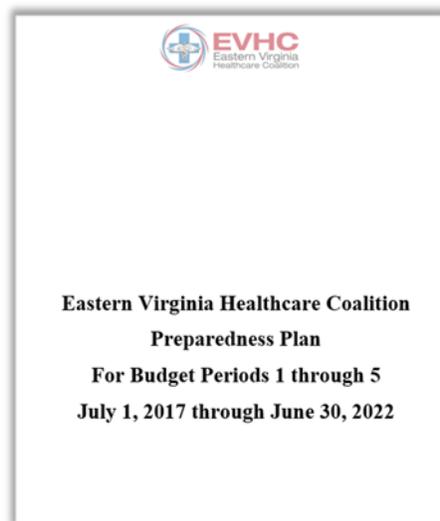
Preparedness Plan

The Plan establishes the goals and objectives for the EVHC in meeting the 2017-2022 Health Care Preparedness and Response Capabilities, as well as directives from the Virginia Department of Health and the Virginia Hospital and Healthcare Association.

The Eastern Virginia Healthcare Coalition Preparedness Plan describes the short and long term goals, and expected outcomes in maintaining and refining the regions current capabilities for previously identified hazards, as well as addressing any remaining identified gaps or newly identified gaps for the five year budget period.

For the past several years, the primary focus for funding and the strategic plan was on hospital preparedness, and to a lesser degree, long term care. With the introduction of the CMS Emergency Preparedness Rule, and with broader capabilities which span the healthcare spectrum, the goals of the Plan will strive to meet the preparedness needs of all healthcare providers and suppliers and patient population types. These organizations will include but not limited to: Hospitals, Community Health Centers, Public Health, Emergency Medical Services, Long Term Care, Local Emergency Management, Non-Residential Providers and Community Service Boards. These organizations will be referred to collectively as Coalition Members.

The Eastern Virginia Healthcare Coalition Strategic and Operational Plan has been developed through input documents including emergency operations plans, hazard analysis, after action reports, and others, as well as input from the following Coalition Workgroups: Exercise and Training, Regional Healthcare Coordination Center, and Executive Council. The Plan was shared with EVHC members, and was adopted by a majority vote at the April 5, 2018 EVHC meeting. The Plan will be reviewed and approved by the Coalition on an annual basis.



The complete preparedness plan can be downloaded from:
<http://www.evhc.org/index.php/resources/evhc-preparedness-plan>

Year in Review July 2017 – June 2018

Activities

July 2017

- Sentara Princess Anne Hospital Hurricane Exercise
- City of Virginia Beach Medical Shelter Functional Exercise
- City of Chesapeake Operational Medical Directors quarterly meeting with Fire and EMS
- Norfolk and Eastern Shore Local Emergency Planners Committee meetings
- Children’s Hospital of the Kings Daughters Level 1 Trauma Designation Verification ceremony
- Hampton Roads Metropolitan Medical Response Strike Team (HRMMRST) review of regional CHEMPACK deployment

August

- The Inventory Management Specialist performed an assessment of Surge Tent and Decon Tent at Sentara CarePlex Hospital
- Peninsula Voluntary Organizations Active in Disaster Quarterly meeting
- Table Top Exercise series conducted with Hampton Roads Fresenius Dialysis Centers
- NAS Oceana MCI exercise
- Coordinate with Sentara and Riverside Patient Transfer centers regarding patient tracking and distribution during a large scale event or healthcare facility evacuation
- Highly Infectious Disease Grant Program annual visit at Sentara Princess Anne Hospital
- Began emergency preparedness planning with Hampton Roads Hospice agencies
- Initial Planning Meeting for “Vigilant Guard” National Level Exercise

