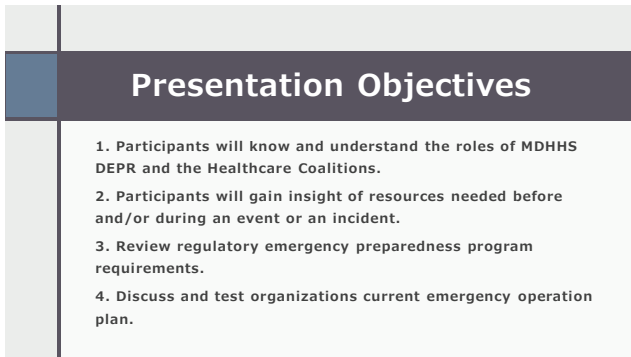
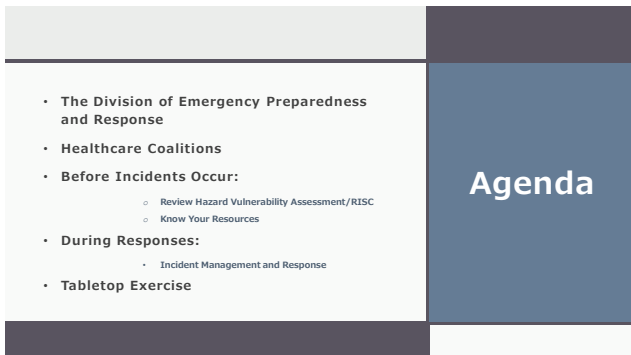




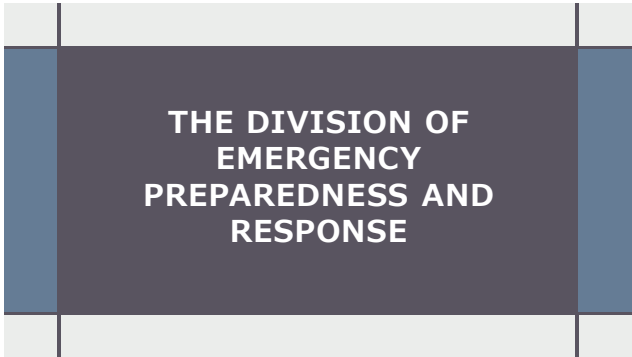
1



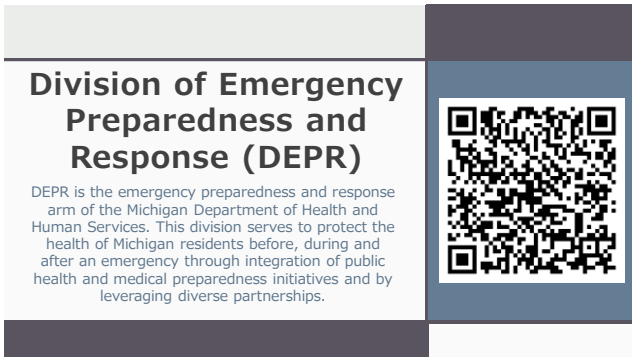
2



3



4



5



6

Michigan's Regional Healthcare Coalitions-



Our Teams Contact Information



7

Coalitions Comprise of Local Members

- All-Inclusive Care for the Elderly (PACE)
- Ambulatory Surgical Centers
- Assisted Living
- Clinics
- Colleges & Universities
- Community Mental Health Centers
- Emergency Management
- Emergency Medical Services
- End-Stage Renal Disease Facilities
- Home Health Agencies

- Hospice
- Hospitals
- Medical Control Authority
- Office on Aging
- Other Healthcare Coalitions (in state/out of state)
- Public Health
- Red Cross
- Rehabilitation Agencies
- Rural Health Clinics and Federally Qualified Health Centers
- Skilled Nursing Facilities
- Tribal

8

Creates awareness and mutual goals

Enhances collaboration

Establishes communication channels

Facilitates familiarity and trust


Fosters shared resources and learning

Funding opportunities

Helps meet agency requirements

Why do organizations participate in Coalitions?


9



CMS Emergency Preparedness Requirements

On September 16th, 2016- A rule by the Centers for Medicare & Medicaid Services published in the Federal Register the Medicare and Medicaid Participating Providers and Suppliers outlined requirements for Medicare and Medicaid participating providers and suppliers to plan for disaster scenarios and coordinate with federal, state, tribal, regional, and local emergency preparedness systems.

10



FINISH THE RACE TOGETHER

Your facility can meet these CMS requirements when participating in your regional Healthcare Coalition by attending meetings, taking part in exercises, courses, classes, conferences, and so much more.

11

What types of education, exercises, and training opportunities would you like to participate in?

