



All-Hazards Hospital Data Listening Sessions

November 7, 2023



Agenda & Logistics

- Effort overview
- EEI domains & examples
- Comments

We look forward to your comments! You can share comments by:

- Typing comments into the chat box
- Using the raise hand feature to be unmuted

Overview

- Limited unified, all-hazards understanding of national level hospital-facility status, capacity, resources, and capabilities
- ASPR, CDC, CMS, ONC co-led effort:
 - Gather information to provide recommendations for a standardized lens into the readiness of, stress on, and resources available in hospitals before, during, and after emergencies
 - ✓ National, all-hazards standardized set of essential elements of information (EElS)
 - ✓ Vendor-agnostic technical and policy infrastructure, standards, and capabilities necessary to support hospital all-hazard data reporting nationally

Core Tenets

- Partner input is critical
- Minimize collecting & reporting burden
- Transparent data use to drive action
- Bi-directional information sharing

Process



Framing Considerations

- Discussion to kickoff the work and start getting input to shape our first draft
 - Goal of national standard EEIs & definitions
 - First draft of EEIs & definitions to come later – focusing on EEIs first
- Identified EEI domains, how they've been previously operationalized & examples of EEIs for discussion
- Approach aligns with our core tenets

Information Sources

- ASPR low-notice EEI list, developed in partnership with Region 4
- ESF8 Healthcare Facility Assessment Form
- Submitted EEI lists & discussions
 - Jurisdictions, hospital associations, coalitions, hospitals, Regional Disaster Health Response System
 - We welcome additional EEI lists to be sent to allhazards@hhs.gov
- NDMS bed definitions
- [HAvBED](#) documentation
- NHSN hospital bed capacity data pilot project
- COVID data collections & related efforts (ex. SANER project)
- ASPR TRACIE products, webinars, & technical assistance responses, such as:
 - [Innovations in COVID-19 Patient Surge Management](#)
 - [2018 EEI technical assistance request](#)
 - [Establishing Medical Operations Coordination Cells \(MOCCs\) for COVID-19](#)
- USCDI+

EEI Categories/Domains

- Health Care System Stress
- Facility Status
- Patient & Capacity
- Supply Chain

Many Differences:

- Qualitative
- Quantitative
- Broad
- Specific
- Automated
- Manual

Examples of Health Care System Stress

- Are you in:
 - Conventional: Not impacted. *Hospital is operating in a normal manner, under normal conditions.*
 - Contingency: Partially Impacted. *Hospital is operating using various mitigation methods.*
 - Crisis: Fully Impacted
- What is the estimated hospital census?
 - Lower than normal
 - Normal
 - Higher than normal
 - Extreme surge conditions
 - Normal
 - 100-125% of normal
 - 125-150% of normal
 - >150% of normal
- What is the estimated ED census (including those waiting to be seen)?
 - Facility does not have ED under normal conditions
 - Lower than normal
 - Normal
 - Higher than normal
 - Extreme surge conditions
 - ED closed/not operational due to incident impacts

Examples of Health Care System Stress Ctn'd

- Finding staffed beds for patients (either at my facility or through transfers) is:
 - Easier than normal
 - Normal
 - Harder than normal
 - Extreme challenges finding staffed beds for patients
- Discharging patients into post-acute care is:
 - Easier than normal
 - Normal
 - Harder than normal
 - Extreme challenges transferring patients into post-acute care
- Staffing
 - Clinical/nursing
 - Ancillary services
- Additional measures taken (check boxes)
 - Elective surgeries postponed, cancelled and/or minimized
 - Hospital decompression
 - ...

Capturing other challenges:

- Transportation
- Mortuary/fatality management
- Specialty care
- Waste
- Testing

Examples of Facility Status – Infrastructure

- What components/systems in the facility are impacted (check boxes)
 - Structural status
 - ✓ Minor
 - ✓ Major
 - ✓ Destroyed
 - Power
 - ✓ Generator
 - ✓ Mixed commercial/generator power
 - ✓ No power
 - ✓ Unknown
 - Water
 - ✓ Water source to dialyze patients
 - Sewer
 - EHR
 - HVAC
 - ✓ On generator
 - Communications
 - ✓ Phone/cell
 - ✓ Email
 - ✓ SAT Phone
 - ✓ Radio
 - Internet
- Generator fuel / how long can operations be sustained

Capturing other challenges:

- Security
- Food
- Decon

Examples of Facility Status - Critical Operational Shortfalls

- Critical operational shortfalls
 - Food
 - ✓ Immediate
 - ✓ Anticipated
 - ✓ None anticipated
 - Pharmaceutical
 - Medical Supply
 - Staffing
 - Fuel
- EMS functional in facility area
- Community lifeline shortfalls
 - Safety & security
 - Food, water, shelter
 - Energy
 - Communications
 - Transportation
 - Hazardous materials

Follow all normal request for resources processes. Not intended to replace normal channels.

Examples of Facility Status – Evacuation & Re-Entry

- Patient Treatment Status
 - Open
 - Closed
 - Open- limited (ED only, partial care in select units, select specialty services on hold, security lock down)
 - Unknown
- Evacuation Type
 - Normal operations
 - Full evacuation
 - Partial evacuation
 - Shelter-in-place
 - Unknown
- Evacuation Status
 - Not applicable
 - Planning
 - Departure in progress
 - Departure complete
- Re-entry status
 - Not applicable
 - Planning
 - Re-entry in progress
 - Re-entry complete

Examples of Patient-related

- # of critical patients
- Hospitalized with event-related laboratory-confirmed diagnoses
 - Adult
 - Pediatric
 - ICU
- Previous day's admissions with laboratory-confirmed event-related diagnosis
 - Adult
 - Pediatric
 - ICU
- Suspected (if no testing available)

Patient-related measures may be turned on/off depending on incident type

Examples of Capacity

Challenge: Many ways to break down

- # staffed adult beds
 - Inpatient
 - Med/surge
 - ICU
 - Occupied (more common)
 - Available
- # staffed pediatric beds
 - Inpatient
 - NICU
 - PICU
 - Occupied
 - Available
- Surge capacity
- # morgue spaces available
- Med/surge
 - Adult
 - Pediatric
- Surgical unit
- Negative pressure isolation
- Critical care/ ICU
 - Adult
 - Pediatric
 - Neonatal
- Burn
- Psychiatric/behavioral
- Post critical/ Intermediate care – step down
- Operating Room
- ED
- Patient Based
 - Adult
 - Pediatric
 - Perinatal
 - Nursery Levels 1-4
- General care
- Critical care
- Behavioral health
- Emergency

Examples of Supply Chain

- **Challenge:** how to get to core supply chain needs recognizing vast supply types & differences based on patient care needs
- Potential drop down of supply chain categories difficult to obtain/maintain
 - Medical gases
 - Pharmaceuticals
 - General medical supplies/PPE
 - Blood Bank – Blood Products

Federal Register Notice

Opportunity to provide written comments

[Federal Register :: Request for Information \(RFI\): HHS Initiative To Enhance National All Hazards Hospital Situational Awareness](#)

Please share with colleagues who may be interested

Thank You

Further comments or questions?

Email: AllHazards@hhs.gov