September

- VHASS training at Sentara Obici and Sentara Norfolk General Hospitals
- Meeting at Norfolk EOC regarding hurricane evacuation and a Access and Functional Needs shelter
- Developed database of regional healthcare inpatient facilities to include their Virginia Department of Emergency Management (VDEM) Evacuation Flood Zones, shared with health department and jurisdictional emergency planners
- Teleconference with Leading Age Virginia concerning Emergency Preparedness for Long Term Care facilities
- Homeland Security Civil Unrest Table Top Exercise in Norfolk
- RHCC Workgroup reviewed status of 3M Breathe Easy PAPRS and Base-Ex Tent maintenance
- Hampton and Newport News Community Services Boards leadership to discuss CMS requirements
- Autumn Care of Norfolk exercise evaluator in Norfolk
- CMS briefing to the Emergency Managers of the All-Hazards Advisory Committee

October

- Visited DaVita Dialysis Center with the Assistant Emergency Manager of Virginia Beach
- Assisted Sentara Virginia Beach General Hospital in conducting an annual inventory
- Oceana Naval Air Station Air Show Mass Casualty Exercise After Action Report meeting
- Facilitated a Hurricane Scenario Table Top Exercise for the Hampton and Newport News Community Services Boards
- Performed an Emergency Operations Plan review for the Hampton Roads Community Health Centers
- Norfolk Naval Shipyard Radiation exercise with Sentara Norfolk General Hospital
- Facilitated a Hurricane Table Top Exercise for Interim and Amedisys Home Healthcare agencies
- Sentara Virginia Beach General Hospital conducted an Active Shooter Table Top Exercise with their co-located Ambulatory Surgery Center
- Presented TEEEX PER 212 HAZMAT operations at the Hampton Fire Training Center

November

- Facilitated a Table Top Exercise for five Virginia Health Services long term care facilities
- Ebola Virus and Emerging Infectious Disease Preparedness and Response Forum at UVA
- Attended the Southside Trauma Meeting
- Facilitated a Table Top Exercise for regional long term care and intermediate care facilities at Atlantic Shores Retirement Community
- Hosted the Mid-Atlantic Healthcare Preparedness Meeting (VA, MD, NC, SC)
- Regional Healthcare Coordinator and the EVHC Chairperson attended the National Healthcare Coalition Conference

December

- Hurricane Table Top Exercise for WindsorMeade
- CMS assist visits to Signature Healthcare of Norfolk and Pediatric Services of America
- Emergency Preparedness and VHASS Training at the Bon Secours Ambulatory Surgery Center
- Mid-Planning meeting for the National Level Exercise at George Mason University
- Eastern Virginia Medical Services (EVMS) graduate student intern begins research on all available patient transport assets in the Eastern Region
- VHASS, RHCC and Patient Tracking Training for Norfolk Airport Fire Department
- City of Virginia Beach Training and Exercise Planning Workgroup meeting
- Long Term Care Facility Evacuation and Surge Table Top Exercise

January 2018

- Managed winter storm through RHCC, collaborated with local health and emergency management to move 120 dialysis patients due to icy road conditions
- Meeting with Fresenius and Newport News Police to review active threat response
- Two EVMS graduate students began internships with EVHC
- Staff worked with Virginia Beach Intermediate Care Facilities (ICF), Mary Immaculate Ambulatory Surgery Center and DaVita Dialysis on Disaster Planning
- Participated with Federal, State and jurisdictional emergency management officials at patient transportation exercise “Noble Life-Saver”
- Provided regional orientation for new Chesapeake Health Department Planner

February

- EVHC and Sentara Virginia Beach General Hospital staff received Stabilize and Treat in Place (STiP) from Central Virginia Healthcare Coalition for use as an alternate care site in the region
- Budget Reallocation approved by Coalition members
- EVHC staff participated in a webinar from Global Emergency Response concerning Patient Tracking Applications and Software
- Salem High School (Virginia Beach) Principal presentation of an After Action Report from a school shooting event
- Tidewater Regional Trauma Performance Improvement Committee meeting attended

March

- VHASS Emergency Operations training was provided to Sentara Independence ED staff
- Two EVHC staff present lectures at the Virginia Emergency Management Symposium
- A regional tornado exercise was conducted in conjunction with VDEM exercise
- Two EVHC Staff present at the VDH Emergency Management Symposium

