

Building Relationships in a Health Care Coalition: It's Everything

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HHSA
Public Health



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Presenter



Ashley Ave, MA
Emergency Management Coordinator
Valley Children's Healthcare

Mrs. Ave began her career at Valley Children's Healthcare in 2000 focusing on Clinical and Patient/Family Education. In 2014, she transitioned into the role of Emergency Management Coordinator where she provides oversight, coordination, and continuous evaluation of Emergency Management Program activities for the health care network. She is dedicated to equipping leaders and their teams to participate in all phases of the emergency management process. Mrs. Ave is an active member of the Central California Healthcare Coalition and the Madera County Emergency Preparedness Subcommittee.



2024 DISASTER PLANNING CONFERENCE | 2

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Presenter



Sean Roberts
Emergency Services Specialist II
County of Tulare Public Health

Mr. Roberts is an Emergency Services Specialist II for the County of Tulare Public Health. He is currently assigned to the PHEP, HPP, and MHOAC programs within the Tulare County Health and Human Services Agency and serves as his agency's ICS instructor. Mr. Roberts began his emergency management career in Tulare County Public Health in 2022 having seen firsthand the importance of emergency preparedness and planning during the COVID-19 pandemic. Prior to joining Tulare County, he was a paramedic supervisor, spending 20 years in EMS culminating with coordinating his agency's response to COVID-19, closely working with hospitals and public health to support both testing and vaccination efforts including a mobile vaccination team.



Disclosure of Relevant Financial Relationships

Ashley Ave, MA reports no relevant financial relationships or relationships she has with ineligible companies of any amount during the past 24 months.

Sean Roberts reports no relevant financial relationships or relationships he has with ineligible companies of any amount during the past 24 months.



**There had been as many plagues in the world as there had been wars.
Yet plagues and wars both find people equally unprepared.**

–Albert Camus, “The Plague”

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Who Are We?

Sean Roberts

Ashley Ave

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The Central California Healthcare Coalition (CCHCC)



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Hospitals Within Our Coalition

- **Fresno**
 - Community Regional Medical Center (Level 1 Trauma Center and burn center)
 - Clovis Community Medical Center
 - Fresno Heart and Surgical Hospital
 - Saint Agnes Medical Center
 - Adventist Health Selma
 - Adventist Health Reedley
 - Kaiser Fresno
 - Fresno VA Hospital
- **Kings**
 - Adventist Health Hanford
- **Tulare**
 - Kaweah Health Medical Center (Level 3 Trauma Center)
 - Sierra View Medical Center
 - Adventist Health Tulare
- **Madera**
 - Valley Children's Hospital (Level 2 Pediatric Trauma Center)

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Hospital Participation in our Coalition

- Includes EM as well as *decision making* clinical and nonclinical staff
- Is not limited to emergency management staff
- Allows for rapid decision making in emergencies
- Who you chose to represent you makes the difference between a “check the boxes” coalition and a “thinking outside the box” coalition.

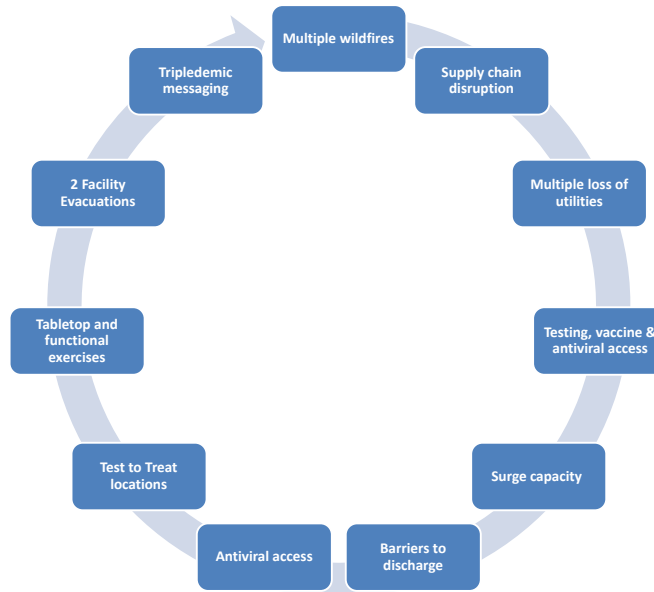
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Unique Aspects of the Central California Healthcare Coalition (CCHCC)

