



2016 ADHS Annual PHEP/HPP All Partners Meeting 2/11/2016

Executive Summary

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EXERCISE OVERVIEW

Exercise Name	2016 ADHS PHEP/HPP All Partners Meeting
Exercise Dates	2/11/2016
Scope	This annual meeting is a workshop that serves as the annual grant business meeting providing updates/information, collaborative planning, and key priorities and initiatives for the approaching new grant year.
Mission Area	Prevention
Capabilities	PHEP Community Preparedness HPP Healthcare System Preparedness
Objectives	<ul style="list-style-type: none"> • Discuss the components of the National Disaster Medical System • Discuss mass care sheltering • Discuss regional considerations and develop goals and objectives for strategic planning (CPG), capability gap assessments, training and exercises, and financial considerations • Discuss statewide considerations for BP5 deliverables, communication and information sharing, training and exercises, plans synchronization, and financial concerns and considerations
Sponsor	Arizona Department of Health Services
Participating Organizations	PHEP and HPP federal, state, tribal, local and non-profit partners. Please see Appendix A: Exercise Participants for the complete list of organizations.
Points of Contact	<p>Antonio Hernandez Section Chief, Partner Integration Arizona Department of Health Services Bureau of Public Health Emergency Preparedness 150 North 18th Avenue, Suite 150 Phoenix, Arizona 85007-3237 (602) 763-1774 Antonio.Hernandez@azdhs.gov</p> <p>Alyssa Van Story Exercise Coordinator Arizona Department of Health Services Bureau of Public Health Emergency Preparedness 150 North 18th Avenue, Suite 150 Phoenix, AZ 85007-3237 (602) 361-1229 Alyssa.VanStory@azdhs.gov</p>

WORKSHOP SUMMARY

The 2016 ADHS PHEP/HPP All Partners Meeting had over 120 participants from each region, representing healthcare facilities, counties and tribes. Initial presentations included the national disaster medical system by the Department of Veteran’s Affairs, mass care sheltering by the American Red Cross, and summaries of the Arizona Crisis Standards of Care Plan and the BP5 grant deliverables by ADHS representatives.

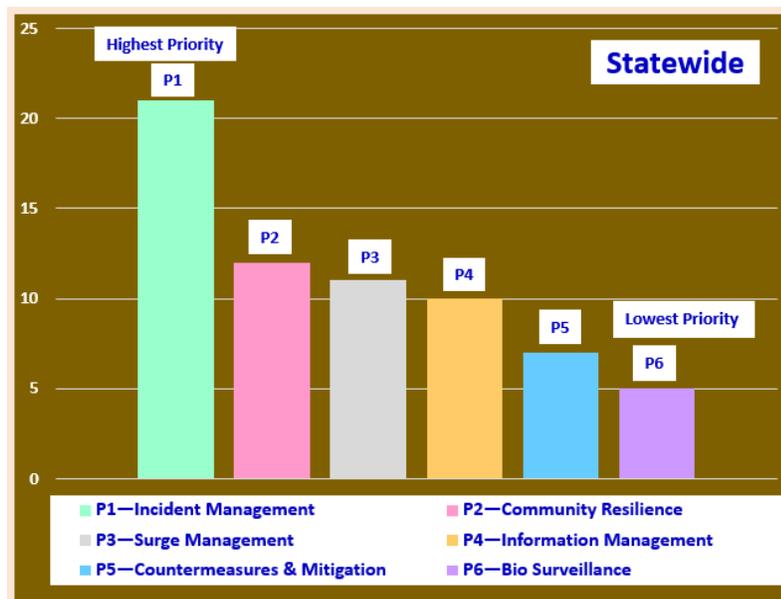
This workshop and meeting functions to assist PHEP and HPP partners identify gaps from previous years, determine strategies to fill those gaps, collaborate with internal and external coalition partners, and begin their overall BP5 planning process. The first two sessions of the workshop were divided by region with strong representation from each region. Participants were tasked with identifying an overarching goal, objectives and potential barriers listing the top three key strategies that fit the following criteria:

- Critical to success
- Reflects general consensus
- Solution is readily available

Attendees were asked to star or mark with an asterisk a strategy that could become a potential “grant deliverable”, with topics included but not limited to; “Strategic Planning (CPG – Capability Planning Guide), Capability Gap Assessment, Training and Exercise, Financial Considerations/Concerns to Support Regional Planning.”

Results of each session along with participant feedback demonstrate a successful event that provided ADHS and our partners a good baseline understanding of current capabilities, gaps and the strategies to meet those needs.

Graph 1. Statewide Training and Exercise Priorities



SUMMARY OF CAPABILITIES

Aligning exercise objectives and capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned capabilities, and functions for each capability as observed during the exercise and determined by the evaluation team.

Table 1. Summary of Capability Performance

Capability	Objective	Function
HPP Capability 1: Healthcare System Preparedness PHEP Capability 1: Community Preparedness	1. Discuss regional considerations and develop goals and objectives for strategic planning (CPG), capability gap assessments, training and exercises, and financial considerations	HPP Function 1: Develop, refine, or sustain Healthcare Coalitions HPP Function 4: Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps PHEP Function 4: Coordinate training or guidance to ensure community engagement in preparedness efforts
	2. Discuss statewide considerations for BP5 deliverables, communication and information sharing, training and exercises, plans synchronization, and financial concerns and considerations	HPP Function 5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond HPP Function 6: Improve healthcare response capabilities through coordinated exercise and evaluation PHEP Function 2: Build community partnerships to support health preparedness
	3. Discuss the components of the National Disaster Medical System	HPP Function 2: Coordinate healthcare planning to prepare the healthcare system for a disaster PHEP Function 4: Coordinate training or guidance to ensure community engagement in preparedness efforts
	4. Discuss mass care sheltering	HPP Function 3: Identify and prioritize essential healthcare assets and services

The following sections provide an overview of the performance related to each exercise objective and associated capability.