April

- The Regional Coordinator attended Harborfest planning meeting with Norfolk leadership
- All Hazards Advisory Committee’s Inclusive Planning subcommittee conducts the EVHC sponsored medically friendly shelter exercise
- The Long Term Care Coordinator participated in the quarterly VHCA meeting
- Healthcare Disaster Overview at the Riverside College of Health Careers
- RHCC Manager facilitated a regional ADLS class at the VB Fire Training Center
- EVHC Preparedness Plan and new Charter and Bylaws were approved by Coalition

May

- National Level Full Scale Exercise “Vigilant Guard” was performed, focusing on Hampton Roads with numerous sub-exercises available to healthcare
- Surge Test for Regional Acute Care Facilities, Sentara Norfolk General Hospital evacuation
- Atlantic Shores conducted a Skilled Nursing Facility evacuation exercise with the Virginia National Guard
- Fresenius Kidney Care conducted water shortage exercise with Virginia National Guard
- Situational reporting for all healthcare facilities through VHASS
- RHCC Manager facilitated Hospital Emergency Response Training in Williamsburg
- Mobile RHCC deployed and staffed to support HRMMRST during Langley Air Show
- Long Term Coordinator briefed the All-Hazards Advisory Committee on CMS surveys

June

- EVHC staff assist VDH with two presentations of Community-Based Emergency Response seminars focusing on development of objective based exercises
- Burn Kit replenishment of expired consumables performed at all acute care hospitals
- NDMS, Federal Coordination Center training and exercise conducted including deployment of STiP tent and SVBGH staff to support patient reception area
- Naval Staff College, Homeland Security Planners course attended by EVHC Staff
- Elopement training and exercise provided at Williamsburg Landing



The Healthcare Emergency Amateur Radio Team HEART



The Healthcare Emergency Amateur Radio Team (HEART) is a team of dedicated amateur radio volunteers providing emergency communications for healthcare facilities during catastrophic events. HEART was developed in conjunction with the Eastern Virginia Healthcare Coalition partners with equipment purchased with HPP grant funds to provide emergency communications for participating healthcare facilities in the event of a catastrophic communications failure.

This team of licensed, amateur radio operators provides external communications using the amateur radio system. This team is activated in advance of weather-related events or other potential catastrophe by the individual healthcare facility or the RHCC Command Staff. In the event that the facility experiences an internal or external communications failure the team can provide inter-facility communications and serve as a relay point to either the Regional Healthcare Coordination Center (RHCC) or the facility's local Emergency Operations Center (EOC).

HEART members participate in bi-monthly training nets. These nets keep members advised of events happening with the HEART program and utilize the Hospital Incident Command System standard forms to reinforce emergency operations. This training segment of the net utilizes critical messaging that is passed either verbally or digitally over the HEART network to enhance operator skills.



HEART Accomplishments and Milestones

Updated firmware for repeaters and controllers at Westminster Canterbury and Riverside Regional Medical Center.

Developed WiresX plan to include expansion to Riverside Shore Memorial Hospital.

Meeting to collaborate with Peninsula Regional Medical Center in Salisbury, MD.

Work with Virginia Defense Force Exercise on cross banding.

Began to research a means to improve communications in the Middle Peninsula Area back to the RHCC in Newport News.

Collaborate with Sentara Albemarle in Elizabeth City, NC to establish a interoperability.

Participated in the Department of Defense Interoperability Exercise.

Collaboration with the Delmarva Amateur Radio Group in Delaware.

Meeting with the ARES Representatives for the Tidewater Area.

Participated in Operation Tsunami Exercise with Amateur Radio Operators in western Virginia.

HEART begins to test and use the BGAN Satellite System at the RHCC in Newport News.

Strengthening the plan to work with locality Emergency Operations Center ARES operators located in each City/County where healthcare facilities are located.