- CCHCC meetings are hybrid with both in-person and virtual options
- Formal Memorandum of Understanding (MOU) and sharing supplies
 - An MOU exists for “mutual aid” between all acute-care hospitals.
 - All county public health departments also agree to share resources (PPE, disaster supplies, etc.).
 - Agreements also exist between SNFs and other entities, including for evacuations.
- Additional ad hoc committees or subcommittees added at the coalition or county subcommittee level as needed
 - SNFs, Dialysis, etc.
 - Surge committee (County, Hospital, CDPH)
 - Barriers to discharge committee (County, Hospitals, SNFs,)

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CCHCC Success Stories



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5 Case Studies from 2 Counties

- Tulare County
 - COVID Vaccination Clinic
 - Flood response with facility evacuation
- Madera County
 - Creek Fire
 - Triple-Demic
 - Utility Interruption

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Tulare County

Population: 477, 544

8 Incorporated Cities

40 unincorporated communities

Tule River Tribe

Area: 4,863 square miles

3 Acute Care Hospitals

Fun Facts

Top dairy producing county in the USA

Home of multiple giant sequoia groves

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Tulare County Subcommittee

Quarterly in person meetings

Other ad hoc groups as needed

**Barriers to discharge
Hospital surge**

All three acute care hospitals represented



Other Members

All 18 SNFs

Multiple Federally Qualified Health Centers (FQHC) and Look Alike

4 EMS Providers

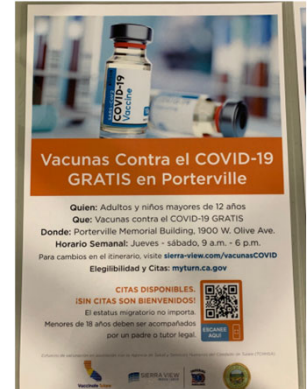
Tule River Reservation

Other representatives from schools, colleges, labs, surgery centers, and dialysis.

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Case Study 1: COVID-19 Vaccination Clinic

- **An existing vaccination clinic operated by a contract group had increasing problems with compliance.**
 - **Low numbers of patients (sometimes less than 20 a day)**
 - **Complaints from community members**
 - **Limited hours**
- **Underserved area**
- **Location needed to change due to lease**
- **The hospitals were overwhelmed with a COVID-19 wave**



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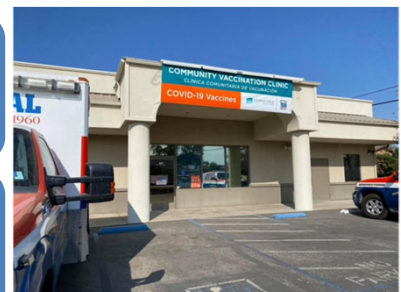
COVID-19 Vaccination Clinic: Steps Taken

Public Health reached out to the Tulare County Health Emergency Committee members seeking someone to take it over

No single entity was in a position to take the fledging clinic over

Out-of-the-box thinking occurred between Tulare County Health Emergency Coalition members

Within 2 weeks, EMS, Public Health, and Sierra View Medical Center agreed to move it to a medical outpatient building and run it jointly.



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COVID-19 Vaccination Clinic: The Solution



Multiple partners providing resources.



Sierra View Hospital

New location in an outpatient building
RN to oversee the clinic/vaccinate peds
Pharmacist available for consultation
Registration staff to document



Imperial Ambulance

Paramedics to draw up the vaccines
EMTs to administer the vaccines to adults



Tulare County Public Health

Stored, prepared, packaged, and delivered the vaccines
Consultation with Public Health Nurses for unique cases
Reimbursement for costs

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COVID-19 Vaccination Clinic: The Results

- **Over 40,000 vaccines administered**
- **Additional partnerships created**
 - **City of Porterville used American Rescue Plan Act (ARPA) funds to assist**
 - **Community-based organizations carried messaging to target groups**
 - **Nonprofit service organizations provided other resources at vaccine events**
- **Mobile Vaccination Team created vaccination events in isolated, underserved communities and community events.**
- **Increased community trust**



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COVID-19 Vaccination Clinic: Why It Worked

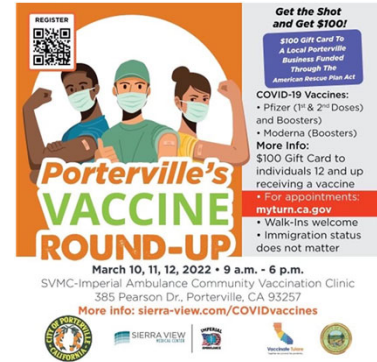
Relationships that existed prior to COVID-19

Prior training and exercises on Point of Dispensing where all parties were present

The Public Health Emergency Manager, Sierra View CNO, and Imperial Ambulance Operations Manager had preexisting open lines of communication.