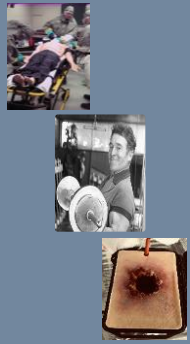
Some Options Are:

- Communications Exercise
- Active Violence
- Cyber Security Response
- Disaster Behavioral Health
- Severe Weather

12

Education, Exercises, and Training Opportunities

- Active Violence Classes and Exercises
- Communications Exercises
- Cyber Security Courses and Exercises
- Disaster Behavioral Health Courses
- Hemorrhage Control Training
- LTC/Skilled Nursing Training
- Lunch and Learns
- National Disaster Life Support
- Severe Weather Exercises
- Spiritual Care Conference
- CBRNE Symposium
- Coalition Lead Conferences- Varies by Region



13

COALITIONS RESPONSES



14

WHAT YOU SHOULD KNOW BEFORE AN INCIDENT OCCURS

15

Emergency Preparedness Program Requirements

Risk Assessment:
Identifying and evaluate potential hazards and risks specific to the location and considers the types of hazards most likely to occur in the area

Emergency Planning:
Developing and implementing comprehensive emergency preparedness plans

Policies and Procedures:
Establishing clear policies and procedures for responding to emergencies that support the successful execution of the emergency plan and risks

Communication Plan:
Developing and maintaining an emergency preparedness communication plan

Training and Exercises:
Conducting regular training and exercises to test plans and improve response capabilities

Each item to be reviewed and updated annually

16

Hazard Vulnerability Assessment

Severe Weather with Power Outage/Utility Failure

Cyber Attack

Infectious Disease Outbreak (Pandemic or Epidemic)

Chemical Accident/Incident

Active Assailant

Resident Elopement

Communications/ Internal Failure

Fire, Internal

Aggressive Resident/Patient

Supply Chain Shortages

Staffing Shortages/ Medical Surge

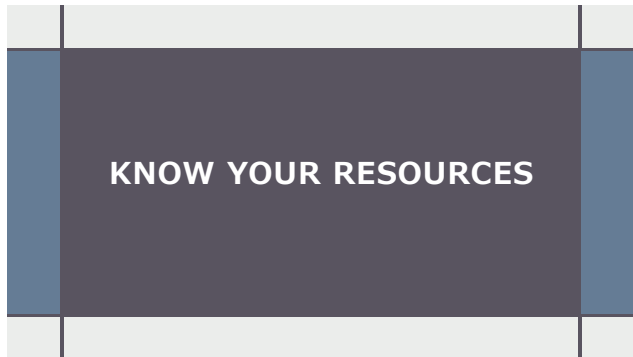
17

RISC

The Risk Identification and Site Criticality Toolkit 2.0 (RISC 2.0), developed by the Administration for Strategic Preparedness and Response (ASPR), is the federal Hazard Vulnerability Analysis (HVA) tool for healthcare coalitions. RISC 2.0 provides a standardized, data-driven approach to enhance emergency preparedness in line with national standards. Although RISC 2.0 does not need to replace your current HVA tool, inputting relevant data into the system will contribute greatly to the enhancement of regional preparedness, an important benefit to all CHSCPR partners. ASPR has also been working closely with accrediting bodies to ensure that RISC 2.0 is recognized and accepted during accreditation visits, should you choose to make it your primary HVA tool. RISC 2.0 is no-cost and hosted on a secure web platform—data is only shared with organizations you explicitly agree to share it with.



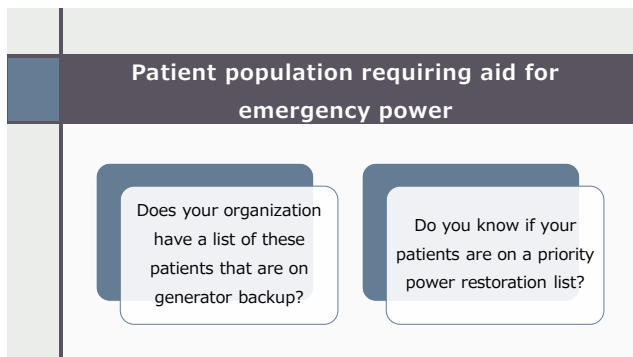
18



19



20



21

emPOWER	
<p>Electricity-Dependent DME and Devices Individuals who have an administrative claim for one or more of the fourteen types of the following devices: cardiac devices, oxygen concentrator, suction pump, bi-level positive airway pressure device (BiPAP), ventilator, electric bed, intravenous (IV) infusion pump, enteral feeding tube, motorized wheelchair or scooter</p> <p>In 2013, the HHS emPOWER Program launched its inaugural tool, the HHS emPOWER Emergency Response Outreach Individual Dataset, to help authorized public health authorities protect health and save the lives of at-risk individuals who may be adversely impacted by an incident, emergency, or disaster.</p>	