Implemented power supply modifications at each healthcare facility to provide battery power to the radio in the event of a critical power failure (Dominion Energy/Generator Failure)

Participated in an exercise with the National Hurricane Center in Miami, Florida

Projects

The Eastern Virginia Healthcare Coalition strives to maximize the HPP grant in the delivery of goods and services to the healthcare agencies in Eastern Virginia. While most businesses operate at about 60% overhead costs, we have managed to maintain a 49% overhead, utilizing all other funds for training, exercises, and equipment to better prepare, respond, and recover from disasters. The following tables detail the end of year spending on the four capabilities for FY 17 and the currently approved budget for FY 18.

Fiscal Year 17 (July 2017- June 2018)

DEVELOP COALITION (Capability 1)	Program Description	Funds Obligated
SHELTERING	Two Access and Function Shelter exercises	\$19,691.59
HERT	Detailed emergency response training for acute care facilities in disasters	\$1,800.00
BDLS	Fundamental emergency management for healthcare agencies	\$13,250.00
ADLS	Advanced emergency management for healthcare agencies	\$8,900.00
CHEC	Capstone emergency management training for healthcare agencies	\$21,005.00
PED. TRAUMA CONFERENCE	Annual training seminar conducted by CHKD with sponsorship from the EVHC.	\$12,000.00
SDMPH	Scholarship provided for coalition members to attend conference	\$1,500.00
FORUM	Mid-Atlantic states Coalition and Public Health Forum	\$928.98
LTC Exercise	Two-day training with capstone exercise focusing on elopement of patients and residents	\$7,200.00
Jump Drives	Thumb drives with course material for HERT, ADLS, BDLS, and CHEC	\$1,186.00
MYTEP	Multi-Year Training and Exercise Plan developed through a peninsula and south-side Training and Exercise Planning Workshops	\$18,576.00
Academy	Scholarship to cover travel and per-diem for Coalition members to attend Public Health Academy in Roanoke	\$20,575.00

Fiscal Year 17 (July 2017- June 2018)

Continued

PLANS, COMMS AND DEPLOYMENT (Capability 2)	Program Description	Funds Obligated
MOBILE RHCC	Reimbursement for fuel, maintenance, air time, and staffing of mobile RHCC for training and scheduled events	\$14,000.00
MOBILE SATELLITE HOTSPOT	Capability to provide a mobile hotspot network drawn from satellite	\$24,392.00
NETWORK	Networking switch redundancy when internet is lost in building (and therefore loss of VOIP)	\$9,986.00
HEART PROJECT	HAM radio team, maintenance of all radios, testing, exercises, and recruiting, expanded system to include data transmissions	\$26,909.00
BGAN	Mobile Satellite reception for voice and data	\$26,138.20
AWR	Maintenance contract for Area-wide Radio system (final payment, coalition voted to discontinue this system)	\$10,004.00
HEALTHCARE FUNCTIONS AND PPE (Capability 3)	Program Description	Funds Obligated
Exhaust Fans RHS	RAM Fans added to regional cache for rapid exhaust of smoke or hazardous fumes from an enclosed space	\$8,580.54
PAPR Batteries	Replacement of RBE batteries for HID respirators	\$28,869.00
Med-Sleds	EVHC assisted SNGH with the purchase of a cache of med sleds.	\$3,645.00
Ski Sleds	Purchase of Ski-Sleds (a more appropriate med sled for elderly patients) cache at Williamsburg Landing	\$10,000.00

Fiscal Year 17 (July 2017- June 2018)