CAPABILITIES – REGION BREAKOUTS

Objective 1: Discuss regional considerations and develop goals and objectives for strategic planning (CPG), capability gap assessments, training and exercises, and financial considerations

HPP Capability 1: Healthcare System Preparedness

For each regional breakout ADHS representatives led facilitated discussions to cover topics to include but not limited to:

- Strategic Planning - Capability Planning Guide (CPG)
- Capability Gap Assessment
- Training and Exercise Discussion
- Financial considerations/concerns to support regional priorities

Southern Region Breakouts:

During these breakouts the participants had the following questions with subsequent discussion:

1. Will the hospitals be funded in BP5 and if not will this be a goal in the future?
 - In the past discussion has arisen that the state intends or can fund individual facilities rather than worrying about overall funding
 - Direction should be coalition readiness rather than individual facilities
 - There is coalition-based effort towards training and exercise and planning is currently at the regional level
 - ADHS – It is desirable to have a regional approach in funding rather than individual funding. Concerning opportunities to do both approaches, it is possible and in some cases sustainable but a regional approach is much more effective.
2. Why is the county the “clearinghouse” for funding when it should be coalition focused? And if that were the case would there be transparency in coalition funding levels, and how would that work?
 - There is understanding that the county is the fiscal agent but it could impact the relationship between the county and the hospitals.
 - Would need to determine how “match” would be handled if the coalition is funded
 - Transparency among the coalition and the state is important

The following “Action Table” represents the results collaborative efforts during both of the southern region breakout sessions (morning and afternoon):

Executive Summary

Instructions: Complete the chart below with key strategies (**identify the top 3**). Each strategy should fit the following criteria; **A.** Critical to success; **B.** Reflects general consensus; **C.** Solution is readily available. **Please star or mark with an asterisk*** a strategy that could become a potential “grant deliverable.”

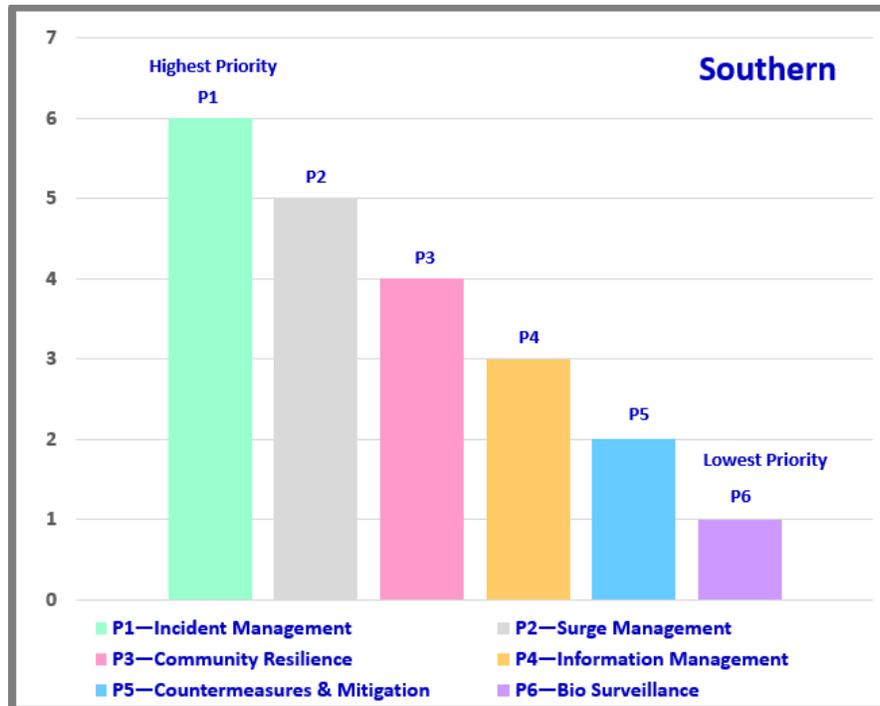
Group:	Southern	Breakout Session I Region Planning Notes
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	TOPIC: BP5 Top Priorities			
Overarching Goal: (Desired Destination in BP5)	To Enhance partner agency capabilities and develop coordinated and effective medical and public health system partnerships to manage all hazards.			
Objective: (Attainment in BP5)	<ul style="list-style-type: none"> ▪ Membership increased in the coalition’s base on whole community representation (more partners) ▪ Health resource coordination plan ▪ 96 hours sustainability plan ▪ Communication plan exercise ▪ Strategic Planning ▪ Regional Training and Exercise based on regional annual HVA 			
Potential Barriers:	Cost of replacement of MSA. Travel costs.			
List the Strategy/Activity	Action Steps	Who? Key Persons	When? (Completed)	Resources Needed
<ul style="list-style-type: none"> ▪ Regional HVA ▪ ICS Training for all partners and integration with ESF8 partners ▪ Decontamination equipment and training and build teams (equipment out of date) ▪ Complete the disaster credentialing process ▪ New CMS rules changes ▪ BP 5 funding strategies ▪ Business analysis plan 	<p>Build out the web site to increase partner participation</p> <p>Build a marketing plan/ compiling metrics</p>			

Topics may include but not limited to: Strategic Planning (CPG – Capability Planning Guide), Capability Gap Assessment, Training and Exercise, Financial Considerations/Concerns to Support Regional Planning.

The following table represents the regional training and exercise priorities developed from participant feedback activities during the breakout session:

Graph 2. Southern Region Training and Exercise Priorities



Northern Region Breakouts:

During these breakouts the participants focused their initial discussions around training and exercise and identified financial considerations and concerns regarding supporting their required priorities. One important gap for their region is “participation” with two issues associated:

- Reviewing, updating and exercising plans
- Make WebEOC a tool for training

In addition to these concerns, Apache County has too few staff and recognize the need to be on the same page as emergency management and will seek to achieve this by providing training to staff members. The coalition is also considering creating a workgroup to look at plans in an effort to improve participation.

As identified in Graph 3, Incident Management is the number one priority for this region with the following recommendations:

1. In training and exercise develop protocols for the steps taken and how to begin a comprehensive program
2. Members should use their own plans and “see where the chaos is”
3. Members should know each other’s resource capabilities and develop a phone list
4. Navajo WebEOC – not everyone has had the necessary training

Executive Summary

Audience/Participant feedback discussion:

- Shared Information – There is “some ability, it was noted that the wrong phone number was obtained during the earthquake exercise
- Effective Communication – There is “some ability”, they should determine topics and concerns prior to quarterly meetings and come ready to discuss them during the meeting
- Visibility needs during an emergency – There is “some ability”
- Integration with ESF8 – There is “some ability”
- Participate in Regional Planning – Yes

As they wrapped up their discussion the Northern Region shared additional improvements that they would like to see going forward:

- Schedule training and exercises at least 90 days in advance – a year would be optimal
- Develop ways to share information from each sector meeting – ideas include posting them on WebEOC, emailing the minutes, and sharing them on the HSP.