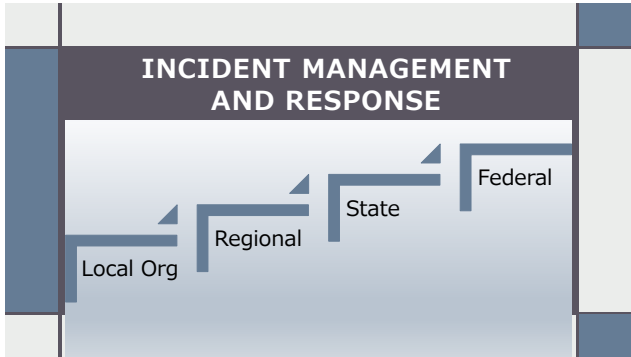
22

<p>How can your organization help in an emergency or disaster?</p> <p>Community Surge Facility Damaged Michigan Volunteer Registry Memorandum of Understanding</p>	
---	--

23

DURING REPONSES

24



25

BEST PRACTICES AND INCIDENT MANAGEMENT RESOURCES




Training



ICS Forms

26



The Command Response Guides



Command Response Guide.zip

27

ICS Courses

The Emergency Management Institute (EMI) offers self-paced courses designed for people who have emergency management responsibilities and the general public. All are offered free-of-charge to those who qualify for enrollment.

Search for:

- ICS-100 Introduction to the Incident Command System
- ICS-200 Basic Incident Command System for Initial Response
- ICS-300 Intermediate ICS for Expanding Incidents
- ICS-400 Advanced ICS
- IS-700 NIMS, and Introduction
- IS-900 National Response Framework (NRF), an Introduction

<https://training.fema.gov/is/>

28

TABLETOP EXERCISE

29

Module One

It is Tuesday, May 6, 2025 at 12:45 PM.

There has been a weather event effecting electricity and cell phone towers. DTE Energy has reported multiple downed wires that has impacted their ability to deliver electrical energy. As a result of the incursion electrical power is intermittent and the normally stable voltage has unpredictable swings from 50 – 130 % of normal. Your patients notice varying light intensity in their home affecting those who require electricity for medical equipment. Most mobile phone providers are experiencing outages in your area, making it difficult to send and receive calls, text messages and emails. 50% of your Home health workers are unable to use their mobile devices.

30

THE LOCAL POWER COMPANY HAS ISSUED A PUBLIC SERVICE ANNOUNCEMENT WITH A REQUEST TO ELIMINATE OR DRASTICALLY REDUCE ENERGY CONSUMPTION WHILE THEY TRY TO REGAIN CONTROL OF THEIR OPERATION. NO DETERMINATION CAN BE MADE AS TO HOW LONG IT WILL TAKE FOR DTE TO RETURN THEIR OPERATION TO NORMAL FUNCTION.

TWO HOURS INTO THE EVENT TRAFFIC IS EXTREMELY CONGESTED AS PEOPLE MAKE THEIR WAY HOME THROUGH CLOGGED STREETS. HOME HEALTH AND HOSPICE PROVIDERS ARE HAVING DIFFICULTY GETTING TO PATIENTS. ABOUT 40 % OF GAS STATIONS HAVE CLOSED AND THOSE OPEN HAVE LONG LINES. THIS IS ALSO IMPACTING THE DELIVERY OF HOME CENTERED CARE.

31

Questions?

- What are your agencies priorities as this event unfolds?
- What specific procedures does your Emergency Plan detail for a power outage?
- How will you deal with the reality that 50% of your healthcare workers are unable to use their mobile devices?
- Do you know what patients with electrical dependent does not have access to backup power?
- What notifications will you make (Staff, Family, Vendors)?

32

It is Wednesday, May 7, 2025 at 8:00 AM.

The Governor has declared a state of emergency in your area and requested a presidential declaration of disaster. Traffic is light for the day of the week but very slow due to power issues with traffic signals. Traffic signals are either flashing four ways or out due to a loss of power. Schools, and many business, are closed. Gas stations, convenience stores and grocery stores with generators are open but inventories are on the decline due to logistical issues as well as slowed traffic. Because of the power failure and internet outages, point of sale software and ATM machines are not functioning. All commerce outside of established contracts is by cash only. Utility company continues the same messaging and is no closer to correcting the issue. Still having issues using cell phone service.

Module Two

33

Questions?