Continued

SURGE (Capability 4)	Program Description	Funds Obligated
SVBGH Cameras	Pan/tilt/zoom camera purchase and installation on mobile RHCC	\$9,947.00
Bariatric Trailer	Trailer and bariatric equipment needed for medical shelters, placed on the peninsula	\$30,000.00
Pot Water	Expansion of First Water [®] reverse osmosis unit	\$16,488.00
O2 Generator	For use with alternate care sites	\$30,955.00
EVACUATION KIT-1	Kits purchased and distributed to Long Term Care Facilities to assist with facility evacuations	\$18,603.00
MMA SHELTER PARTS	Repairs to BaseX tent systems at all five Riverside Hospitals identified during FY 16 exercise.	\$16,564.00
DECON MIXING VALVES	Provides appropriate water temperature for decontamination system at SVBGH	\$4,070.06
MCI KITS	Three kits including consumables and collapsible litter systems to treat eight trauma patients each, placed on MCI Bus at SVBGH	\$8,456.97
Burn Kits	Replacement of expired consumable items in burn kits at all acute care hospitals in the region	\$29,397.00
PAPRS	Five Butyl Rubber 3M [®] PAPRs for Mary Immaculate Hospital, rounding out regions cache of 12/hospital	\$6,141.00
Trailer	Large trailer to house all STiP system tents and consumables	\$7,000.00
DMSU	Disaster Medical Support Unit and trailer stocked and provided to Eastern Shore to supplement in place assets should an event isolate Accomack or Northampton Counties	\$65,660.63

Funding for the Year Ahead

Fiscal Year 18 (July 2018- June 2019)

DEVELOP COALITION (Capability 1)	Program Description	Funds Obligated
Training and Exercises (TBD)	Unobligated funds as of July 1, 2018 that are "earmarked" for exercises and training. Coalition members may request needed training and exercises from these funds	\$229,232.66
Basic Disaster Life Support	Fundamental emergency management for healthcare agencies	\$12,900.00
Burn Training	Software and instructor guide to deliver burn training for the region	\$255.00
Certified Healthcare Emergency Coordinator	Capstone emergency management training for healthcare agencies	\$44,150.00
Pers 439 Pediatric Trauma Training CHKD	Pediatric Trauma training for community hospitals and others outside of the Pediatric specialty	\$8,750.00
DHS Complex Attack	Response strategies to undertake in response to a terrorist incident affecting multiple infrastructure elements (roads, electric, medical, etc.)	\$2,400.00
DMEP	Disaster Medicine and trauma training for medical staff (RN and Providers) focusing on Mass Casualty and Surge events	\$14,000.00
Hazmat Training	Hazardous Material Operations certification course	\$7,000.00
Ransomware and Cyber Exercise	Strategies for healthcare agencies to undertake to prevent and respond to cyber-attacks	\$25,000.00
Telehealth Exercise	Review and improve telehealth application opportunities in alternate treatment facilities as well as sharing of telemedicine information across agencies	\$15,000.00
CHKD Trauma Conference	Annual training seminar conducted by CHKD with sponsorship from the EVHC	\$12,000.00

Fiscal Year 18 (July 2018- June 2019)

Continued

PLANS, COMMS AND DEPLOYMENT (Capability 2)	Program Description	Funds Obligated
HEART	HAM radio team, expanding testing and operational capabilities with locality EOC's and Virginia's EOC (VEOC)	\$31,000.00
RHCC Comms Update	New "hardened" and priority cellular network for RHCC watch-standers	\$5,000.00
RHCC Computer Updates	New computers for the Regional Coordination Center located at RRMCC	\$4,500.00
Mobile RHCC Comms Upgrade	Communications upgrades for obsolete systems on both mobile Coordination Centers, one each at RRMCC & SVBGH	\$25,000.00
HEALTHCARE FUNCTIONS AND PPE (Capability 3)	Program Description	Funds Obligated
RBE-57 Phased Replacement	5 year plan to maintain minimum standard of 3M Breath-Easy® filters and batteries.	\$25,000.00
SURGE (Capability 4)	Program Description	Funds Obligated
Bus & STiP Deployments	Provide reimbursement for fuel, maintenance, air time, and staffing of mobile RHCC for training and scheduled events.	\$12,710.00
First Water	Expansion of water purification system for the region.	\$11,000.00
HVAC Enhancement	Provided additional ducting for STiP tent system allowing for proper heating and cooling of interiors.	\$4,000.00
STiP Upgrade and Repair	Includes a number of larger equipment pieces, including CPAP, Defibrillator, ISTAT, and 12 station telemetry.	\$106,091.00