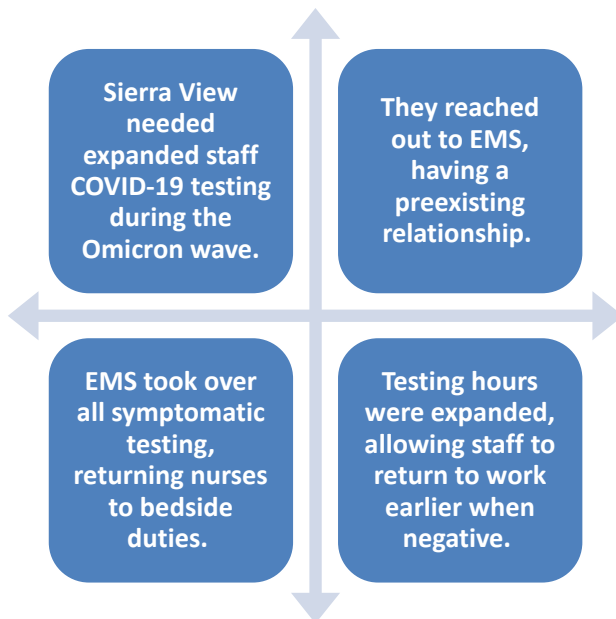
Because of the strong relationships, the County of Tulare was more comfortable turning over the clinic to the coalition.

Because of the level of trust between EMS and the hospital, EMS was able to operate on hospital-owned property.



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Expanding Beyond



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2023 Flood Event



A 100-year flood event occurred in Tulare County



Multiple simultaneous cascading effects

Nursing home/sub-acute needing evacuation
5 patient stranded on the Tule River Reservation



Multiple nursing homes and a hospital were threatened with possible evacuation



2023 Flood Event: Steps Taken

The CCHCC went to work

Sierra View Medical Center

- Accepted all patients from the reservation
- Set up a temporary helispot in the parking lot for Skylife
- Kept the evacuated SNF who were inpatients as social admits until safe to discharge
- Kept several community members as social admits until evacuations were lifted

Imperial Ambulance, American Ambulance Visalia, and Skylife Air Ambulance

- Provided 2 full strike teams of recalled staff to help with evacuations
- Dedicated a helicopter to airlift patients off the Tule River Reservation
- Provided support to hospitals and SNFs in evacuation areas to prepare for evacuations

The Tule River Reservation

- Moved the 5 patients to a central area with helicopter access, fed them, and used their EMS to care for them until they could be rescued
- Used EMS to triage patients and coordinate their care until they could be evacuated
- Coordinated with the receiving facility to ensure continuity of care

2023 Flood Event: Steps Taken (cont.)

Tulare County Public Health/MHOAC

- Coordinated all Central California Healthcare Coalition (CCHCC) resources
- Hosted daily meetings for involved and affected members
- Kept situational awareness and advanced planning functions

Porterville Developmental Center

- Accepted all evacuated SNF and Ventilator patients from the affected facility
- Converted an unused wing to a SNF using their maintenance staff
- Allowed staff from the relocated nursing home to provide care in the facility

Other Community Partners

- Promoting Self-Worth helped evacuate & repopulate with their bus
- Porterville City Fire established a temporary landing zone at Sierra View
- Local churches offered their meeting halls as evacuation facilities if needed

Unaffected Nursing Homes

- Provided daily information on bed availability
- Identified over 115 immediately open beds as well as almost 100 that could be created in nontraditional spaces

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The Results

The entire SNF was evacuated in under 2.5 hours from the initial call for help.

2 local ALS ambulance strike teams were formed within 3 hours, resulting in minimal 911 resources being pulled.

Porterville Developmental Center had a decommissioned unit converted to a SNF within 2.5 hours.

Local nursing homes updated their capacity twice a day with how many evacuated patients they can accept.

There were no deaths or adverse patient outcomes attributed to the event.