The following “Action Table” represents the results of collaborative efforts during both of the northern region breakout sessions (morning and afternoon):

Executive Summary

Instructions: Complete the chart below with key strategies (**identify the top 3**). Each strategy should fit the following criteria; **A.** Critical to success; **B.** Reflects general consensus; **C.** Solution is readily available. **Please star or mark with an asterisk*** a strategy that could become a potential “grant deliverable.”

Group:	Northern	Breakout Session I Region Planning Notes
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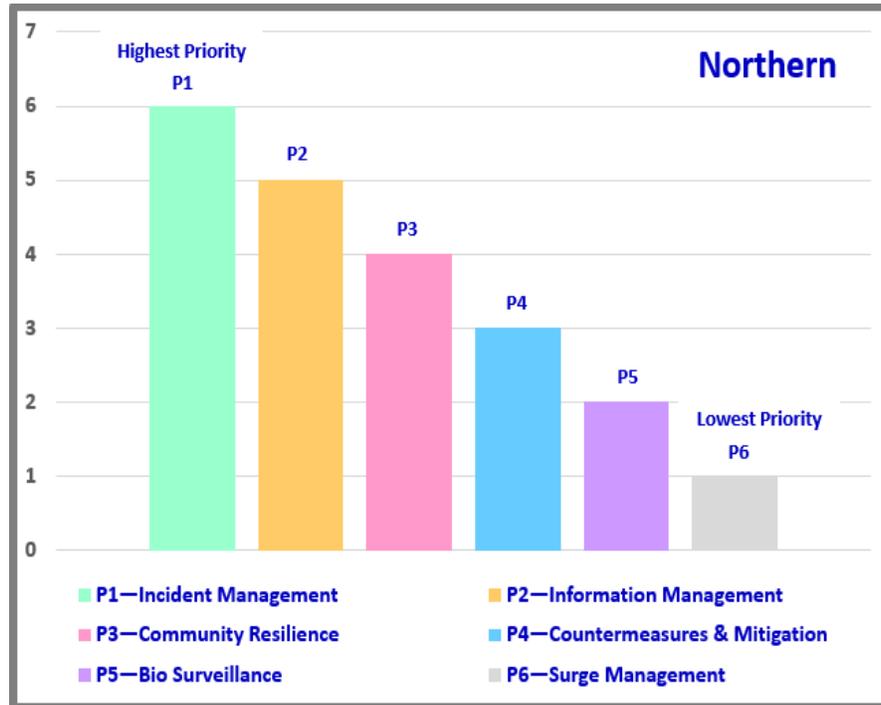
	TOPIC: Incident Management, Information Management, Community Resilience			
Overarching Goal: (Desired Destination in BP5)	<ul style="list-style-type: none"> ▪ Reviewing, updating and exercising plans ▪ Make WebEOC a tool for training 			
Objective: (Attainment in BP5)	<ul style="list-style-type: none"> ▪ Activity: Tabletop and Functional exercises 			
Potential Barriers:	Participation			
List the Strategy/Activity	Action Steps	Who? Key Persons	When? (Completed)	Resources Needed
Use one format, WebEOC to provide training and improve participation	<ul style="list-style-type: none"> ▪ Invite behavioral health to the meetings ▪ Use the LEPC ▪ “Sell it” and add an educational piece 	<ul style="list-style-type: none"> ▪ Individuals ▪ Community Partners 	Ongoing	<ul style="list-style-type: none"> ▪ Reading Materials ▪ Pamphlets ▪ Newsletters ▪ Emails
Create a workgroup to review plans	<ul style="list-style-type: none"> ▪ Discuss at the next meeting 	<ul style="list-style-type: none"> ▪ Exercise Planning Committee 	Ongoing	
Access to WebEOC or other communication platform	<ul style="list-style-type: none"> ▪ Request of ADHS 	<ul style="list-style-type: none"> ▪ All Regional Partners 	Ongoing	<ul style="list-style-type: none"> ▪ Funding ▪ Training

Topics may include but not limited to: Strategic Planning (CPG – Capability Planning Guide), Capability Gap Assessment, Training and Exercise, Financial Considerations/Concerns to Support Regional Planning.

Executive Summary

The following table represents the regional training and exercise priorities developed from participant feedback activities during the breakout session:

Graph 3. Northern Region Training and Exercise Priorities



Western Region Breakouts:

During these breakouts the western region demonstrated excellent collaboration with thorough discussions leading to the identification of three **top priorities**.

Unified Training

The first priority is to participate in unified training. The group identified a gap in PHEP and HPP Capability 3, Emergency Operations Coordination. They discussed the challenge in staff turnover and attrition and therefore the need to train new employees on EOC operations as well as keeping current partners updated on their skills. The goal is to have a regional partner cohort attend Center of Domestic Preparedness (FEMA) training together. Some of the barriers to this will be staff getting approval to take the time for the classes and coordinating training events among the various organizational entities. The desired end state is a cohesive cohort of local hospital, public health, and emergency management partners with knowledge, skills, and shared experiences working together in an emergency to support community preparedness and emergency operations coordination.

Regional Exercise

Executive Summary

The second priority is to conduct a regional exercise. One challenge is getting the regional partners together on events due to distance and travel logistics. They are interested in exploring the capability of linking groups together via video conferences and webinars, in addition to gathering together in person for a collective exercise event. They also identified the need to provide technical support and assistance on developing opportunities to test Public Information Officer (PIO) readiness and Joint Information Center (JIC) operational capabilities with the purpose of bridging healthcare PIOs with the Emergency Support Function 8 and Emergency Management JIC. The desired end state is to have a more robust communication capability, the skills and readiness to strengthen situational awareness and emergency public information and warning. Hospitals were interested in strengthening the capability to connect CEO communications with the public (hospital clients) during an event. Regional exercises that focus on providing support to an effected area is the preference, looking forward to opportunities to cross collaborate with other regions (e.g. Northern Region) is of high interest in boosting learning and best practice sharing.