- How dependent is your agency on internet access?
- How does your Emergency Plan address communications if you lost your primary phone system?
- How will you respond to agencies requests placement of patients?
- What amount of staff shortage would you expect in an event of this nature and how would you deal with it?
- Do you have existing Co-operative Agreements with agencies that can support you during an event or incident?

34

HOTWASH



Initial thoughts about the exercise?

What went right in this exercise?

What are some positive take aways?

Areas for improvement?

What changes do you need to make in your emergency operations plan?

Please scan QR Code to receive Certificate of Completion for today's Tabletop Exercise

35

References

Ransomware Attack on Home Healthcare Service Provider Affects 753,000 Individuals:
<https://www.hipaajournal.com/ransomware-attack-on-home-healthcare-service-provider-affects-753000-individuals/>

Impacts of Planned and Unplanned Power Disruptions on California's Public Health and Medical Systems:
<https://files.asprtracie.hhs.gov/documents/impacts-of-planned-and-unplanned-power-disruption-on-ca-public-health-and-medical-systems.pdf>

Oxygen Inequity in the COVID-19 Pandemic and Beyond:
<https://pmc.ncbi.nlm.nih.gov/articles/PMC9972372/>

Dozens of Care Partners patients in Asheville transferred to other facilities after HCA temporarily shuts down rehab, hospice center:
<https://avwatchdog.org/dozens-of-carepartners-patients-in-asheville-transferred-to-other-facilities-after-hca-temporarily-shuts-down-rehab-hospice-center/>

Planning for Power Outages:
https://www.michigan.gov/-/media/Project/Websites/michiganprepares/docs/pdf/01/H_C_PH_Energy.pdf?rev=730c903396c34c13b82b6e336f0b3fcb


36

<h1>Resources</h1>	<p>State Operations Manual Appendix Z- Emergency Preparedness for All Provider and Certified Supplier Types: https://www.cms.gov/Regulatory-and-Certification/SurveyCertEmergPrep/Downloads/Advanced-Copy-SOM-Appendix-Z-EP-165.pdf</p> <p>State Hazard Mitigation Plan: https://www.michigan.gov/-/media/Project/Websites/msp/EMHSD/Publications/MHMP.pdf?rev=c70dec864e0146efad1d42ebc90a572e</p> <p>Michigan volunteer registry: https://www.mivolunteerregistry.org/</p> <p>Personal Preparedness: https://www.cddr.gov/</p> <p>Health Departments: https://www.michigan.gov/mdhhs/0,5885,7-339-73970_5461_74040---,00.html</p> <p>Emergency Management: https://www.michigan.gov/-/media/Project/Websites/msp/EMHSD/documents/Local-EM-2025.pdf?rev=38294dc3c1374e03b85c757e996ae793</p>

37

<h1>Resources Continued</h1> <p>(Websites for each QR Code)</p>	<p>Division of Emergency Preparedness and Response: https://www.michigan.gov/mdhhs</p> <p>Healthcare Coalitions: https://www.michigan.gov/mdhhs/safety-injury-prevention/publicsafety/ophp/contact</p> <p>Administration for Strategic Preparedness and Response: https://aspr.hhs.gov/Pages/home.aspx</p> <p>CMS Emergency Preparedness Requirements: https://www.federalregister.gov/documents/2016/09/16/2016-21404/medicare-and-medicaid-programs-emergency-preparedness-requirements-for-medicare-and-medicaid</p> <p>RISC: https://risc.mitre.org</p> <p>emPower: https://empowerprogram.hhs.gov/empowermap</p>

38

<h2>INTERESTING CONFUSIONS</h2> <ol style="list-style-type: none">1.Can you cry under water?2.Do fishes ever get thirsty?3.Why don't birds fall off trees when they sleep?4.Why is it called building when it is already built?5.When they say dogs food is new and improved, who tastes it?6.If money doesn't grow on trees, why do banks have branches?7.Why does round pizza come in square box?8.Why doesn't glue stick to its bottle? <p>Crazy world isn't it?</p> 	<h2>Questions?</h2>
--	---------------------

39

<div>THANK YOU</div>	<div>Matthew Price Regional Healthcare Coalition Coordinator District 1 Regional Medical Response Coalition 517-256-6634 d1rmrc-matt@sbcglobal.net</div>
	<div><div><div>Rachiel Clay, BS, MPA Assistant Regional Coordinator Region 2 North Healthcare Coalition 248-759-4748 rclay@region2north.com</div><div>Shawn St. Germain, BS Assistant Regional Healthcare Coalition Coordinator Region 5 Healthcare Coalition 269-550-8070 sstgermain@miregion5.org</div></div></div>