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Why It Worked

Preexisting relationships cut down on barriers

3 years of collaboration and relationship building during Covid-19

People are more likely to expedite things with preexisting relationships



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HOSPITAL | MEDICAL GROUP | HOME CARE | FOUNDATION



Health Care Coalition Partnerships

Valley Children's Healthcare



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Madera County



Demographics

- Population: 162,858
- 2 Incorporated Cities
- 11 Unincorporated Communities
- 2 Federally Recognized Tribes
- Square Miles (2020): 2,136.92

Fun Facts

- Home of Yosemite National Park
- Located in the exact center of California
- Agriculture is the #1 industry. Top three crops: almonds, grapes, and milk.



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- 358-bed stand-alone children's hospital
- Level II Pediatric Trauma Center
- Level IV NICU (88 beds + 28 regional beds)
- ED visits (2023): 86,895
- Surgical cases (2023): 13,580
- Outpatient visits (2023): 214,236



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Specialty Care Network

- 1.3 million children
- Specialty Care Centers: 7
- Pediatric Primary Care Practices: 8



Madera County EP Subcommittee

- Quarterly meetings
- Hybrid option
- Five Hospital Preparedness Program funded facilities:
 - One hospital
 - One Federally Qualified Health Center
 - Three Skilled Nursing Facilities




Madera County EP Sub-Advisory Committee


- EMS
- Law Enforcement
- Fire
- City
- County
- Non-governmental organizations
- Health and Medical
- Specialty
- Utilities
- Tribal
- State



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HOSPITAL | MEDICAL GROUP | HOME CARE | FOUNDATION



Case Study #3

Creek Fire (Fresno/Madera Co.)

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September 2, 2020 – December 24, 2020

- 200 people trapped at the Mammoth Pool boat launch
- California National Guard used CH47 Chinook and UH-60 Black Hawk with night goggles in six flights
- All evacuees were taken to the Fresno Air Terminal and triaged



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Notification of the Burn-MCI

- Patients were distributed to all local Emergency Departments using established EMS policies and protocols
- Estimated Patients: 63
 - IMMEDIATE/RED: 2
 - DELAYED/YELLOW: 40
 - MINOR/GREEN: 21



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Photos courtesy of Dan Lynch, Fresno County Dept of Public Health

Triage at the Airport



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Patient Distribution

Hospital	Patients
Community Regional Medical Center	4 Red IMMEDIATE, 1 Yellow DELAYED
Saint Agnes Medical Center	1 Yellow DELAYED, 2 Green MINOR (2 Greens treated/discharged home + 1 Yellow transferred to RMC)
Kaiser – Fresno	4 Green MINOR (all discharged home)
Valley Children's Hospital	6 Green MINOR (5 Green treated/discharged home + 1 Green stabilized at VCH, transferred to RMC the next day)



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Case Study #4

Winter 2022 – Patient Surge

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November 7, 2022 – January 13, 2023

PEDIATRIC HOSPITAL BED OCCUPANCY

- > **HIGHEST IN 2 YEARS**
- > **RESPIRATORY VIRUSES**
 - > **FLU**
 - **RSV**

NEW DEVELOPMENTS

"PERFECT STORM" OF VIRUSES TAKING HOLD
CHILDREN'S HOSPITALS AROUND THE COUNTRY STRETCHED TO CAPACITY

abc NEWS

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Internal Challenges

- Staffing
- Emergency Department (ED) Volumes
- Patient Acuity
- Declines

Regional Challenges

- Impact on community hospitals
- Patient transport for children on High-Flow Nasal Cannula

Treatment of Respiratory Issues in Kids

- In the past – breathing tube and transport
- Now – non-invasive respiratory interventions
 - High-Flow Nasal Cannula
 - Must be continued during transport
 - Requires specialized equipment

Our Goal

Help the community hospitals feel more comfortable keeping kids who needed high-flow nasal cannula (HFNC) for an extended period until:

- A bed was available at Valley Children's Healthcare (VCH)
- Transport was available
- VCH assisted them in finding a bed elsewhere in CA

The Solution

Increase the number of ground ambulances that had the specialized equipment required to transport kids on HFNC