Enhancing situational awareness

The third priority is enhancing situational awareness of the resources available by developing a resource profile that will help region partners better understand what is available during a disaster (a go to guide that can quickly inform new staff or coalition partners). Individual partners are interested in updating their inventory records. An additional concern is maintaining program focus, relevance, support and sustainability during an election year. With new leadership in office, regional partners anticipate being tasked to educate, update or mitigate changes in preparedness by proactively providing education and outreach to partner programs and leadership. One challenge is getting a unified approach and strategy to develop a preparedness capability demonstration validating their program, showing their capabilities and building support for their PHEP/HPP program participation among senior leadership and stakeholders. An additional challenge is developing a brief yet comprehensive product/tool that can be used by coalition members and provide a snap shot of the region capabilities (e.g. a preparedness profile, resource brochure, and response flow chart).

The following “Action Table” represents the results of collaborative efforts during both of the western region breakout sessions (morning and afternoon):

Executive Summary

Instructions: Complete the chart below with key strategies (**identify the top 3**). Each strategy should fit the following criteria; **A.** Critical to success; **B.** Reflects general consensus; **C.** Solution is readily available. **Please star or mark with an asterisk*** a strategy that could become a potential “grant deliverable.”

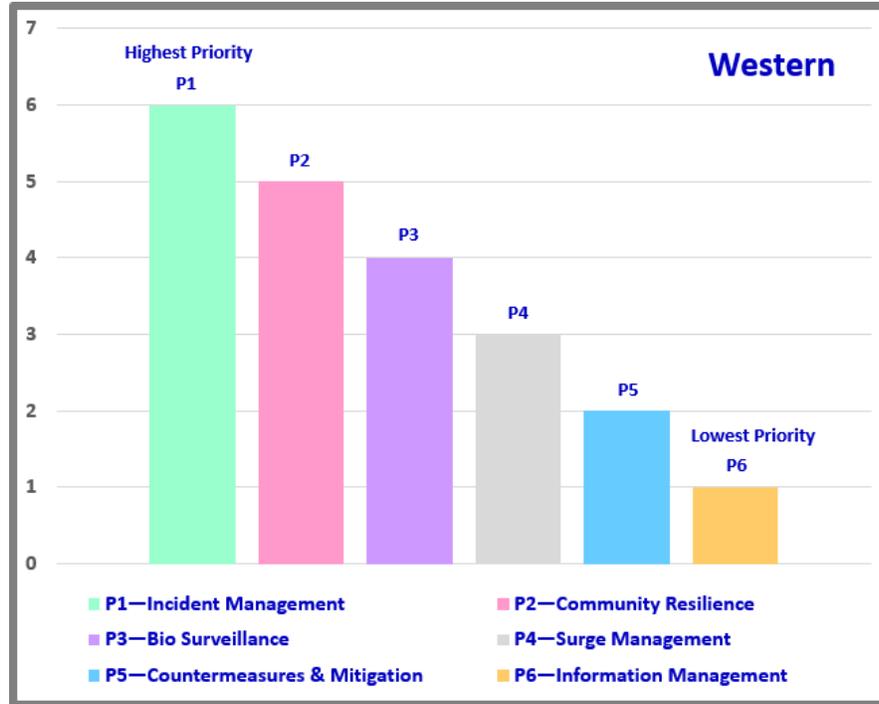
Group:	Western	Breakout Session I Region Planning Notes
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	TOPIC: BP5 Top Priorities			
Overarching Goal: (Desired Destination in BP5)	Training and exercises to improve awareness resources and relationships among Western Region Healthcare Coalition members			
Objective: (Attainment in BP5)	Unified Training, Regional Exercise, Enhancing situational awareness, Sustainability			
Potential Barriers:	<ul style="list-style-type: none"> ▪ Participation ▪ Turnover ▪ Time ▪ Money 			
List the Strategy/Activity	Action Steps	Who? Key Persons	When? (Completed)	Resources Needed
Center for Domestic Preparedness or Emergency Management Institute - group training	<ul style="list-style-type: none"> ▪ Survey partners about training types ▪ Check with CDP about Real IDs 	<ul style="list-style-type: none"> ▪ Yavapai, Mohave, La Paz, Yuma 	<ul style="list-style-type: none"> ▪ Assignments – this month ▪ Progress report – May ▪ Final report - August 	
Work with DEMA or Homeland Security to bring in training		Same	Same	
Request technical assistance from ADHS		Same	Same	
Resources and Sustainability	<ul style="list-style-type: none"> ▪ Assign key stakeholders from each county ▪ Supplies, equipment and personnel ▪ Develop incident management teams to include behavioral health 	Same	Same	Medical Supplies - PPE

Topics may include but not limited to: Strategic Planning (CPG – Capability Planning Guide), Capability Gap Assessment, Training and Exercise, Financial Considerations/Concerns to Support Regional Planning.

The following table represents the regional training and exercise priorities developed from participant feedback activities during the breakout session:

Graph 4. Western Region Training and Exercise Priorities



Central Region Breakouts:

During these breakout sessions the central region identified three **top priorities**:

Synchronization of exercises/Crosswalk of requirements

The central region discussed the need to synchronize exercises across all of the spectrums. During the exercise cycle or season use systems - based and building block approaches. All groups such as state, county and PHEP/HPP partners should have set requirements. This would allow for partners to support planning, send needed players, share scenarios and full synchronization of efforts. Exercises should be led by a multi-agency coordination team and everyone should look to “work outside the box.” Partner requirements should be considered when planning exercises to involve the entire healthcare community and satisfy exercise needs. The crosswalk of requirements and capabilities to be considered:

- JACHO
- CMS
- PHEP
- HPP

Additional considerations for exercises will be to engage EMS and other public safety regarding ambulatory care and community-based exercises. They will look to build a general calendar for visibility of exercise needs to make sure smaller facilities are included.

Training

Participants noted that staff turnover has been a concern or gap and that education is a great opportunity for healthcare partners to address it. Types of training identified were:

- HICS/ICS
- Triage
- COOP
- Train the trainer in HICS and HSEEP overview

Mentor program/Partnership

The third priority identified by the region is a mentor program with emphasis on an emergency management mentor for those new to their roles at the state, tribal and county levels. The northeast sector does EM 101 to help acclimate new employees. The county PHEP coordinator sit with state staff for a day. Participants noted that they should develop a “trigger” when new people come on board, hospitals could help by mentoring neighboring facilities, and come up with an “Orientation Checklist.” They should also bring in experts who have dealt with local disasters.

The following “Action Table” represents the results of collaborative efforts during both of the central region breakout sessions (morning and afternoon):

Executive Summary

Instructions: Complete the chart below with key strategies (**identify the top 3**). Each strategy should fit the following criteria; **A.** Critical to success; **B.** Reflects general consensus; **C.** Solution is readily available. **Please star or mark with an asterisk*** a strategy that could become a potential “grant deliverable.”

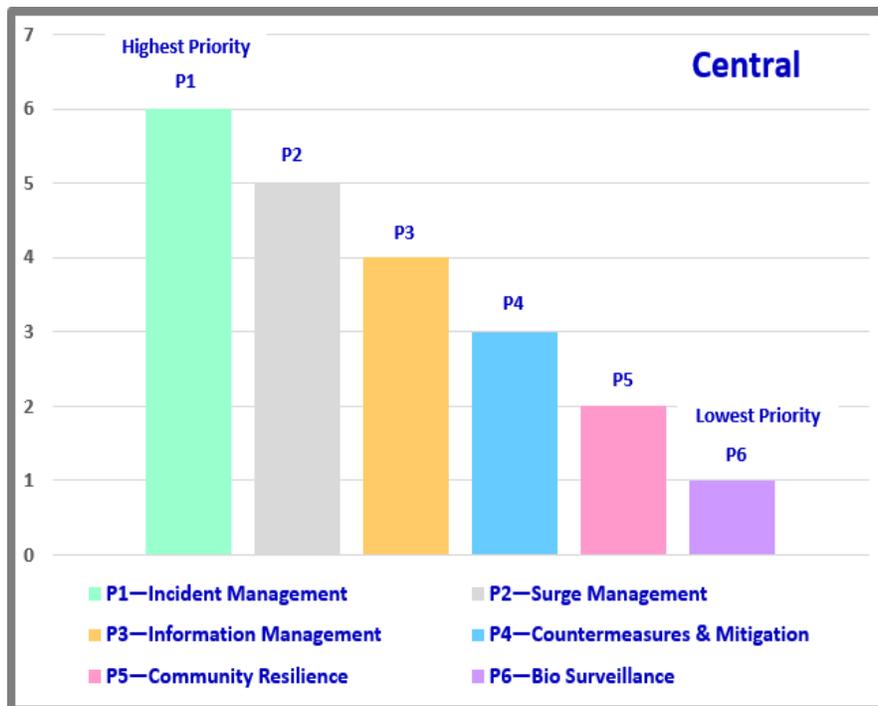
Group:	Central	Breakout Session I Region Planning Notes
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		TOPIC: BP5 Top Priorities		
Overarching Goal: (Desired Destination in BP5)	Exercise Sync/Crosswalk of requirements, Training, Mentor program/Partnership			
Objective: (Attainment in BP5)	Synchronization of exercises across all of the spectrums			
Potential Barriers:	<ul style="list-style-type: none"> ▪ Challenge in linking regulatory requirements with grant requirements ▪ Cost to the hospitals for the release time of the staff 			
List the Strategy/Activity	Action Steps	Who? Key Persons	When? (Completed)	Resources Needed
Look at all partner requirements when planning exercises to involve the entire healthcare community and satisfy exercise needs	<ul style="list-style-type: none"> ▪ Crosswalk requirements/capabilities ▪ Possible student/intern project 			
Emergency management mentor for those new to roles	<ul style="list-style-type: none"> ▪ Develop an outline for the mentor program 			
Education	<ul style="list-style-type: none"> ▪ Training system is up and running and free to sign up ▪ Education on how to conduct a proper exercise 			
Resources needs are critical (nursing home, community health, LTC)	<ul style="list-style-type: none"> ▪ Building partnerships ▪ Bring in experts who have dealt with local disasters ▪ Utilize ASPR TRACIE 			

Topics may include but not limited to: Strategic Planning (CPG – Capability Planning Guide), Capability Gap Assessment, Training and Exercise, Financial Considerations/Concerns to Support Regional Planning.

The following table represents the regional training and exercise priorities developed from participant feedback activities during the breakout session:

Graph 5. Central Region Training and Exercise Priorities



Objective 2: Discuss statewide considerations for BP5 deliverables, communication and information sharing, training and exercises, plans synchronization, and financial concerns and considerations

PHEP Capability 1: Community Preparedness

For the second breakout session partners were divided into groups A and B, “County/Tribal” and “Healthcare” respectively. Topics to be discussed included but were not limited to:

- Deliverables for BP5
- Communication
- Information Sharing
- Training and Exercise Discussion
- Plans Synchronization (MCM, Epi etc.)
- Financial considerations/concerns

County/Tribal Breakout:

This breakout session began with a discussion about increasing collaboration between county and tribal PHEP management, an initiative in which participants were supportive. They determined that this would allow partners to pick the capabilities in which they have gaps to address.

The second topic of discussion was the 2017 Strategic National Stockpile Full Scale Exercise. Participants stated that partners should be given time to review planning early, allowing them to see where they can participate. The timing of the exercise regarding dates is important for partner planning to avoid conflicts with other events. They would like for there to be several events leading up to the exercise such as:

- Tabletops
- Glimpse of what operations would look like
- Coalition/Regional training

The third topic of discussion was “communication pathways.” A barrier or challenge identified in this area was HSP access for non-HPP healthcare partners. They would like to see plan synchronization and used an example of a flow chart or info - graphic that explain SNS operational flow from the State, to the County, to the tribes and then to the public. There should also be a review of existing partner plans prior to developing separate plans to ensure less parallel or overlapped planning.