Where the Health Care Coalition Came In

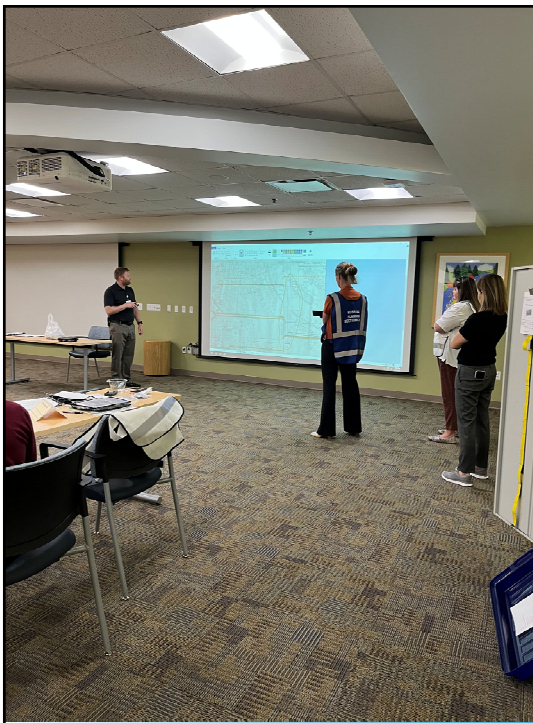
- All Public Health Departments purchased HFNC equipment
- Partners facilitated communication within their counties
- Training developed for referring facilities and ambulance providers
- Ambulance companies made training available to all providers
- Kudos to all EMS and health departments from each county



Case Study #5

Unlikely Partners

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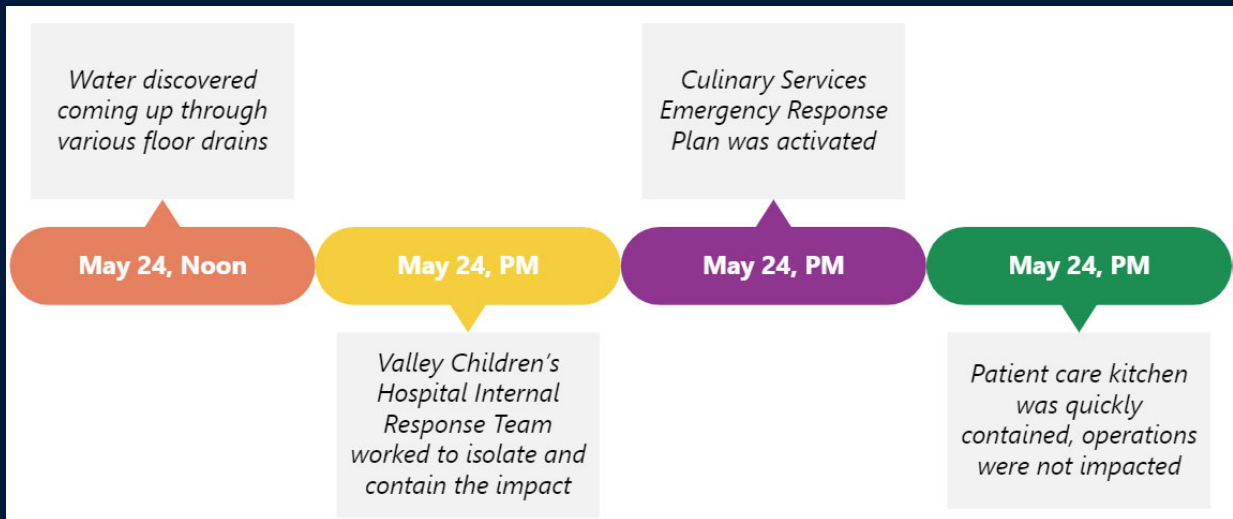