Healthcare Partner Breakout:

HPP Statewide collaboration and opportunity to share best practice was identified as a priority to achieve mechanisms for training, mentoring, and rapid capability development. With the overall goal to strengthen administrative and financial readiness capabilities as well as planning and health system preparedness there were several strategies identified:

- bi-annual meetings
- workshops
- initiatives
- HPP Finance teams
- HPP HR teams
- HPP Emergency Planning teams

Another idea discussed was a letter to hospital CEOs from ADHS and the Hospital Association that can explain the funding shift and any new program approaches as a grant or funding

stream change (so if there are individual facility finance needs communicated with a hospital CEO, the CEO is clear on what HPP is or is no longer funding). Hospital partners are interested in knowing what will be required of their documentation and reporting in BP5. Support agencies such as Mountain West Pearl, Poison Control and Coyote Collaborative have resources and seek to better understand the Hospital partners' needs so they can bridge resources and help fill any gaps.

A third idea that was discussed is to connect the dots along the response continuum, bringing response partners at all levels together to better understand the planning needs, partnership structures, and further strengthen system wide approaches. Also develop a resource or tool such as an at-a-glance profile of sector partners, what they do, and what they provide in an emergency.

Lastly partners expressed the need for the following areas to be addressed as a whole:

- Capability Strengthening
- Unified Training
- Cross-pollination and communication beyond the regional group alone
- Finance
- Bridging partners with resources to share with those in need or seeking to develop/learn

SUBJECT MATTER EXPERTISE – PRESENTATIONS

Objective 3: Discuss the components of the National Disaster Medical System

HPP Capability 1: Healthcare System Preparedness

PHEP Capability 1: Community Preparedness

National Disaster Medical System – Department of Veterans Affairs

Kerry Reeve, Area Emergency Manager, Phoenix, Region IX - Veteran Health Administration – Office of Emergency Management

This objective was met through the expertise of the Veterans Health Administration Office of Emergency Management, providing a presentation to the group on the National Disaster Medical System, a public/private sector partnership between the Department of Homeland Security, Department of Health and Human Services, Department Of Defense, and the Department of Veterans Affairs. The presentation began by describing the components of the NDMS beginning with:

- Medical Response
- Patient Movement
- Definitive Medical Care

Within each of these areas attendees learned about the importance of personnel, teams and individuals, supplies and equipment. There was a description of how patients are evacuated,

regulations under the DOD and VA, transport providers and patient tracking. And in addition the presenter discussed that treatment is provided by NDMS medical facilities

Additional categories included; Disaster Medical Assistance Teams (DMATS) and where they are located, Federal Coordinating Centers (with specific information on local centers in Arizona), Federal Medical Stations, concluding with a comprehensive discussion on Dual Use Vehicles (DUVs).

Objective 4: Discuss mass care sheltering

HPP Capability 1: Healthcare System Preparedness

Mass Care Sheltering – American Red Cross

Beth Boyd, Regional Disaster Officer, Arizona – New Mexico – El Paso Region, American Red Cross

This objective was met through the expertise of the American Red Cross providing the presentation: Mass Care Sheltering. During the presentation attendees learned about:

- Mass Care Shelters & Emergency Planning
- Shelter Selection
- Shelter Surveys
- Information Sharing
- Shelter Supplies
- Shelter Training
- Mass Care Shelters in Response
- Determining Need
- Selecting the Facility
- Notification
- Opening a Shelter
- Shelter Operations
- Closing the Shelter
- Mass Care Shelters in Recovery

This comprehensive presentation provided PHEP and HPP partners with important information vital to the objectives and capabilities identified as statewide priorities.

APPENDIX A: EXERCISE PARTICIPANTS

Participating Organizations
Federal
IHS - Phoenix
Veterans Affairs
State
Arizona Department of Education
Arizona Department of Emergency and Military Affairs
Arizona Department of Health Services
Tribal
Cocopah Indian Tribe
Colorado River Indian Tribes
Fort Mojave Indian Tribe
Gila River Indian Community
Hopi Tribe
Kaibab Paiute Tribe
Pascua Yaqui Tribe of Arizona
Tohono O’odham Nation
White Mountain Apache Tribe
Local
Cochise County
Coconino County
Graham County Health Department
Greenlee County Health
La Paz Health Department
Maricopa County
Mojave County Department of Public Health
Navajo County
Santa Cruz County Health Services
Yavapai County Community Health Service
Yuma County Public Health Service District
Hospitals/Clinics

Adelante Healthcare
Arizona Spine and Joint
Arrowhead Hospital
Banner Casa Grande
Banner Desert Medical Center
Banner Thunderbird and Del Webb
Banner University Medicine Tucson/South
Canyonlands Health Care
Carondelet Health Network Western Arizona Regional Medical Center
Chiricahua Community Health Centers
Cobra Valley Regional Medical Center
Copper Queen Community Hospital
Dignity Health
El Rio Community Health Center
Flagstaff Medical Center Sage Memorial Hospital
Gila River Health Care
Havasu Regional Medical Center
Honor Health
Hopi Health Care Center
Kingman Regional Medical Center
Marana Health Center
Maricopa Integrated Health System
Maryvale Hospital
Mayo Clinic
Mercy Maricopa Hospital
Mountain Vita Medical Center
Mt. Graham Regional Medical Center
Northern Cochise Community Hospital
Northwest Medical Center
Phoenix Baptist Hospital
Sells Indian Hospital
St. Luke’s Medical Center
Sun Life Family Health Center

Tuba City Regional Health Care Corporation
Tucson Medical Center
Valley View Medical Center
Verde Valley Medical Center
West Valley Hospital
Wickenburg Community Hospital
Winslow Indian Health Care Center
Yavapai Regional Medical Center
Yuma Regional Medical Center
Health Care Coalitions
Arizona Health Care Association
AzCHER - Central
Arizona Alliance for Community Health Centers
Coyote Crisis Collaborative

APPENDIX B: ACRONYMS

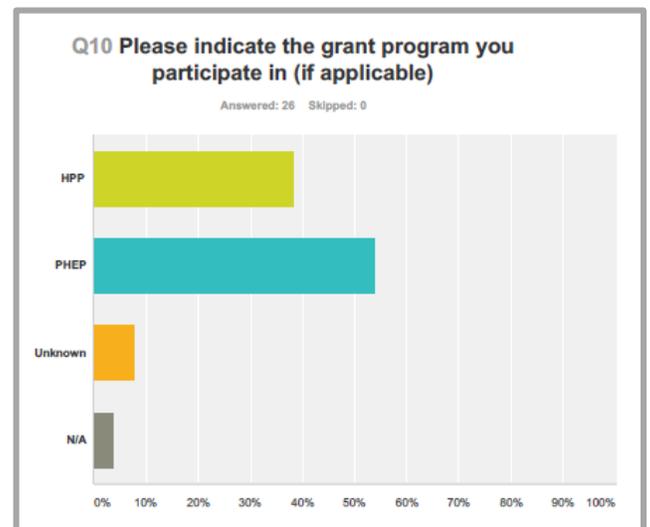
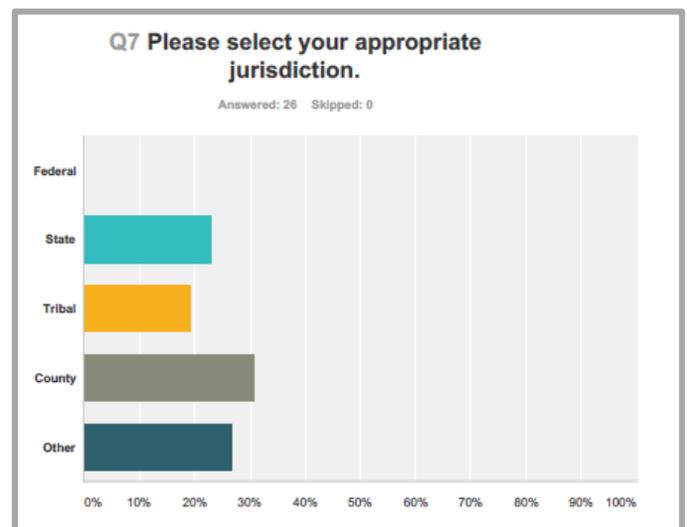
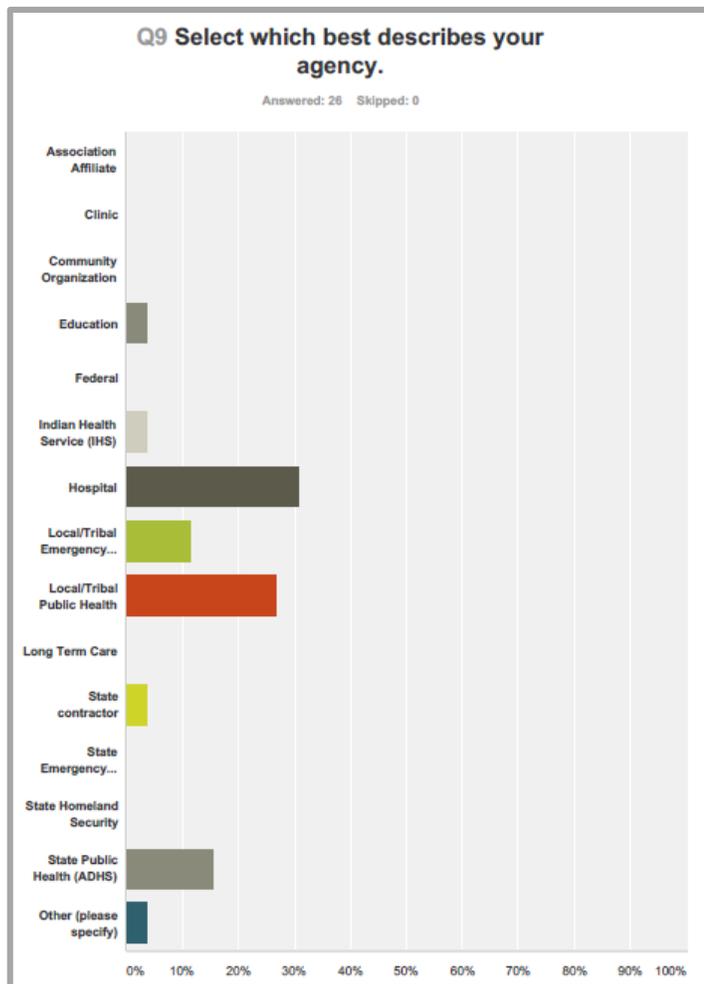
Acronym	Term
ADHS	Arizona Department of Health Services
AFN	Access and Functional Need
AHCA	Arizona Health Care Association
AZTEC	Arizona Tribal Executive Committee
BP4	Budget Period 4
CDC	Centers for Disease Control and Prevention
CPG	Capability Planning Guide
DEMA	Division of Emergency and Military Affairs
DOD	Department of Defense
DPS	Department of Public Safety
EM	Emergency Management
EMS	Emergency Medical Services
EOC	Emergency Operations Center
ESF	Emergency Support Function
FEMA	Federal Emergency Management Agency
HPP	Hospital Preparedness Program
HHS	Health and Human Services
ICS	Incident Command System
JIC	Joint Information Center
LTC	Long Term Care
MCM	Medical Countermeasures
NDMS	National Disaster Medical System
PAHPA	Pandemic and All Hazards Preparedness Act
PHEP	Public Health Emergency Preparedness
PIO	Public Information Officer
RBHA	Regional Behavioral Health Authority
SAC	Senior Advisory Council
SERRP	State Emergency Response and Recovery Plan
SNS	Strategic National Stockpile
VA	Department of Veterans' Affairs

APPENDIX C: EVENT FEEDBACK SUMMARY

PARTICIPANT FEEDBACK – SURVEY

Attendance and Participation

In the weeks following the All Partners Meeting participants completed a survey to assist ADHS in future preparedness considerations. All levels of government attended and there were representatives from each of the Arizona Coalitions. As expected hospitals and counties were the strongest in attendance:



Executive Summary

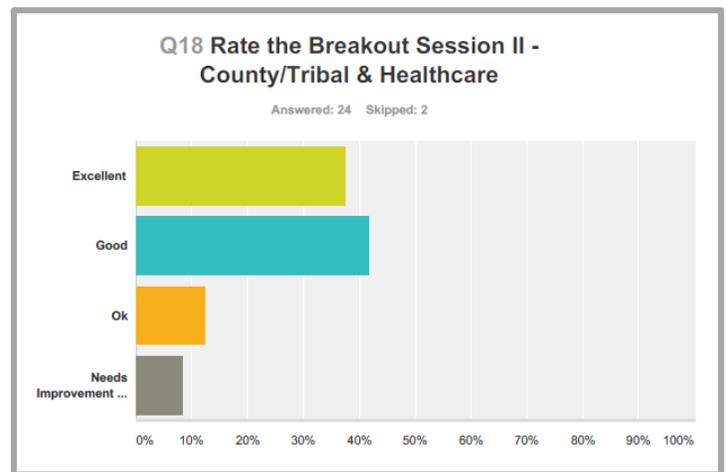
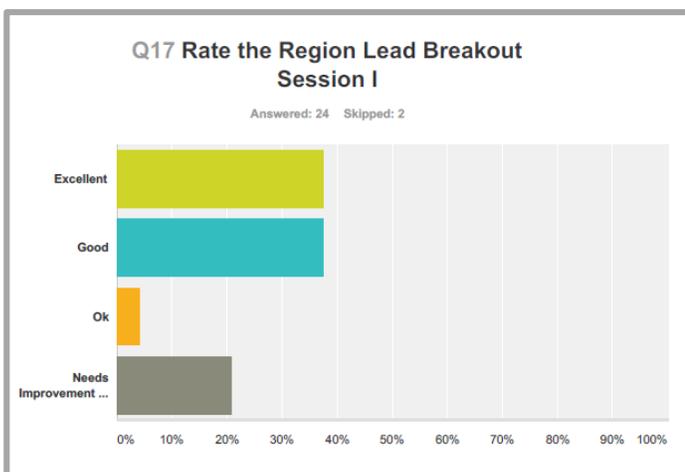
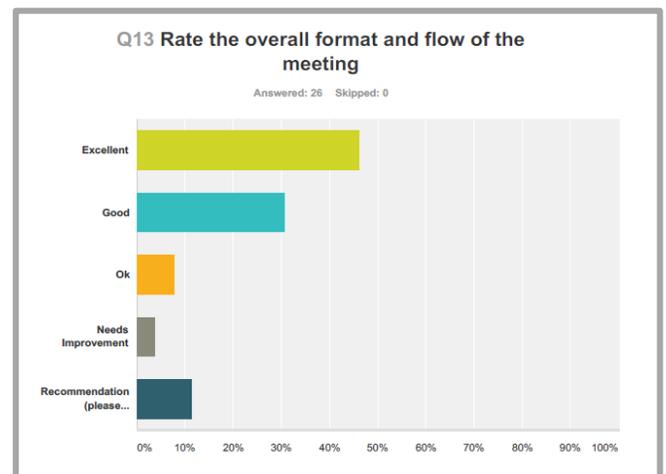
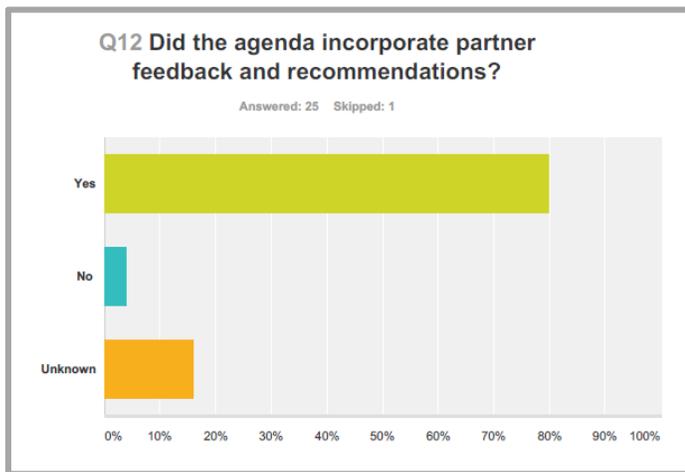
Event breakouts and format:

Prior to the All Partners Meeting, ADHS reached out to their county, tribal, hospital, coalition and other affiliates for their priorities in topics of discussion during the breakout sessions. Several members responded with capabilities and objectives that they felt needed to be addressed by the participants, as well as areas they would like ADHS to take the lead in the discussion.

- An overwhelming majority felt that the agenda incorporated their feedback and recommendations
- All breakout sessions ranked mostly “Good” to “Excellent”

Comments and recommendations included:

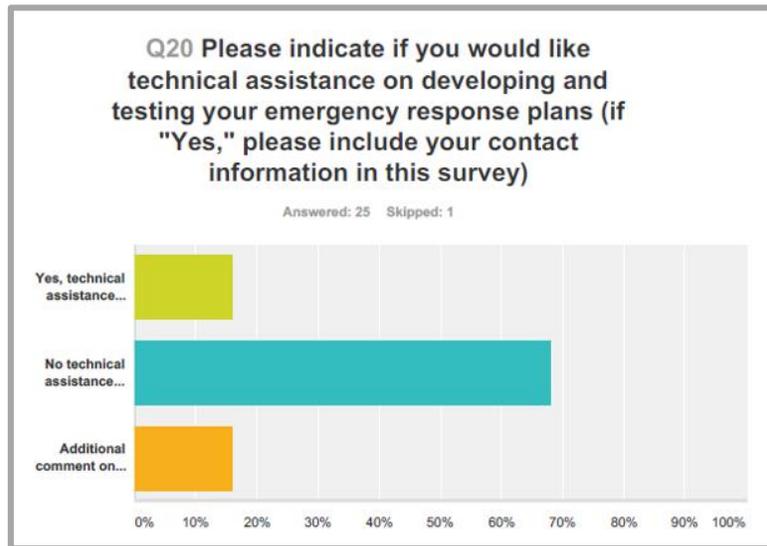
- In future exercises and All Partners meetings, a group of HCC reps could be convened to help guide the discussion
- The breakout sessions were the most valuable part of the meeting, breaking up by discipline and then by region was very productive
- Would like to see input into the development of the deliverables before they are rolled out



Technical Assistance:

The following shows how participants responded to any requests for technical assistance:

- Emergency plan improvement and assistance with RSS, SNS, POD, and IMATS training
- Emergency plan development



While most of the respondents indicated that there was no technical assistance needed at this time, ADHS remains available at any time to assist our partners with their emergency preparedness, training and exercise needs.

Venue:

Partners indicated that the venue was excellent. There was one request that lunch meet more diverse dietary needs and that ADHS consider a more central location.