Utility Interruption

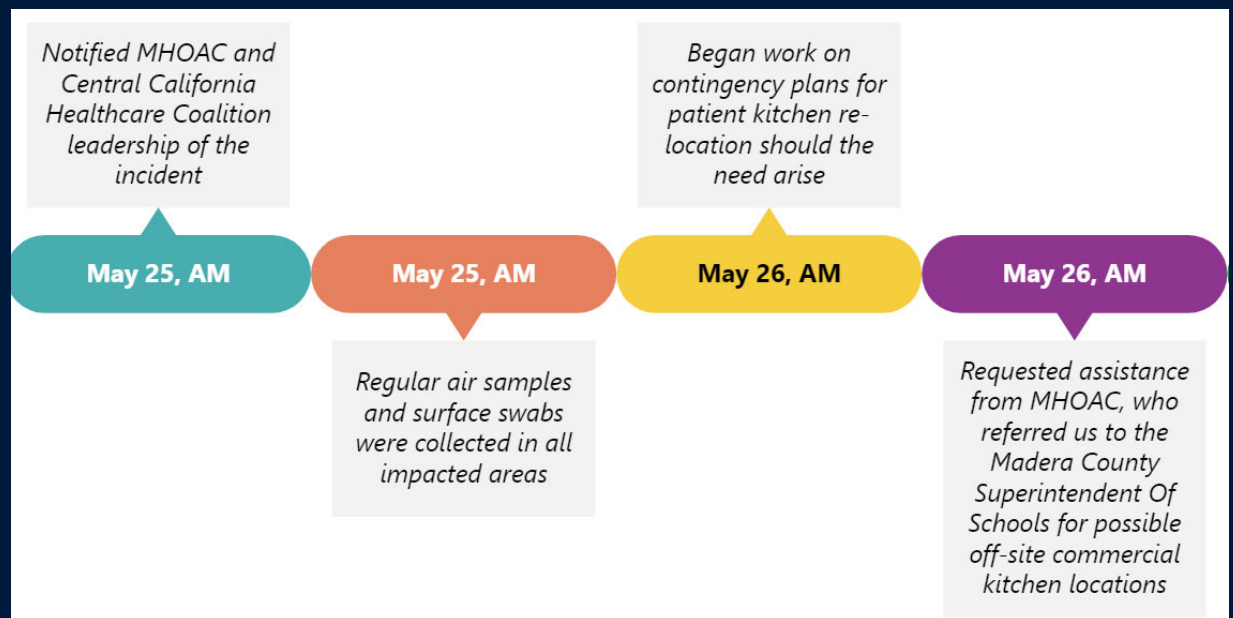
- May 24-31, 2023
- Water intrusion
- Affected parts of Culinary Services and conference center space

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May 24-30, 2023



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MCSOS connects VCH with GVUSD and Stone Creek Elementary

May 26, PM

May 30, AM

Determination was made to keep all culinary services on-site

Most impacted areas resumed normal operations; retail kitchen opened with limited services

May 31

Early 2024

Necessary repairs were made and cafeteria resumed full operations



Best Practices: Relationships

Relationship building during "blue sky" days

Be present! (physically and emotionally)

Take time to get to know people!



Best Practices: Structure

Collaboration is better than a single visionary

Everyone has a seat at the table

Mentorship of new members when there is turnover



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Best Practices: Response

Immediate response in times of need

Both clinical and nonclinical staff represented in committees

Decision-making staff represented on the coalition



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Best Practices: Collaboration



Collaborative Training

Emergencies do not respect jurisdictional or institutional boundaries.
Everyone is invited to all trainings.
Provides not just training but also networking opportunities



Outside-the-box thinking

Sometimes outside entities have creative solutions
Sometimes nontraditional staff can fill in during a crisis



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Full Disclosure

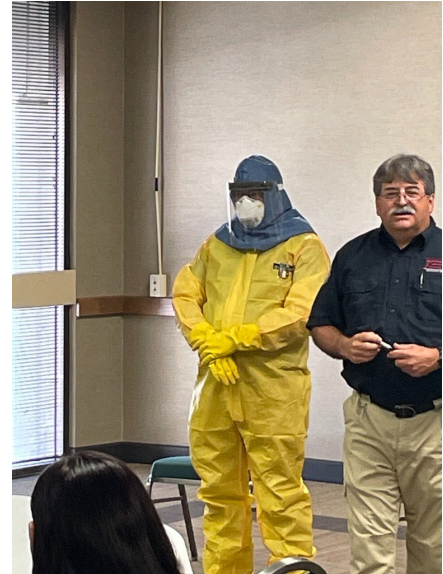
- Developing relationships between organizations can be slow and difficult at times
- Trust is earned and takes time
- Relationships take time
- Relationships need to be maintained
- It will require sacrifice and patience at times!



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Why join, participate in, and expand relationships your HCC?

- Emergencies are not an “if” but a “when” question.
- It creates a network of people that can help you.
- It helps approach problems from different angles.
- It can fill the gaps in the initial stages of an incident.
- It enhances your facility’s overall preparedness.



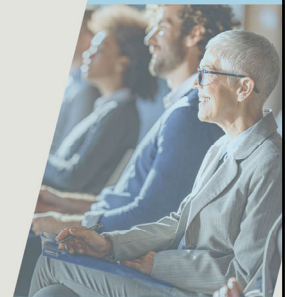
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Conclusion

- A strong health care coalition benefits hospitals during emergencies.
- The time to build relationships is now! When a disaster happens, it is already too late!
- The collaborative outside-of-the-box thinking from different angles and overall team effort can solve many issues quicker than acting alone.
- This is only done through relationships being built and maintained year-round.

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Questions?



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Our Contact Information

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